

## FREEDOM OF CHOICE ACKNOWLEDGEMENT

INSTRUCTIONS: Individuals seeking ICF/ID facility-based care or Home and Community-based (HCBS) Waiver services must be informed of the full array of available Medicaid services. In order to assure all individuals are made aware of the array of services, each applicant will be provided with a copy of a two-sided fact sheet. The fact sheet provides information about both Home and Community-based Services and ICF/ID facility-based services. This information provides applicants with the opportunity to be educated about service options and the ability to make well-informed decisions about their choice of services. This Freedom of Choice Acknowledgement serves as formal documentation that the fact sheet was provided by the ICF/ID prior to admission. A copy of the acknowledgement sheet must be retained in the individual's chart at the ICF/ID.

Today's Date: \_\_\_\_\_

Individual's first and last name: \_\_\_\_\_

Individual's date of birth: \_\_\_\_\_

- I have received a copy of the fact sheet, which provides information about the ICF/ID option as well as the Community Supports Waiver option.
- I understand the service options well enough to make an informed decision about which services are best for my unique situation.
- I understand that I have the right to ask for more information if needed, and that I can contact any of the entities included on the fact sheet for more information.
- If my situation changes in the future, I understand that I am free to make a different choice if I am eligible for services and funding is available.

After being informed of both service options, I choose:

- Services through an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/ID).
- Services through the 1915(c) Home and Community Based Services Waiver called the Community Supports Waiver for People with Intellectual Disabilities or Other Related Conditions.

Signature of Individual: \_\_\_\_\_

Signature of Individual's legal guardian: \_\_\_\_\_