



Assisted Living Waiver

Amenity Form

The Medi-Cal Home and Community-Based Services waiver program is authorized in §1915(c) of the Social Security Act. The program permits a State to furnish an array of home and community based services that assist Medicaid members to live in the community and avoid institutionalization.

Each participant of the ALW program is eligible and offered, at enrollment, the following benefits per Appendix C: Participant Services C-1/C-3 Service Specification):

1. Private or semi-private room with full bathroom (shared by not more than two participants). The choice of roommate is independent of the ALW.
2. Kitchenette, equipped with a refrigerator, a microwave (or cooking appliance) and adequate storage space for utensils and supplies.

Following receipt of the above information,

I Name: _____

prefer to:

Waive my right to a private room. **Yes** **No**

Waive my right to a refrigerator. **Yes** **No**

Waive my right to a microwave. **Yes** **No**

(Signature)

(Date)