



Choice Letter Regarding Services

Member Name: _____

Maine Care Number: _____

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

I choose waiver for the services talked about at my planning meeting held on _____.

I wish to receive ICF/IID Services instead of waiver services.

Guardian/Member (*if no guardian*)

Printed Name

Date

Case Manager

Printed Name

Date