

CHOICE OF SERVICE SYSTEM

Community Supports Waiver

Form 818

Version Date: February 2024

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: