

# CHOICE OF SERVICE SYSTEM - ICF

*Form 818*

Version Date: 2020

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## Instructions

This form requires a signature. If you cannot sign electronically, print this form after filling out all sections and sign.

## Choice

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 home and community-based waiver services 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

## Signatures

Person:

Date:

Support Coordinator:

Date:

Person's Legal Representative:

Date: