**Decline and Voluntary Termination of Home and Community Based Waiver Services**

Click or tap to enter a date.

I/on behalf of, Click or tap here to enter text. EIS#: Click or tap here to enter text. MainCare ID#Click or tap here to enter text.

**Decline Participation in**  **Voluntary Terminate Participation in**

Section 21 Home and Community Based Waiver

Section 29 Home and Community Based Waiver

**Declining Waiver Services**

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.

**Voluntary Termination of Waiver Services**

Authorizations for these waiver services will be terminated. 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 waiting list for Section 21 Home and Community Based Waiver and the Waiting List Protocol has been explained to me. DHHS will maintain a waiting list of eligible members for Section 21 who cannot receive these Home and Community Benefits because a funded opening is not available. The process to submit a new Section 29 application and the ability to receive a funded offer has been explained to me. Members who are on the waiting list and/or submitted a Section 29 application shall be served in accordance to the manner described in policy.

**Reason for Declination and/or Voluntary Termination of Waiver:**

Click or tap here to enter text.

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| Witness (If member is under Public Guardianship) | Date |

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| CC: Waiver Manager: | Click or tap here to enter text. | |
| Assigned Resource Coordinator: | Click or tap here to enter text. | |
| OADS Waiver File/Central Office | |  |