**Choice Letter**

Consumer: Date:

Address: MaineCare#:

City: State: Zip:

The Other Related Conditions (ORC) waiver allows members to choose community based services rather than residing in an institution. The goal of the waiver is to provide a comprehensive array of services to adults (age 21 and older) with cerebral palsy, epilepsy and other related conditions. The waiver does **not** cover housing expenses, room and board, or rent.

You may be qualified for this waiver program. You can learn more about the waiver by contacting the Office of Aging and Disability Services, Neurobehavioral Services team at (207) 287-9200. You can choose to be **considered** for this waiver. The availability of waiver openings is limited.

Please check one of the following options:

I WANT TO BE CONSIDERED FOR THE ORC WAIVER.

I understand this choice means the following:

1. I will receive help applying for the ORC waiver program.
2. If I am determined eligible and granted a funded waiver offer, an ORC Care Monitor will assist me in choosing the waiver services necessary to maintain my health and safety.
3. If I am determined eligible and granted a funded waiver offer, I must choose an enrolled MaineCare waiver provider to deliver those services.
4. If I am determined eligible and granted a funded waiver offer, I will take part in choosing where I want to live in the community.

I DO NOT WANT TO BE CONSIDERED FOR THE ORC WAIVER AT THIS TIME.

I understand this choice means the following:

1. I can change my mind in the future.
2. If I have further questions, I can contact OADS at (207)287-9200.

Date: Participant Signature

Date:

Guardian or Legally Authorized Representatives Signature (if applicable)