

ENTITY AND COUNSELOR WITHDRAW REQUEST FORM FOR APPROVED APPLICATIONS



Tips for Faster Processing

- Use **IPAS 'My Files'** to submit your change request form – <https://ipas.ccgrantsandassisters.org/>
 - If unable to upload documents, please fax to: **(559) 447-7099**
- **Must submit page 1 signed**; ensure all information in Sections A and B is accurate
- A withdrawing Entity requires two signatures and a reason for the withdrawal
- In Section B, click on the applicable check box (☐) that corresponds with your request
- Include all the corresponding pages matching your request

Tips: 1) scan at a resolution of 200 dpi, 2) only include pages that outline required changes and any necessary supporting documentation, and 3) save a copy of the submitted form for your records.

CHANGE REQUEST BACKGROUND INFORMATION

SECTION A – ENTITY INFORMATION AND AUTHORIZATION

Indicate which program your entity is affiliated with:

☐ **CAC** Program ☐ **Navigator** Program ☐ **MMCP** Program

Application Status: ☐ Approved ☐ Draft (make changes in [IPAS](#)) ☐ Pending (email [IPA Support](#))

Entity Name: _____

Phone Number: _____

Please note: The form **must contain a signature** from one of the two contacts listed on your application – authorized, primary contact, or an individual that can make executive decisions on behalf of the organization.

Contact Type: ☐ Authorized Contact ☐ Primary Contact

Approved By: _____
Signature _____ Date _____
Name (Print) _____ Email Address _____

SECTION B – CHECKLIST OF SECTIONS NEEDING TO BE UPDATED OR CHANGED (CHECK ALL THE BOXES THAT APPLY)

☐ **1. Entity Withdraw Request** ☐ **2. Counselor Withdraw Request**
(complete page 1 only) (complete Sections A, B, 2 and 3 if applicable)

SECTION 1 – REQUEST TO WITHDRAW FROM THE **CAC PROGRAM** (AUTHORIZED CONTACT SIGNATURE REQUIRED)

☐ **Withdraw Entity From Program** (required to provide reason(s) for entity withdrawal below)

Are your certified Counselors able to notify all delegated consumers on their CalHEERS dashboards of the entity's withdrawal from the program? Yes ☐ No ☐

Approved By: _____
Authorized Contact Signature _____ Date _____
Name (Print) _____ Contact Type _____

The entity must ensure the withdrawn Certified **Counselor ID Badge** is destroyed

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SECTION 2 – COUNSELOR WITHDRAW REQUEST

Prior to switching a Counselor's CalHEERS account to **In-Active or Withdrawn**, the Primary Contact (Entity) is responsible for notifying consumers to **re-delegate** their application to an alternate active counselor. Consumers can re-delegate their application by logging into their CoveredCA.com consumer account and selecting a new Counselor through the ['Find Local Help'](#).

COUNSELOR NAME	WAS COUNSELOR EVER CERTIFIED?	IF 'YES', PROVIDE CERTIFICATION NUMBER	HAVE ALL CONSUMERS ON THE COUNSELOR CALHEERS DASHBOARD BEEN CONTACTED OR RE-DELEGATED?	
			YES	NO
	Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

NOTICE: Review all **sites** affiliated with the withdrawing Counselor and reallocate Counselor resources using section 3.

- If a site has **NO** assigned Counselor, this will prevent consumers from delegating their application using ['Find Local Help'](#).
- If the withdrawing counselor's contact information is listed as the **primary contact for a site** please update using section 3.

Need Help? Contact: **In-Person Assistance Support** at IPAsupport@ccgrantsandassistors.org or
Navigator Program Support at NavigatorProgram@covered.ca.gov

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SECTION 3 – SITE PRIMARY CONTACT PERSON INFORMATION

* **Info Displayed on [Find Local Help](#) (FLH).** Completing this section indicates the provided email and/or phone number will display on FLH as the contact information for the specific site listed.

- Only **one primary contact per site**, changes to the site's primary contact **does not** automatically update the contact information for all other counselors assigned to that site.
- In the first column indicate if all assigned counselors to the updated site are to also display the site's new primary contact email and phone number.
- Use the [Change Request Form](#) to update active counselor contact info displayed on FLH by completing section 3.0: Counselor Site Assignments

UPDATE ALL COUNSELOR'S FLH CONTACT INFO FOR SITE?	WITHDRAWING COUNSELOR'S NAME	NAME OF NEW CONTACT PERSON FOR SITE	SITE NAME REQUIRING UPDATE TO PRIMARY CONTACT PERSON	* SITE'S NEW PRIMARY CONTACT INFO TO DISPLAY ON FIND LOCAL HELP	
				EMAIL	PHONE NUMBER
Yes <input type="checkbox"/> No <input type="checkbox"/>	Example: Jane Doe	John Smith	Field Office North	jsmith@email.com	(555) 555-0001
Yes <input type="checkbox"/> No <input type="checkbox"/>					
Yes <input type="checkbox"/> No <input type="checkbox"/>					
Yes <input type="checkbox"/> No <input type="checkbox"/>					
Yes <input type="checkbox"/> No <input type="checkbox"/>					
Yes <input type="checkbox"/> No <input type="checkbox"/>					
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