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Governor

STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF HEALTH CARE FINANCING AND POLICY  
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RICHARD WHITLEY, MS  
Director

MARTA JENSEN  
Acting Administrator

## HOME AND COMMUNITY-BASED SERVICES ACKNOWLEDGEMENT FORM

Recipient Name: \_\_\_\_\_

Date: \_\_\_\_\_

~~The undersigned~~ I acknowledge the receipt and explanation of the forms listed below. These forms are related to ~~your~~ my Home and Community-Based Services (HCBS). ~~Your~~ My signature/initials and signature below indicate ~~that you are satisfied~~ my satisfaction with the explanations provided to ~~you~~ me. ~~and that you accept the plan of care as developed.~~

\_\_\_\_\_ Notice of Privacy Practices were discussed and given to me.

\_\_\_\_\_ Advance Directives were discussed with ~~recipient~~ me.

\_\_\_\_\_ NMO-7070 Recipient Rights ~~was~~ were explained/discussed and given to ~~the recipient~~ me.

\_\_\_\_\_ Preventative Health Care was discussed with ~~recipient~~ me (Preventive care may include immunizations, vaccines, regular check-ups, routine physicals, mammograms and colonoscopy's).

### Acknowledgement of Recipient/Representative Signatures

\_\_\_\_\_ I ~~have~~ agree to participated in the development of ~~my~~ the Plan of Care ~~by~~ that will identify ~~ing~~ my needed services; ~~however~~ I understand that final service hours have not yet been identified; pending receipt of State Plan service hours which must be identified first.

\_\_\_\_\_  
Recipient/Designated Representative

\_\_\_\_\_  
Relationship to Recipient (if applicable)

\_\_\_\_\_  
Case Manager