

**Guardian - Declining to Attend Annual Assessment**

*Guardian must attend annual assessments. Assessments will not be held (and must be rescheduled) if guardian is not present at the time of assessment and/or this form is not completed, signed and attached to CareConnection© at least 5 business days prior to scheduled assessment.*

Date Submitted:			
Provider Agency:		Agency Location (if applicable):	
Name of person submitting form:			
Phone #/Extension:		Email Address:	
Name of Person Who Receives Services:		Record ID:	
Anchor Date:			

IDDW Policy "513.25.2 Responsibilities" states, "the person and/or their legal representative (if applicable) have the responsibility to participate and supply correct information in the annual assessments for determination of medical eligibility and individualized budget".

**Acknowledgement**

I acknowledge, with my signature below, that I am the guardian of the above-identified individual, and I decline to attend the annual IDDW assessment for the upcoming service year. I understand that the assessment results will be based on the answers given by the respondents in attendance, and that those results will be used to determine medical eligibility and the individualized budget.

Guardian Printed Name:
Guardian Signature:
Date:

Attach to CareConnection© or send via mail, fax or email to:  
Acentra Health 1007 Bullitt Street, Suite 200 Charleston, WV 25301  
Fax: 866.521.6882      Email: [wviddwaiver@acentra.com](mailto:wviddwaiver@acentra.com)