

CHOICE OF SERVICE SYSTEM

Community Supports Waiver

Form 818

Version Date: August 2017

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 a person or party 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 PERSONS 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: