ABBOTT HOUSE

www.abbotthouse.net

100 North Broadway
Irvington, NY 10533
914.591.7300

1775 Grand Concourse
Bronx, NY 10453
718.329.4968

100 Commerce Drive
New Windsor, NY 12553
845.664.7410

Justine Christakos, LMSW, *President and CEO*

Children Waiver's Consent for Services (CFTSS & HCBS Services)

I/We ____________________________ as parent/legal guardian/individual *(if over 18)* of
(please print name)

_______________________________ consent to receive Children's Waiver Services including
(please print name of individual)

CFTSS and/or HCBS services provided by Abbott House. This consent acknowledges the above-mentioned services can be discontinued and/or reassigned to another agency/ provider should the family/individual choose. This consent also acknowledges that services may be discontinued when/if the youth no longer meets the specified criteria for each of the above-mentioned services.

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Print Name of Parent/Legal Guardian/Individual if over 18 Date

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Signature of Parent/Legal Guardian/Individual if over 18 Date

As Parent/Legal Guardian, I acknowledge receipt of the following:

- HIPAA Guidelines
- Children's Waiver Participant Rights and Responsibilities to include Freedom of Choice, Right to file a complaint, Right to report Abuse/Neglect (HCBS Program)
- Guide to HCBS eligibility criteria and/or CFTSS Medical Necessity criteria

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Print Name of Parent/Legal Guardian/Individual if over 18 Date

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Signature of Parent/Legal Guardian/Individual if over 18 Date