

# CHOICE OF SERVICE SYSTEM

## *Limited Supports Waiver*

Form 818C

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), nursing home services (ABI), 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 a home and community-based waiver service, an intermediate care facility for people with intellectual disabilities (ID/RC), 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)
- Intermediate care facility services (ID/RC)

## Signatures

### PERSON

Signature:

Date:

### SUPPORT COORDINATOR

Signature:

Date:

### PERSON'S LEGAL REPRESENTATIVE

Signature:

Date: