



AGING AND LONG-TERM SUPPORT ADMINISTRATION
HOME AND COMMUNITY-BASED SERVICES

Acknowledgement of Services

APPLICANT'S NAME	ACES CLIENT ID NUMBER
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The Home and Community Based Service programs offer the opportunity for eligible individuals to receive specific Medicaid services necessary to prevent institutionalization. These services are provided under a 1915(c) Medicaid waiver or 1915(k) State Plan Option approved by the Centers for Medicare and Medicaid Services. These services are offered to persons who have been assessed by the department to be eligible for nursing home care but who prefer to live at home or in a community residential setting such as an adult family home or assisted living facility.

I have been informed of my service options and I choose to receive services under the following Home and Community Based Service Program instead of nursing home care:

- Community First Choice (1915k) program and/or, when needed for additional services, the COPES 1915 (c) waiver
- Residential Support Waiver (1915c) and additional services through Community First Choice (1915k), when needed.
- New Freedom Waiver (1915c).

CLIENT'S SIGNATURE	DATE
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REPRESENTATIVE'S SIGNATURE	<input type="checkbox"/> Guardian <input type="checkbox"/> Representative	DATE
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SOCIAL WORKER/CASE MANAGER'S SIGNATURE	DATE
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AGENCY	TELEPHONE NUMBER (INCLUDE AREA CODE)
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Below are your rights to a fair hearing:

If you are denied waiver services or if you are denied the waiver services of your choice, you have the right to request a Fair Hearing. You have 90 days from the date services are denied to request a hearing. You may request a Fair Hearing by writing to your local Home and Community Services Division office, local Area Agency on Aging, or by writing to: OFFICE OF ADMINISTRATIVE HEARINGS, MAIL STOP: 42489, DEPARTMENT OF SOCIAL AND HEALTH SERVICES, PO BOX 42489, OLYMPIA WA 98504-2489.