



CHOICE OF SERVICE SYSTEM

Community Supports Waiver

Version date: 2/26

Form 818

Privacy notice:

The information you provide will be used to determine eligibility for division services. It will only be used by DHHS and, if needed, by individuals or parties contracted with DHHS. Without this data, we cannot make a determination. This data is part of record series: 15376.

Informed choice:

I have received a copy of the fact sheet, which provides information about services from Intermediate Care Facilities for people with Intellectual Disabilities (ICF/ID) 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 either a Home and Community-Based Waiver service or an Intermediate Care Facility for people with Intellectual Disabilities (ID/RC). 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
- Intermediate Care Facility Services (ID/RC)

Signatures

PERSON

Signature:

Date:

SUPPORT COORDINATOR

Signature:

Date:

PERSON'S LEGAL REPRESENTATIVE

Signature:

Date: