

DEPARTMENT OF HEALTH AND FAMILY SERVICES
Division of Disability and Elder Services
DDE-2637 (12/01/05)

STATE OF WISCONSIN
42 CFR 431

**INTERAGENCY NOTIFICATION
TERMINATION OF COMMUNITY WAIVER PARTICIPATION**

This form has been renumbered and revised. Please update your link to:

<http://dhs.wisconsin.gov/forms1/F2/F22637.pdf>