

Individual's Name	Date of Birth	Phone	
Medicaid Number	County	Address	
Address Continue <i>(use this space as needed)</i>	City	State	Zip Code
Legally Responsible Person <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete information as follows:	Name	Phone	
Address - Street	City	State	Zip Code

I or my legal representative have been informed of the following rights:

- I am aware that I have the right to choose between institutional and community based services.
- I am aware that the Waiver program is voluntary.
- I have the right to choose my service providers.
- I have the right to, at any time I may choose, change providers without fear of retaliation.
- I am aware of the confidential nature of all client information and that I have the right to approve or deny the release of identifiable information.
- I have the right to choose who participates in my CES Waiver program plan meeting and to ask questions at anytime regarding my plan.
- I have the right to be free from abuse, neglect, and exploitation.
- I have the right to report abuse, neglect and exploitation. At the Child Abuse Hotline 1-800-482-5964 or TDD 1-800-843-6349 or Adult Protective Services 1-800-482-8049.
- I am aware that I can grieve any Developmental Disabilities Services (DDS) provider or DDS action or decision with which I do not agree.
- I have been informed of the PASSE client grievance/service concern procedure.
- I have been informed of the DHS Appeal Administration Fair Hearing Process.
- I have been informed and given a copy of the PASSE Appeal Policy that specifies this policy is not a pre-requisite for a Fair Hearing.

I have been informed of my Fundamental Rights:

- The right of freedom of speech and expression.
- The right of freedom of religion.
- The right of association.
- The right to marry, procreate, and raise children.
- The right to vote.
- The right to meaningful and fair access to courts, including legal representation.
- The right to privacy.
- The right to be free from cruel and unusual punishment.
- The right to fair and equal treatment by public agencies.
- The right to have residential and community services provided in a humane and least restrictive environment.

Questions?

Contact Arkansas Total Care at: 1-866-282-6280

To the extent that it does not jeopardize my health and safety, or result in illegal activity:

- I have the right to choose and wear my own clothes.
- I have the right to choose where to live and with whom.
- I have the right to communicate and associate with persons of my own choice.
- I have the right to have unrestricted mailing privileges and to make and receive confidential telephone calls.
- I have the right to manage my own fiscal affairs.
- I have the right to decline the help from people that I am not comfortable being around.

I (check one) have (or) have not been informed of the services which are available to me through my PASSE and understand my options.

I understand that it is my choice to select either the Community and Employment Supports (CES) Waiver described to me and/or Intermediate Care Facility (ICF). I chose the following:

Community and Employment Supports (CES) OR Intermediate Care Facility (ICF/IDD) - (HDC)

I have been given the attached list of DDS Certified Community and Employment Supports/Medicaid Waiver Supportive Living providers for _____ County. From that list, I am choosing:

_____ to provide my Waiver Supportive Living Services.
(Fill in name of the chosen CES Supportive Living)

This decision does or does not (check one) represent a change in provider(s).

Individual's Signature	Date	Legal Representative Signature (If co-guardians, both must sign and date)	Date
_____	_____	_____	_____
Witness Signature	Date	ARTC PASSE Representative Signature	Date
_____	_____	_____	_____

Choice Options Explained by (check one): Mail Phone In Person

COUNTY SPECIFIC CES WAIVER PROVIDERS*

*This is not a comprehensive list of all providers in your county; this list only includes ARTC in-network providers in your county.

This is the most current list of providers that are licensed to provide Community and Employment Supports (CES) Waiver in your county. You are encouraged to contact them prior to selecting your provider of choice.

Individual's Signature

Date

Legal Representative Signature
(If co-guardians, both must sign and date)

Date

Witness Signature

Date

ARTC PASSE Representative Signature

Date