



SHASTA COUNTY HEALTH AND HUMAN SERVICES AGENCY
2640 Breslauer Way
Redding, CA 96001
www.shastahhsa.net

Shasta County Health & Human Services Agency
Attn: Compliance & Quality Improvement
P.O. Box 496005
Redding, CA 96049-6005

WHAT HAPPENS NEXT?

We will send you a letter within 10 working days of the date we got your form.

To check on your form, call 530-245-6750 or 1-888-385-5201.

Our ADA coordinator may be reached at:

530-225-5515 (phone)
530-225-5345 (fax)
TTY: 711

For questions, contact Managed Care at 530-245-6750 or 1-888-385-5201



Shasta County
**Health & Human
Services Agency**

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Revised 10/2023

Change of Provider Request

**If you are
unsatisfied with your
service provider,
we can help.**

**For help, call:
(530) 245-6750**

WHY ASK TO CHANGE PROVIDERS?

You can ask to change your provider if you are not happy with them.

HOW TO FILE A REQUEST

Fill out this form or tell us. To tell us, call (530) 245-6750 or 1-888-385-5201.

You can mail the form to the address on the back or give it to your health care worker.

You will be treated fairly during this process.

REQUEST FOR CHANGE IN SERVICE PROVIDERS FORM

You may ask for help with filling out this form or have someone do it for you. You will be treated fairly if you file this form.

Date: _____ Where did you get your services: _____

Name: _____ Birth Date: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Telephone: (home) _____ (work) _____ (cell) _____

Language you speak: _____

Name of current clinician or personal service coordinator: _____

Describe why you want to change your provider: _____

Cultural needs not met: _____

Gender needs not met: _____

Have you talked to your current health care worker about your needs? (Check one)

Yes _____ No _____

Signature: _____