



1700 Bent Creek Blvd Suite 200
Mechanicsburg, PA 17050

Name: _____
Street Address: _____
City, State, Zip: _____

Date: _____

YOUR REQUEST FOR VOLUNTARY WITHDRAWAL FROM HOME AND COMMUNITY-BASED SERVICES

By signing this form, you are confirming that you want to voluntarily withdrawal from Home and Community Based Services (HCBS) provided through the Community HealthChoices (CHC) Waiver.

PA Health and Wellness will notify the County Assistance Office (CAO) to take action to terminate your HCBS. You will receive a separate notice from the CAO. That notice will tell you how to appeal the decision to terminate your HCBS.

Your CHC HCBS Waiver service plan includes the following services:

Service Type	Provider Name
1.	_____
2.	_____
3.	_____
4.	_____
5.	_____
6.	_____

Your signature below means that you understand that the services listed above will end.

Your signature also means that you understand that your eligibility for Medical Assistance may be impacted by your voluntary withdrawal from CHC HCBS.

_____ Participant Signature / Date

_____ Service Coordinator Signature / Date

_____ Witness Signature / Date

Statement of Non-Discrimination

PA Health & Wellness complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. PA Health & Wellness does not discriminate on the basis of race, color, creed, sex, religion, age, national origin, ancestry, marital status, sexual orientation, gender identity, language, MA status, income status, program participation, health status, disease or pre-existing condition, anticipated need for healthcare or physical or mental handicap.

PA Health & Wellness:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact PA Health & Wellness at 1-844-626-6813 (TTY/TDD 711).

If you believe that PA Health & Wellness has failed to provide these services or discriminated in another way on the basis of race, color, creed, sex, religion, age, national origin, ancestry, marital status, sexual orientation, gender identity, language, MA status, income status, program participation, health status, disease or pre-existing condition, anticipated need for healthcare or physical or mental handicap, you can file a grievance with:

Grievance and Appeals Coordinator
PA Health & Wellness
1700 Bent Creek Blvd.
Ste. 200
Mechanicsburg, PA 17050
1-844-626-6813 (TTY/TDD 711)
Fax: 1-844-873-7451

The Bureau of Equal Opportunity
Room 223, Health and Welfare Building
P.O. Box 2675
Harrisburg, PA 17105-2675
Phone: (717) 787-1127, TTY/PA Relay 711
Fax: (717) 772-4366
Email: RA-PWBEOAO@pa.gov

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, PA Health & Wellness is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at:

<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue SW.
Room 509F, HHH Building
Washington, DC 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Language Assistance

English:

If you, or someone you're helping, has questions about PA Health & Wellness, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 1-844-626-6813 (TTY/TDD 711).

Spanish:

Si usted, o alguien a quien está ayudando, tiene preguntas acerca de PA Health & Wellness, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-844-626-6813 (TTY/TDD 711).

Chinese Mandarin:

如果您，或是您正在協助的對象，有關於 PA Health & Wellness 方面的問題，您有權利免費以您的母語得到幫助和訊息。如果要與一位翻譯員講話，請撥電話 1-844-626-6813 (TTY/TDD 711)。

Vietnamese:

Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về PA Health & Wellness, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-844-626-6813 (TTY/TDD 711).

Russian:

В случае возникновения у вас или у лица, которому вы помогаете, каких-либо вопросов о программе страхования PA Health & Wellness вы имеете право получить бесплатную помощь и информацию на своем родном языке. Чтобы поговорить с переводчиком, позвоните по телефону 1-844-626-6813 (TTY/TDD 711).

Pennsylvania Dutch:

Vann du, adda ebbah's du am helfa bisht, ennihi vragen hott veyyich PA Health & Wellness, dann hosht du's recht fa hilf greeya adda may aus finna diveyya in dei shprohch un's kosht nix. Fa shvetza mitt ebbah diveyya, kawl 1-844-626-6813 (TTY/TDD 711).

Korean:

OFOI 41 하 EE', 41 하)1- 돕고 A', 0-1EI AFL-1-이 PA Health & Wellness Oil j±-1-,1A-1 질-2 이 A 14, 41 하', 그 러한 도움과 정보를 41 하 2_1 언 0-1로 비용 부담없이 (1-15 수 A', alE1)- A 습니 14. 그렇게 g(11AF21 011기 하기 q-'1,1A-1', 1-844-626-6813 (TTY/TDD 711)로 전 II-하십 A1오.

Italian:

Se lei, o una persona che lei sta aiutando, avesse domande su PA Health & Wellness, ha diritto a usufruire gratuitamente di assistenza e informazioni nella sua lingua. Per parlare con un interprete, chiami l' 1-844-626-6813 (TTY/TDD 711).

Arabic:

PA Health & Wellness (حشأ ههدع نزل *& (ل أكيدلزل سنل *))
ب للصتا ممجر تم عم شددحتلل. ةفلكت ةبيأ نوودد نم ككتغلب
1-844-626-6813 ((TTY/TDD 1711)844

Language Assistance, continued

French:

Si vous-même ou une personne que vous aidez avez des questions à propos d'PA Health & Wellness, vous avez le droit de bénéficier gratuitement d'aide et d'informations dans votre langue. Pour parler à un interprète, appelez le 1-844-626-6813 (TTY/TDD 711).

German:

Falls Sie oder jemand, dem Sie helfen, Fragen zu PA Health & Wellness hat, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 1-844-626-6813 (TTY/TDD 711) an.

Gujarati:

જો તમને અથવા જેમની મદદ કરી શકો છો તેમને, PA Health & Wellness વિશે કોઈ શંકાઓ હોય તો તમને, તમારી ભાષામાં મદદ અને માહિતી મેળવવાની સહાયતા છે. દુર્ભાગ્ય સાથે વાત કરવા માટે 1-844-626-6813 (TTY/TDD 711) ઉપર કોલ કરો.

Polish:

Jeżeli ty lub osoba, której pomagasz, macie pytania na temat planów PA Health & Wellness, macie prawo poprosić o bezpłatną pomoc i informacje w języku ojczystym. Aby skorzystać z pomocy tłumacza, zadzwoń pod numer 1-844-626-6813 (TTY/TDD 711).

French Creole (Haitian Creole):

Si oumenm, oubyen yon moun w ap ede, gen kesyon nou ta renmen poze sou PA Health & Wellness, ou gen tout dwa pou w jwenn èd ak enfòmasyon nan lang manman w san sa pa koute w anyen. Pou w pale avèk yon entèprèt, sonnen nimewo 1-844-626-6813 (TTY/TDD 711).

Mon-Khmer, Cambodian:

ប្រសិនលោកអ្នកឬ នរណាម្នាក់ដែលអ្នកកំពុងតែជួយមានបញ្ហាអំពី PA Health & Wellness អ្នកមានសិទ្ធិ ទទួលបានជំនួយនិងព័ត៌មានជាភាសាសំឡេងដោយឥតគិតថ្លៃ។ សូមនិយាយទៅកាន់អ្នកបកប្រែ តាមលេខ 1-844-626-6813 (TTY/TDD 711).

Portuguese :

Se você, ou alguém a quem você está ajudando, tem perguntas sobre o PA Health & Wellness, você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para falar com um intérprete, ligue para 1-844-626-6813 (TTY/TDD 711).