



Department of Health and Human Services
 Aging and Disability Services
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Date:

Voluntary Termination of Home and Community Based Waiver Services

I/on behalf of, _____ MaineCare ID# _____
Member Name MaineCare Number

decline participation in the:

- Section 21 Home and Community Based Waiver
- Section 29 Home and Community Based Waiver

Authorizations for these waiver services will be terminated. However, certain services including Case Management and Person Centered Planning will not be affected by this decision. Additionally, an application for Section 21 Waiver or Section 29 Waiver may be submitted in the future. Currently, there is a waitlist for the waiver program(s) and the Waiting List Protocol has been explained to me. DHHS will maintain a waiting list of eligible members who cannot receive these Home and Community Benefits because a funded opening is not available. Members who are on the waiting list for this benefit services shall be served in accordance to manner described in policy.

Reason for declination:

Individual	Date
Guardian	Date
Guardian	Date
Case Manager	Date
Witness <i>If member is under Public Guardianship</i>	Date

CC: OADS Resource Coordinator: _____
 OADS Waiver File/Central Office