

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

Individual's Name: _____

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

- The findings and results of the individual's evaluations and stated needs;
- All ID Waiver services, including Consumer-Directed services;
- The Day Support Waiver and its services;
- Plans for providing services to meet the individual's needs;
- A choice between institutional care and Waiver services. Name the institutional care discussed: _____

- Information that the individual may be placed on the Waiting List for both ICF-IID (Intermediate Care Facility for Individuals with Intellectual Disability) and ID Waiver and DS Waiver services;
- Information that the individual may be placed on the Statewide ID Waiver Waiting List and receive services in an ICF-IID 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 ID Waiver services (may require placement on the Statewide ID Waiver Waiting list); AND/OR

_____ selected the Day Support Waiver (may require placement on the Statewide ID Waiver Waiting list); OR

_____ selected ICF-IID services (may require placement on a waiting list); OR

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

Signature of Individual

Date

Signature of Legal Guardian/Authorized Rep.

Date

Signature of Case Manager/Support Coordinator

Date