CHOICE FORM
FOR SERVICES AND PROVIDERS
HOME AND COMMUNITY (HCBS) Waiver

_____
NAME OF PERSON

NAME OF PERSON'S LEGAL REPRESENTATIVE

LIST OF AVAILABLE SERVICES: At the person or legal representative named above; you should be offered and given a list of the services available. Please check <u>ONE</u> of the following statements:

( ) I was given a list of all available SERVICES on this date; OR
( ) I already have a list of SERVICES; or I know how to access the listing on websites*if I need them

LIST OF AVAILABLE PROVIDERS: You should be offered, and if you want it, be given a list of providers that are available in your area to provide Med Waiver services. Please check ONE of the following statements:

( ) I was given a list of PROVIDERS for my services on this date; OR
( ) I already have a list of PROVIDERS, or I know how to access the listings posted on websites * OR
( ) I don't want or need a list of PROVIDERS right now. I understand that I may request a list from my ISC At anytime; OR
( ) I was told on this date that the PROVIDERS listed below are available at this time in my area for the services that I have chosen. I was offered and given a copy of this list if I wanted it.

<u>CHOICE OF SERVICES AND PROVIDERS:</u> You should be offered choice in the selection of waiver services and providers. Please check ONE of the following statements:

( ) At a previous time, I was afforded choice in the selection of the services and providers that I now have; OR
( ) On this date, I was given information about all of the services and/or the providers available and I was told that I have a choice of these services and providers.

<u>CHANGES IN SERVICES OR PROVIDERS;</u> you may request change at any time to your current services or providers. Please check ONE of the following statements:

( ) I am satisfied with my existing service(s) and provider (s) and I do NOT wish to make any changes right now. I understand that I can change my mind at any time; OR

( ) I am NOT satisfied with my existing service (s) or provider (s), AND I want to make changes. I understand that my ISC will be assisting me in making these changes.

PLEASE SIGN AND DATE BELOW

X_____ DATE: _____
SIGNAURE OF PERSON

X_____ DATE: _____
SIGNAURE LEGAL REPRESENTATIVE (as apply)