

FREEDOM OF CHOICE FORM

If you qualify for care in an Intermediate Care Facility for the Mentally Retarded (ICF/MR), you have the right to choose between care in your home or placement in an ICF/MR. The Medicaid Home and Community Based Services (HCBS) Waiver program provides Waiver services in your home. You may want to talk with family, friends, or others before you choose between care in your home or placement in an ICF/MR. The Division of Mental Retardation Services can provide more information about the program if needed.

Please check one of the following boxes to indicate your choice:

<input type="checkbox"/>	<p>I want to be in the Medicaid HCBS MR Waiver program and get Waiver services in my home. I will have the following rights:</p> <ul style="list-style-type: none"> • To choose any available qualified provider for my services; • To choose a different service provider if I am not happy; and • To appeal if I am not given my choice.
<input type="checkbox"/>	<p>I want to receive care in an ICF/MR facility.</p>

Name of Enrollee _____

Social Security Number _____

Signature of Enrollee
(or Authorized Representative) _____

Date

Signature of DMRS Representative _____

Date