



1802 E. Spruce St.
P.O. Box 2090
Garden City, KS 67846
Phone: 620-276-1900
Fax: 620-271-0200
Payroll Fax: 620-276-3537

***Personal Assistance Program
Letter of Termination***

PA's Name

Consumer's Name

Address

Address

City / State / Zip

City / State / Zip

____ Quit ____ Terminated ____ Other

Services ended on: _____
Date

Reasons for Termination / Quitting: _____

Did Personal Care Attendant give you two weeks advance notice? ____ Yes ____ No

Performance level of PA: ____ Poor ____ Good ____ Excellent

Other comments: _____

Consumer / Employer Signature

Date