

## Choice of Service System-CSW:

I have received a copy of the FACT sheet, which provides information about services from intermediate care facilities for persons with intellectual disabilities as well as the Home and Community Based Waiver programs. I understand that I can ask for more information and can contact any of the entities included on the FACT sheet for information. If my situation changes in the future, I understand I am free to make a different choice if I am eligible for services.

I have been advised that I may choose either a Home and Community-Based Waiver service or an intermediate care facility for people with intellectual disabilities. I understand the service options well enough to make an informed decision about which services are best for my situation, and I choose:

Home and Community-Based Waiver services

Intermediate Care facility services

Person: \_\_\_\_\_

Date: \_\_\_\_\_

Support Coordinator: \_\_\_\_\_

Date: \_\_\_\_\_

Person's Legal Representative: \_\_\_\_\_

Date: \_\_\_\_\_