

Acknowledgement of Services

APPLICANT'S NAME	ACES CLIENT ID NUMBER	
<p>Home and Community Based Service programs offer the opportunity for eligible individuals to receive Medicaid services in the community instead of institutional services.</p> <p>The Home and Community Based Service programs are:</p> <ul style="list-style-type: none"> • Community First Choice (CFC) • COPES Waiver • Residential Support Waiver (RSW) • New Freedom Waiver • Medicaid Alternative Care (MAC) <p>I choose to receive services under a Home and Community Based program instead of nursing home care.</p>		
CLIENT'S SIGNATURE	DATE	
REPRESENTATIVE'S SIGNATURE	<input type="checkbox"/> Guardian <input type="checkbox"/> Representative	DATE
SOCIAL WORKER/CASE MANAGER'S SIGNATURE	DATE	
AGENCY	TELEPHONE NUMBER (INCLUDE AREA CODE)	
<p>Below are your rights to a fair hearing:</p> <p>If you are denied Home and Community Based services, 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:</p> <p>OFFICE OF ADMINISTRATIVE HEARINGS, MAIL STOP: 42489, DEPARTMENT OF SOCIAL AND HEALTH SERVICES, PO BOX 42489, OLYMPIA WA 98504-2489.</p>		