SHASTA COUNTY HEALTH AND HUMAN SERVICES AGENCY
2640 Breslauer Way
Redding, CA 96001
www.shastahhsa.net

Shasta County Health & Human Services Agency
Attn: Managed Care & Compliance HHB-502
P.O. Box 496005
Redding, CA 96049-6005

WHAT HAPPENS NEXT?

We will send you a letter within 10 working days of the date we got your form.

To check on your form, call 530-245-6750 or 1-888-385-5201.

Our ADA coordinator may be reached at:
530-225-5515 (phone)
530-225-5345 (fax)
TTY: 711
For questions, contact Managed Care at
530-245-6750 or
1-888-385-5201.

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Health & Human Services Agency

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Change of Provider Request

(including Cultural Specific Provider Request)

If you are unsatisfied with your service provider, we can help.

For help call:
(530) 245-6750

WHY ASK TO CHANGE PROVIDERS?

You can ask to change your provider if you are not happy with them.

HOW TO FILE A REQUEST

Fill out this form or tell us. To tell us, call (530) 245-6750 or 1-888-385-5201. You can mail the form to the address on the back or give it to your health care worker.

You will be treated fairly during this process.

REQUEST FOR CHANGE IN SERVICE PROVIDERS FORM

You may ask for help with filling out this form or have someone do it for you.

You will be treated fairly if you file this form.

Date:_____**Location:**_____

Name: _____ **Birth Date:**_____

Address: _____**City:**_____ **State:**_____

Telephone: (home) _____ **(work)**_____ **(cell)**_____

Language you speak: _____

Name of current clinician or personal service coordinator: _____

Describe why you want to change your provider: _____

_____

_____

_____

Cultural needs not met: _____

_____

Gender needs not met: _____

_____

Have you talked to your current health care worker about your needs? (Check one)

Yes____ **No**____

Signature: _____