

**NEW BEGINNINGS ENTERPRISES, INC**  
Service Access List  
Service Acceptance/Rejection Acknowledgement

I, \_\_\_\_\_ was notified on \_\_\_\_\_  
\_\_\_\_\_ that I was eligible to receive the following  
HCBS services: \_\_\_\_\_.

This notification serves as a written acknowledgement that:

\_\_\_\_\_ I will accept the service requested.

\_\_\_\_\_ I am unable to accept the services requested at this time.

I have been advised that should I be unable to accept services as requested, my  
waiting list request date will be changed to a date not less than 90-days from the  
date that I rejected services or \_\_\_\_\_.

\_\_\_\_\_  
Person applied or Legal guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
CDDO Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Funding Committee Representative

\_\_\_\_\_  
Date