



**Tennessee Department of Human Services**  
**SSBG Refusal of Services**

You have been referred to the \_\_\_\_\_ for personal support services by Tennessee's Adult Protective Services (APS) program. You have been visited by an APS investigative specialist, who determined that you would benefit from our services. The investigative specialist discussed with you the services we provide. Regardless of income, Personal Support Services are available at no cost to you through the Social Service Block Grant.

If you do not wish to receive our services, or are already receiving services but would like them to stop, please sign below. We ask you to discuss this with one of our workers before your decision is final, so we can be sure you understand what you are declining. If your APS case still open, we will let your investigative specialist know your decision.

Your signature below indicates that you have been told about what services are available, and have been given the opportunity to ask questions. Most importantly, it tells us that you do not want to start services or want to stop services you are already receiving.

After this form is signed, you will receive a closure notice in the mail.

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Client Signature

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Date Signed

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Agency Employee's Signature

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Date Signed