

CHOICE OF SERVICE SYSTEM

Acquired Brain Injury Waiver

Form 818B

Version Date: May 2008

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 Home and Community Based Waiver programs and Nursing Home Services (ABI). 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 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)

Signatures

PERSON

Signature:

Date:

SUPPORT COORDINATOR

Signature:

Date:

PERSON'S LEGAL REPRESENTATIVE

Signature:

Date: