

Refusal of Services

I, _____ ,
living at _____ ,
understand that I am responsible for making my own decisions and choices regarding services available to me. At this time, I am refusing to use a service(s) that has been made available as presented by the service coordinator. The service coordinator has fully explained the rationale for accepting a service(s); the specifics of the service(s), and the possible consequences of refusing to participate in the service(s).

I hold the staff of _____
harmless in case of damage to my personal property or injury to my person caused by refusal to utilize the service(s) recommended.

Recommended Service/Remarks:

Resident Signature: _____

Date: _____

Service Coordinator Signature: _____

Date: _____