FREEDOM OF CHOICE FORM

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

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

[ ]	**I want to be in the Medicaid HCBS ID Waiver program and get Waiver services in my home. I will have the following rights:** • **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.**
[ ]	**I want to receive care in an ICF/IID facility.**

Name of Enrollee _____ Social Security Number _____

Signature of Enrollee (or Authorized Representative) _____ Date _____

Signature of DIDD Representative _____ Date _____