

ANY BRANCH - SENIOR SERVICES  
PO BOX 1111  
ANYWHERE, OR 99999-9999

STATE OF OREGON  
DEPARTMENT OF  
HUMAN SERVICES

SENIORS AND  
PEOPLE WITH  
DISABILITIES

SMITH, JOHN  
PO BOX 111  
ANYWHERE, OR 99999

### **Payment Authorization Termination Notice**

|                         |              |
|-------------------------|--------------|
| Date:                   | Dec 15, 2004 |
| Account Number:         | AAA0000A     |
| Provider Number:        | 123456       |
| Provider Notice Number: | AA0199       |

The person you provide services to, [Williams, John D], may not be eligible to receive in-home services after [December 31, 2004].

Please contact the [ANYBRANCH] office, phone number [999-1111], to find out if this person is eligible to receive in-home care, before you provide any services after the above date.

The payment voucher is your authorization to work. The Department is not obligated to pay for work that you do without a payment voucher.

Thank you for your cooperation in this matter.