**Choice Letter Regarding Services**

Member Name:

MaineCare Number:

I have a right to choose between waiver services or institutional care. My case manager has explained these services to me.

* I choose the **Section 21 (DS Comprehensive HCB Waiver)** for services talked about at my planning meeting held on .
* I choose the **Section 29 (DS Support HCB Waiver)** for services talked about at my planning meeting held on .
* I wish to receive **Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID)** services instead of Waiver services.

**Guardian/Member *(if no Guardian)* Printed Name Date**

**Case Manager Printed Name Date**

**Case Management Agency**