



VOLUNTARY ASSENT

CLIENT:

AGING SERVICES ACCESS POINT:

Central Boston Elder Services, Inc.
2315 Washington Street
Boston, MA 02119

I UNDERSTAND THAT MY _____ WILL BE:
(Type of Home Care Service)

REDUCED/CHANGED FROM _____
TO _____ ON _____
(Date)

TERMINATED ON _____
(Date)

I WILL NO LONGER RECEIVE HOME CARE SERVICES.

I KNOW THAT I HAVE THE RIGHT TO APPEAL DECISIONS MADE BY THE ASAP. I AGREE WITH THE DECISION STATED ABOVE AND I DO NOT WANT TO APPEAL THIS DECISION.

SIGNATURES:

Client: _____ Date: _____

Case Manager: _____ Date: _____

This document is also available in other accessible formats upon request.