

Louisiana Department of Health and Hospitals
Office for Citizens with Developmental Disabilities (OCDD)

Decline the New Opportunities Waiver (NOW) and
Removal from the Request for Services Registry (RFSR)

Individual Decision Form

REMOVAL: I want to be taken off the RFSR. I do not want to get services through the NOW to help me move into the community right now or in the future. Please take my name off the RFSR. I understand that if my name is not on the RFSR I will not get letters about the RFSR and I will not get a NOW offer if one becomes available. If I want to receive services in the future to help me move from the facility and into a home of my own by myself or with a roommate I choose, I can contact my Local Governing Entity (LGE) and ask them to put my name back on the RFSR. I must send them this in writing and send the request to _____

(LGE contact information). My name will be put back on the RFSR with a new request date and my original request date (protected date) will not be used.

By signing below, I agree that during the validation visit, the Request for Services Registry and supports and services provided through the NOW have been described to me {and/or my family member/legal guardian, if applicable}. My right to confidentiality has been explained to me and no information, in addition to the fact that the validation visit was held, will be shared with anyone without my permission. I understand the information that has been given to me and agree that the decision to be removed was made freely, voluntarily on my own without pressure from others. I have been given the opportunity to ask questions and my questions have been answered to my satisfaction. Upon signing this form, I will be given a copy of the form with the same information and signatures to keep in my records. Also, I will be given information for my Local Governing Entity, including a phone number and address, to contact them and ask questions about the RFSR.

Individual's name: _____ Date of birth: _____
(Please print)

Individual's social security number: _____

Signature of individual: _____ Date of signature: _____

Name of person assisting individual in completing this form: _____
(Please print)

Relationship to individual: _____ Signature: _____
(Legal guardian//curator/family member/authorized representative)

Name of witness: _____ Signature of witness: _____

Date of signature: _____