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

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have been provided options for housing services, mental health, and substance abuse treatment through the PATH Program. At this time I am declining the following services: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

If my situation changes and I need assistance with any of the services listed above, I will contact [Staff name] at [Staff phone number] or any other member of the PATH Team to advise of changes.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Case Manager

*This publication is part of a series of manuals that describe models of care that are included in the HRSA SPNS Initiative Building a Medical Home for HIV Homeless Populations. Learn more at* [*http://cahpp.org/project/medheart/models-of-care*](http://cahpp.org/project/medheart/models-of-care)