

**DODD Home and Community-Based Services (HCBS) Disenrollment and Withdrawal of Waiver Application Consent Form**

Individual and /or legal guardian has made an informed choice for HCBS waiver disenrollment or withdrawal of waiver application.

- Individual or guardian signatures are required for all voluntary disenrollments and voluntary withdrawals of an initial application, including a change of waiver.
- Individual or guardian signatures are strongly recommended for all other disenrollment reasons.
- Supporting documentation must accompany the signed consent form.

**Signatures Required Below**

I \_\_\_\_\_, (individual, or legal guardian), do hereby request the Ohio Department of Developmental Disabilities to discontinue the enrollment or the pursuit of enrollment as noted above in this document.

\_\_\_\_\_  
**Individual/Guardian Signature**

\_\_\_\_\_  
**Signature Date**

\_\_\_\_\_  
**Completed by**

\_\_\_\_\_  
**Date**

DODD Waiver Manager: \_\_\_\_\_ Date