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