



# Assisted Living Waiver Freedom of Choice Form



Richard Figueroa  
Acting Director

Gavin Newsom  
Governor

If you **agree** to accept the HCBS Assisted Living Waiver Services as an alternative to care in a skilled nursing facility, please check the “**Accept**” box below, print your name, date the form, and sign your name. If you are unable to sign the form, your authorized representative should then complete the form as indicated.

Accept HCBS Assisted Living Waiver

\_\_\_\_\_  
Client or Authorized Representative Signature

\_\_\_\_\_  
Printed Name of Client or Authorized Representative

\_\_\_\_\_  
Date

If Signed by Authorized Representative:

\_\_\_\_\_  
Relationship to Client

If you **do not agree** to accept the HCBS Assisted Living Waiver Services as an alternative to care in a skilled nursing facility, or have other alternatives available to you, please check the “**Decline**” box below, print your name, date the form, and sign your name. If you are unable to sign the form, your authorized representative should complete the form as indicated.

Decline HCBS Assisted Living Waiver

\_\_\_\_\_  
Client or Authorized Representative Signature

\_\_\_\_\_  
Printed Name of Client or Authorized Representative

\_\_\_\_\_  
Date

If Signed by Authorized Representative:

\_\_\_\_\_  
Relationship to Client