

OHIO DEPARTMENT OF DD  
PROVIDER CERTIFICATION UNIT  
30 EAST BROAD STREET, 13<sup>TH</sup> FLOOR  
COLUMBUS, OH 43215-2541  
Fax (614) 728-7836

OHIO SHARED SERVICES  
4310 EAST FIFTH STREET  
COLUMBUS, OH 43219  
Fax (614) 485-1039

VANESSA PRATHER  
OHIO DEPARTMENT OF DD  
OFFICE OF PROVIDER STANDARDS & REVIEW  
1810 SULLIVANT AVENUE  
COLUMBUS, OH 43223-1239  
FAX (614) 644-6676

LUCAS COUNTY BOARD OF DD SERVICES  
MEDICAID WAIVER SERVICES  
1155 LARC LANE  
TOLEDO, OH 43614  
Fax (419) 380-5137

**I am voluntarily relinquishing my provider certification(s). Please remove me from the statewide provider pool.**

CONTRACTOR NUMBER: \_\_\_\_\_

CONTRACTOR NAME: \_\_\_\_\_

(Please Print Neatly)

\*\*If name has changed, please include legal documentation to support change.

SOCIAL SECURITY OR TAX ID NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PREVIOUS ADDRESS: \_\_\_\_\_

\_\_\_\_\_

NEW ADDRESS: \_\_\_\_\_

\_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

(Including Area Code)

Date Services Last Provided: \_\_\_\_\_

\_\_\_\_\_  
CONTRACTOR SIGNATURE

\_\_\_\_\_  
DATE