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

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