

CHOICE OF SERVICE SYSTEM

Acquired Brain Injury Waiver

Form 818B

Version Date: February 2024

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 that 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: