



Current Community Support Provider, if applicable: _____

I choose Resources for Human Development (RHD) as my Case Management provider. I understand that I have the right to change my provider of Case Management at any time.

I would prefer my Case Manager to be: _____

** Only fill in line above if you know who you would prefer as a Case Manager at this time.*

Printed Name of Individual

Signature of Individual/Guardian

Date

Contact Information:

Home Phone: _____

Work/Cell Phone: _____

Address: _____

Email: _____

Best time to Contact: _____

&

Best way to Contact: email, phone, mail

** Please circle preference*

Please complete and return to:

RHD Case Management
2204 S. Minnesota Ave
Sioux Falls, SD 57105



If you have any questions or concerns, please contact us at 605-220-8734 .