

Rejection of Offered Services

By Parent with Disability

1. In the interest of _____, child whose date of birth is _____.
2. I am the biological or adoptive _____ mother _____ father of above-named child.
3. I am currently represented by independent legal counsel, Honorable _____ located at _____.
4. I understand that I have been determined to have a disability. The Cabinet for Health and Family Services has offered or provided adaptive and supportive services to me. **I am rejecting said services.**
5. I wish to waive adaptive and supportive services because

_____.
6. I understand that this may impact case planning and permanency planning for the above-named child who is in the custody of the Cabinet for Health and Family Services.
7. I was not given or promised anything of value in exchange for providing consent to this Rejection of Offered Services, and I was not coerced in any way to provide consent.
8. This may be withdrawn **only** by written notification filed with the Court and sent to the Cabinet for Health and Family Services.
9. This Rejection of Offered Services is final and irrevocable after 45 days.

Parent's Signature and Date

Counsel for Parent and Date

To Be Completed by Notary Public:

State of _____ County of _____

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 2_____.

My commission expires: _____

Notary/Clerk