



State of Illinois
 Department of Human Services
**HOME AND COMMUNITY-BASED SERVICES FOR
 INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES**

CHOICE OF SUPPORTS AND SERVICES

I, _____, or my guardian, _____,
 Name of Individual Name of Guardian

have been informed by _____ of _____
 Name of Staff ISC Agency

on _____ that I am eligible for Medicaid-funded services for individuals with a developmental disability.
 (Date)

I understand that I may choose community supports and services available through a Home and Community-Based Services waiver program or seek placement in an intermediate care facility for individuals with a developmental disability (ICF/DD). If I choose community supports and services, I understand that I will be required to grant reasonable access to my home for staff of the PAS/ISSA agency, staff of service provider agencies and State agency staff, as necessary in order to meet federal requirements concerning the health and welfare of individuals with developmental disabilities enrolled in the Medicaid waiver.

I choose community supports and services through a Home and Community-Based Services waiver program,

I choose placement in an ICF/DD, and

- o I want to join/remain on the PUNS list to have the option of being selected for waiver services.

I choose an interim placement at an ICF/DD, while I continue to work with the ISC to identify a waiver placement. The DDD Region staff have been notified. An ICF/DD placement is only considered interim if it meets one of the following criteria.

Please check which one applies:

- o Individual meets crisis criteria as defined by DDD policy.
- o Individual is currently receiving waiver services, but temporarily needs an interim placement at an ICF/DD and wants to return to waiver services.
- o Individual has been selected for waiver services, is unable to find a waiver setting, and is temporarily needing placement in an ICF/DD while they continue to work with the ISC to identify a waiver placement.

These options have been explained to me in enough detail so that I am able to make an informed choice. Before making my decision, I was given the opportunity to visit various residential settings. I also understand that I may change my choice of supports and services in the future.

 Individual's Printed Name

 Individual's Signature

 Date

 Guardian's Printed Name

 Guardian's Signature

 Date

 Witness' Printed Name

 Witness' Signature

 Date