



CLIENT REFUSAL FORM

| PARTICIPANT INFORMATION | | |
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| FIRST NAME: | MIDDLE NAME: | LAST NAME: |
| DATE OF BIRTH: | SERVICEPOINT ID: | |
| NAME OF AGENCY BEING REJECTED: | | |
| REFUSAL CONFIRMATION | | |
| ARE YOU REFUSING THE OFFER OF SERVICES FROM THE AGENCY LISTED ABOVE? <i>REFUSING SERVICES AT THIS AGENCY WILL MOVE YOUR NAME BACK ONTO THE QUEUE TO BE REFERRED TO ALTERNATIVE PROGRAMS UNTIL CANCELLED.</i> | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| WHAT IS YOUR REASON FOR REFUSING THIS REFERRAL? (OPTIONAL) | <input type="checkbox"/> UNINTERESTED IN SERVICES OFFERED <input type="checkbox"/> INTERESTED IN ALTERNATIVE SERVICES NOT OFFERED <input type="checkbox"/> CONFLICT WITH STAFF <input type="checkbox"/> OTHER | |
| <i>IF OTHER, PLEASE WRITE A DETAILED DESCRIPTION OF YOUR REASONS FOR REFUSING THIS OFFER:</i> | | |
| SIGNATURE OF PARTICIPANT: | | DATE SIGNED: |

| CANCEL AGENCY REFUSAL | |
|--|---|
| <i>ONLY TO BE COMPLETED IF THE CLIENT DECIDES TO VOID THEIR PREVIOUS REJECTION OF AN AGENCY:</i> | |
| ARE YOU CANCELING THE REJECTION OF SERVICES FROM THE AGENCY LISTED ABOVE? <i>THIS ACTION WILL ALLOW YOUR NAME AND CONTACT INFORMATION TO BE SENT TO THE ABOVE AGENCY.</i> | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| SIGNATURE OF CLIENT: | DATE SIGNED: |

***ONCE COMPLETED, PLEASE SEND THIS FORM TO THE BY-NAME LIST COORDINATOR AT LAKE COUNTY COMMUNITY DEVELOPMENT.
FOR MORE INFORMATION, CONTACT THE BNL COORDINATOR AT 847-377-7604.***