

**Request to be Taken Off the
Employment and Community First CHOICES
Referral List**

Potential Applicant's Information

Name:	SSN:	DOB:
Representative/ Designee Name:		Telephone #:

Submitter

Name/ Credentials:	Submitting Agency
Telephone #	Email Address

Referral List Information

You are on the **Employment and Community First (ECF) CHOICES referral list**. This means you are waiting for a slot so we can see if you qualify to enroll in the program.

If you don't want services in Employment and Community First CHOICES, you can ask to be taken off the referral list. It **doesn't** mean that you don't qualify for Employment and Community First CHOICES or that you can't try to enroll in the program later. It means that **you decided not to stay on the referral list for now**.

What if you change your mind? You can complete an online referral for **Employment and Community First CHOICES** by visiting this link: <https://tcreq.tn.gov/tmtrack/ecf/index.htm>. If you need help, call the person who is helping you with this form. They will help you complete an online referral.

If you want to stay on the referral list, **you don't have to do anything else**.

Take me off the referral list

I understand by signing this form I am asking to be **taken off** the Employment and Community First CHOICES referral list. I also understand how to get help if I change my mind. I also understand **this is MY decision**.

ONLY sign in this box IF you want to be **taken off** the Employment and Community First CHOICES referral list.

Signature of Applicant/Representative	Date
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