

**DEPARTMENT OF MENTAL RETARDATION**  
**Fiscal Intermediary Selection Form**

**Region:** \_\_\_\_\_ **Individual:** \_\_\_\_\_  
**Broker** \_\_\_\_\_

**New Fiscal Intermediary for People who Hire Staff**

I, \_\_\_\_\_, representing \_\_\_\_\_, have received all the material available regarding the use of the Fiscal Intermediary agencies available to me.

At this time I have selected the following agency:

Allied Community Resources     Sunset Shores

I am giving my permission to the DMR to provide the above Fiscal Intermediary all the necessary information to complete the budgetary process.

At this time I am unable to make a choice as to which Fiscal Intermediary I will use.

I am giving permission to DMR to assign a Fiscal Intermediary to me, and to provide the assigned Fiscal Intermediary all the necessary information to complete the budgetary process.

**Change of Fiscal Intermediary**

I, \_\_\_\_\_ representing \_\_\_\_\_, am requesting a change of Fiscal Intermediaries.

**From**    Allied Community Resources     Sunset Shores

**To**    Allied Community Resources     Sunset Shores

I understand that this change will occur with the next quarterly payment. The effective date of this change will take place on \_\_\_\_\_.

Signature Individual or Sponsoring Person: \_\_\_\_\_

Date: \_\_\_\_\_

**Broker/CM to CC the following:**

**New Individual Budgets**

- Individual and Sponsoring Person
- Resource Manager

**Change of FI**

- Resource Manager
- Individual and Sponsoring Person

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**Fiscal Intermediary Contact Information**

**Allied Community Resources**

**Program Director:**

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**Remesa's Sunset Shores**

**Laura Wells**

**Fiscal Intermediary Services**

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