

Aging and Disability Services Division
Electronic Communication Devices for Personal Living Spaces in Covered
Facilities

Withdrawal of Consent for Electronic Device Form

Person Served First and Last Name:

Person Served Authorized Representative:

Home and Room Number:

The person served that requested the electronic communication device is responsible for having the device removed. This was installed in my room at the request of:

- Myself
- My Roommate

I would like the following electronic communication device removed from my room:

- Video and Audio
- Video only
- Audio only

I would like the device removed by:

I need help having the device removed:

- Yes
- No

If yes, what help is needed?

Person Served or Authorized Representative Signature: _____

Signature date:

Received by:

Date: