

**COMMONWEALTH OF PENNSYLVANIA
OFFICE OF LONG-TERM LIVING
Bureau of Individual Support
SERVICE PROVIDER CHOICE FORM**

Name: _____

Address: _____ County: _____

Before you choose who will be providing your home and community-based services, we have to tell you that:

1. You have the right to decide who will give you the services listed in your Individual Service Plan as long as they are enrolled in the program and qualified to provide you those kinds of services.
2. You have the right to talk to or interview someone from any provider before making your choice of providers. Interviewing providers can be a long process and might result in a delay of services.
3. You will not be forced to choose a particular provider.
4. You can decide on a different provider for each different service.
5. You may choose more than one service provider to give you the same kind of service, as needed.
6. You can self-direct your home and community-based services if the particular waiver program in which you are enrolled permits this model.
7. You can change your mind about who gives you services at any time by telling your Care Manager.
8. If there are issues you have been unable to resolve or it would be hard discussing them with your Care Manager, you may call the OLTL Quality Assurance Helpline at 1-800-757-5042. There is no charge for calling this number.

Please acknowledge the following statements by checking each circle and signing at the bottom of the form:

- I understand my rights to choose my provider(s) and my responsibilities in making those choices.
- My Care Manager has given me a list of service providers who could possibly provide each service listed in my Individual Service Plan.
- I understand that I may talk to someone from any services provider before making my decision in selecting a provider.
- I have freely chosen the provider for each service listed in my Individual Service Plan on the back of this form.
- I understand that I can:
 - Choose to self-direct some of my services if the waiver in which I am enrolled permits this model; or
 - Choose not to self-direct any, all or some of my services
- I have made these choices without being pressured or forced.
- I have been involved in developing my Individual Service Plan.
- I understand if I have concerns or complaints about my services that I should contact my Care Manager.

Participant's Signature

Date

Representative's Signature (as appropriate)

Date

Care Manager Signature

Date

If you have someone who is helping you with or providing support to you regarding this discussion, please ask that person to sign below to show that they have participated by helping you.

Signature

Date

