Date:

Subject: Medicaid Home and Community Based Services Waiver Enrollment

Dear :

You, or the individual you are legally authorized to represent, have been identified as eligible for the Home and Community Based Services (HCBS) Waiver for Individuals with Developmental Disabilities. \*This program allows the State of California to receive funds from the Federal Government to help pay for services that you or the individual you represent receive thru the Regional Center system. By participating in this program, you will be helping California obtain critical funds for maintaining quality delivery of services to all Regional Center consumers during these difficult economic times.

Enclosed is the MediCaid Waiver Consumer Choice of Services/Living Arrangement Statement (“Choice Statement”) for you to sign as part of your enrollment. By signing the Choice Statement, you are agreeing to be part of this HCBS Waiver program and communicating that you would like to live in the community, as indicated in Section III of the enclosed form.

You will also review with me, your Service Coordinator, a Standardized Annual Review Form (SARF) reflecting progress on your Individual Program Plan (IPP) objectives as part of the requirements for participation in this program.

Sincerely,

SC

Enclosed: Choice Statement

 Stamped Envelope