

Money Follows the Person Demonstration Services Freedom of Choice

Federal law states that you have the right to choose which agency or agencies you want to provide approved demonstration services. **You do not have to choose the same provider that helped you apply for the Medicaid waiver program.**

Provider Name	Service	Client Initial <i>(Only if apply)</i>
	Medicine Dispenser	
	PERS	
<i>(Please enter Home Health Agency in Local Area)</i>	Tele-Health	
	Tele-Rehab	
<i>(Please enter Home Health Agency in Local Area)</i>	Nursing	
<i>(Please enter ITM Agency Name)</i>	Community Transition Services	
<i>(Please enter ITM Agency Name)</i>	Goods and Services	
<i>(Please enter Facility Name)</i>	Supported Living	
<i>(Please enter Agency Name)</i>	24 Hour Attendant Care	

<i>(Please enter ITM Agency Name)</i>	Intense Transition Management	
<i>(Please enter Agency Name)</i>	Therapeutic Intervention	

I acknowledge by my signature below that the providers listed above were selected by me or my representative.

Client Print: _____ Date: _____

Client Signature: _____ Date: _____