

Assisted Living Waiver Amenity Form



The Medi-Cal Home and Community-Based Services (HCBS) 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 Medi-Cal beneficiaries to live in the community and avoid institutionalization.

Each beneficiary 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 twobeneficiaries). 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.

Waive my right to a refrigerator.

Waive my right to a microwave.

(Signature)

(Date)