

Declining Current Community Choices Waiver (CCW) Services

Date: _____

I, _____, understand that I am currently receiving the Community Choices Waiver (CCW) services. I have chosen to stop receiving Community Choices Waiver (CCW) services effective immediately.

I understand that my Community Choices Waiver (CCW) case will be closed and I will no longer get Community Choices Waiver (CCW) services. I also understand that I may lose my Medicaid eligibility.

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 Waiver Request for Services Registry (RFSR), by calling Louisiana Options in Long Term Care at 1-877-456-1146.

Name of Participant (Please print.)

Participant's Last 4 Digits of Social Security Number

Date of Birth

Signature of Participant

Date

Signature of Responsible Representative (if applicable)

Date

Signature of OAAS Representative

Date