

Quick Update to My Purchasing Plan that was Effective _____



Participant's Name: _____ **Participant's ID #:** _____

A. Reason for this Quick Update: (You MUST Check one of the following and complete any blanks.)

- ☐ Replace current authorized provider with new provider. Current provider's last day: _____. New provider starts: _____. (B-C)
- ☐ Change vendor in Savings, OTE or STE to authorize participant/representative reimbursement starting _____. (B-C)
- ☐ Change the Estimated Date of Purchase for a Savings item, or the End Date for an OTE or STE. (B-C)
- ☐ Add or replace a service or support in the Savings section of the Purchasing Plan section starting _____. (B-D or D)
- ☐ Add a provider ONLY AS an additional emergency backup provider starting _____. (D ONLY)

B. Current Entry to be Replaced/Changed (You MUST Circle One: R E S T¹):

Service Code	Description:	Provider's Name:	Critical ²	Provider Type	DHE Rel	# of Units	Rate	Sub Total	Employer Tax:	Total \$	Date ³
			<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> E								

☐ A COPY OF THE PAGE OF THE PURCHASING PLAN ON WHICH THE CURRENT ENTRY APPEARS MUST BE ATTACHED.

C. Replace/Change Above Entry, as follows:

Service Code	Description:	Provider's / Payee's Name:	Critical	Provider Type	DHE Rel	# of Units	Rate	Sub Total	Employer Tax:	Total \$	Date ⁴
SAME	SAME		Same as Above								

D. Add the following Entry (You MUST Circle One: R S⁵):

Service Code	Description:	Provider's Name:	EBU	Provider Type	DHE Rel	# of Units	Rate	Sub Total	Employer Tax:	Total \$	Date ⁶
			<input type="checkbox"/> Y <input type="checkbox"/> N								

☐ PROVIDER ID#: _____ OR ☐ NEW PROVIDER PACKET IS ATTACHED (REQUIRED FOR ALL NEW PROVIDERS.)

This form cannot be used for retroactive replacements/changes or additions; all changes must be in the future. Form must be signed by the participant or representative at least 7 week days prior to the effective date of the action requested; consultant, Area and Central office each have 2 days to process.

_____ PARTICIPANT/REPRESENTATIVE SIGNATURE	_____ PARTICIPANT/REPRESENTATIVE (PRINT/TYPE NAME)	_____ DATE
_____ CONSULTANT SIGNATURE	_____ CONSULTANT (PRINT/TYPE NAME)	_____ DATE
_____ APD AREA LIAISON SIGNATURE	_____ AREA LIAISON (PRINT/TYPE NAME)	_____ DATE

¹ R = Services; E = One Time Expenditure; S = Savings; T = Short Term Expenditure

² Circle one: If the current provider is the primary provider, circle Y for yes, N for no; if the current provider is an emergency backup provider, circle E. Applies only to Services Section.

³ Date = estimated date of purchase or end date; complete only if the current item is in the Savings, One Time or Short Term Expenditure section.

⁴ Date = estimated date of purchase or end date; complete only when replacing the provider of a Savings, One Time or Short Term Expenditure.

⁵ R = Services; S = Savings. These are the only sections of the Purchasing Plan to which additions may be made using this form.

⁶ Date = estimated date of purchase; complete only if the item is being added to the Savings section