

Choice of Service System-ABI:

I have been advised that I may choose either a Home and Community-Based Waiver service or nursing home services. 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

Nursing home services

Person: _____

Date: _____

Support Coordinator: _____

Date: _____

Person's Legal Representative: _____

Date: _____