



Department of Health and Human Services
 Aging and Disability Services
 41 Anthony Avenue
 11 State House Station
 Augusta, Maine 04333-0011
 Tel.: (207) 287-9200; Toll Free (800) 262-2232; Fax (Aging): (207) 287-9229
 Fax (Disability): (207) 287-9915; TTY Users: Dial 711 (Maine Relay)

Date:

**Decline of Home and Community Based Waiver Services
 Request Removal from Waitlist**

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

The applicant's name will be removed from the waiting list for the MaineCare waiver program(s) noted above. 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	Date
<i>If member is under Public Guardianship</i>	

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