

CHOICE OF SERVICE SYSTEM

Limited Supports Waiver

Form 818C

Version Date: September 2022

Informed Choice

I have received a copy of the fact sheet, which provides information about services from Intermediate Care Facilities for Persons with Intellectual Disabilities (ICF/ID), Nursing Home Services (ABI), and the Home and Community Based Waiver programs. I understand that I can ask for more information, and I can contact any of the entities included on the FACT sheet for more information. If my situation changes in the future, I understand that I am free to make a different choice if I am eligible for services.

I have been advised that I may choose a Home and Community-Based Waiver service, an Intermediate Care Facility for people with Intellectual Disabilities (ID/RC), or Nursing Home Services for people with Acquired Brain Injuries (ABI). I understand the service options sufficiently to make an informed choice about which services are best for my situation, and I choose:

- Home and Community-Based Waiver Services
- Nursing Home Services (ABI)
- Intermediate Care Facility Services (ID/RC)

Signatures

PERSON

Signature:

Date:

SUPPORT COORDINATOR

Signature:

Date:

PERSON'S LEGAL REPRESENTATIVE

Signature:

Date: