

Declining Community Choices Waiver (CCW) Offer

Date: _____

I, _____, do not want to accept the Community Choices Waiver offer. **I understand that my Community Choices Waiver (CCW) case will be closed and I will not get Community Choices Waiver (CCW) services.**

In the future, if I want to get Community Choices Waiver (CCW) services, I will need to have my name added back to the Community Choices 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