Home Delivered Meals (HDM)
Social Security Act, Title XIX and Title XX

Notification of Rights and Responsibilities and Complaint Procedures

☐ Initial Notification

☐ Annual Notification

Individual's Name	Individual's Program Number

I certify that I have received a written and oral explanation of:

- my rights and responsibilities; and
- procedures for filing a complaint.

_____ _____
Signature-Individual or Authorized Representative Date

_____ _____
Signature-Provider Representative Date

_____
Printed Name-Provider Representative

_____
Title-Provider Representative

DADS Regional Office Telephone Number	DADS Regional Office Address

Provider Name	Provider Telephone Number
Provider Address	