

## Declining Adult Day Health Care (ADHC) Waiver Offer

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

I, \_\_\_\_\_, do not want to accept the Adult Day Health Care (ADHC) Waiver offer. **I understand that my ADHC Waiver case will be closed and I will not get ADHC Waiver services.**

In the future, if I want to get ADHC Waiver services, I will need to have my name added back to the ADHC Request for Services Registry (RFSR), by calling Louisiana Options in Long Term Care at 1-877-456-1146.

\_\_\_\_\_  
Name of Individual (Please print.)

\_\_\_\_\_  
Individual's Last 4 Digits of Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Signature of Individual

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Responsible Representative (if applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of OAAS Representative

\_\_\_\_\_  
Date