



Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Executive Office of Elder Affairs

## Egzanpsyon Konsantman Volontè

Kliyan:

Pwen Aksè Sèvis Vyeyisman (ASAP):

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Mwen konprann \_\_\_\_\_ mwen an pral:  
(kalite sèvis swen adomisil)

☐ redui/chanje de \_\_\_\_\_

a \_\_\_\_\_ le \_\_\_\_\_ (dat).

☐ tèmine le \_\_\_\_\_ (dat).

Mwen pa pral resevwa sèvis swen adomisil ankò, epi Mwen pa pral patisipe nan pwogram egzansyon an ankò.

Mwen konnen mwen gen dwa pou m fè apèl a desizyon ASAP pran an. Mwen dakò ak desizyon ki site anwo a epi mwen pa vle fè apèl a desizyon sa a.

**Siyati:**

Kliyan: \_\_\_\_\_ Dat: \_\_\_\_\_

Responsab Ka a: \_\_\_\_\_ Dat: \_\_\_\_\_