

Refusal of Hardship Consideration Process

I understand that I have been found ineligible to receive mental health/chemical dependency/gambling services funded by the Division of Behavioral Health. I also understand that the Division of Behavioral Health have policies in which all cases of ineligibility are reviewed for possible hardship consideration and, through this process, hardships that would make paying for services an undue financial stress are taken into account. The Hardship Consideration process has been explained to me, but I am declining to participate at this time. By signing this document, I hereby waive my right to the Hardship Consideration process and the entire appeals process.

Signature (Consumer or Parent/Guardian)

Date