



HEALTH CARE
AUTHORITY

Developmental Disabilities Supports Division
Acknowledgement for HCBS Consumer Rights and Freedoms

I have received the HCBS Consumer Rights and Freedoms. My case manager has reviewed my rights with me in a way that I understood at my Individual Service Plan (ISP) meeting. If I have any questions or feel my rights are being restricted, I know to contact my DDS Regional Office.

DD Waiver Participant Print Name

Signature

Date

Guardian name, if applicable

Signature

Date