



ACCESS TLC
Home Health Care

Home and Community Based Services (HCBS)

FREEDOM OF CHOICE FORM

DATE: _____

Please select one of the following options to indicate whether you will accept or decline the HCBA Waiver. Print your name, date this document, and sign your name. If you are unable to sign this document, your legal representative should complete this document as indicated.

Accept HCBA Waiver

Decline HCBA Waiver

Printed Name of Participant

Printed Name of Legal Representative

Relationship to Participant

Signature of Participant or Legal Representative

Date Signed

Vital Plus Home Health dba Access TLC Home Health Care
(800) TLC-9887

Mailing Address: 5401 Tech Circle, Moorpark, CA 93021