



New Choices Waiver

Bureau of Authorization and Community Based Services, Division of Medicaid and Health Financing
801-538-6155 (option 6) or toll free 800-662-9651 (option 6)

Freedom of Choice Consent Form – Morgan County

New Applicant Transfer Request/New CMA Selection

Individual’s Name: DOB:

As a New Choices Waiver client wishing to transfer to a new case management agency you or your chosen representative will need to select a case management agency that is different from your previous choice. This form is designed to help in that selection process...

You are free to choose from the list of all case management agencies that are available in your area. Which case management agency would you like?

- Advocates for Independence MACS Plan Flexcare Abundant Solutions
Roads to Independence Utah Case Management Care Advocates
Envision Quality Supports Adult Case Management Generations Case Management

Referrals to case management agencies can only be made by the New Choices Waiver Program Office. Once you have made your selection above, please fax this form to: (801)323-1586

When the completed form is received, the New Choices Waiver Program Office will send a referral packet to the case management agency that you have chosen. To facilitate a smooth transition and to ensure continuity of care, the referral packet will consist of the original application forms and medical records that you submitted when you initially applied to the New Choices Waiver program and will also include any relevant New Choices Waiver records that we have received from case management agencies or other New Choices Waiver providers since your initial application...

By signing below, I certify that I have selected this case management agency of my own free will. I also certify that I have read and understand the information contained in this form and I authorize the New Choices Waiver Program Office to release a referral packet as described above to the case management agency that I have selected.

Signature Date

Who is signing? Self/Applicant Family Representative Legal Representative

Representative’s Name (Print):

Representative’s Authority:

Phone number for me or my representative: