



## Recipient Choice

I understand that Central Boston Elder Services on behalf of the Commonwealth of Massachusetts has determined that I am clinically eligible for nursing facility services. I have been informed that I may receive services in my home and/or community as a feasible alternative to nursing facility services. Services have been explained to me and I choose to receive services in my home under the Medicaid Home and Community-Based Services Waiver Program.

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Recipient of Representative Signature

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Date