

DOCUMENTATION OF INDIVIDUAL CHOICE
BETWEEN INSTITUTIONAL CARE OR HOME AND COMMUNITY-BASED SERVICES

Recipient Name: _____

The following has been presented and discussed with the individual and, if applicable, the parent, legal guardian or authorized representative:

- The findings and results of the individual’s evaluations and stated needs;
- All feasible alternatives/available services for which he or she is eligible under the Individual and Family Developmental Disabilities Support (DD) Waiver. Name the alternative/available waiver services discussed: _____

- Plans for providing services to meet the individual’s needs;
- A choice between institutional care and DD Waiver services. Name the institutional care discussed: _____

- Information that the individual may be placed on the Waiting List for both ICF-MR and MR Waiver Services;
- Information that the individual may be placed on the DD Waiver Waiting List and receive services in an ICF-MR at the same time;
- The individual’s right to a fair hearing and the appeal process.

The individual and, if applicable, the parent, legal guardian or authorized representative, has:

_____ selected DD Waiver services (may require placement on the waiting list);

_____ selected ICF-MR services (may require placement on the waiting list); OR

_____ selected to be served in an ICF-MR or placed on an ICF-MR waiting list and be placed on the DD Waiver Waiting List at the same time.

Signature of Individual

Date

Signature of Parent, Legal Guardian, Authorized Representative (underline applicable designation)

Date

Signature of Screener

Date

Example