

Kentucky PASRR Program Refusal of Specialized Services

A resident's refusal of treatment must be persistently and consistently documented in the resident's record.

I have been informed that I may receive services and supports through the PASRR program.
(Please **PRINT** First and Last Name) _____

- Adult Day Habilitation services and supports have been explained to me.
 I have refused such services and supports.
- Facilitative therapy services and supports have been explained to me.
 I have refused such services and supports.
- Recreational/leisure services and supports have been explained to me.
 I have refused such services and supports.
- Supported vocational services and supports have been explained to me.
 I have refused such services and supports.
- Music/Art therapy services and supports have been explained to me.
 I have refused such services and supports.
- Case Management services have been explained to me.
 I have refused such services

Signature of person named above

Date

Signature of CHMC Representative

Date