

**FREEDOM OF CHOICE STATEMENT**

<b>Date</b>	
<b>Youth Name</b>	
<p><b>Services Available</b></p> <p>I/my youth have been given the choice to:</p> <p style="padding-left: 20px;">Access State Amendment Waiver services in our home and in community-based settings (HFWA)</p> <p style="text-align: center;"><b>OR</b></p> <p style="padding-left: 20px;">for my youth to be admitted to the hospital (PRTF, RTC or other)</p> <p>I understand that the cost of home and community-based waiver services must meet the waiver requirement of being cost-effective.</p>	
<p><b>Choice of Service</b></p> <p>___ State Amendment Waiver. I/my youth have chosen to receive State Amendment Waiver services (HFWA) rather than services in a hospital setting. I have been told of my right to choose any certified waiver provider for these services.</p> <p>or</p> <p>___ Hospital. I/my youth have chosen to receive services in a hospital setting.</p>	
<b>Signatures</b>	
<i>*I received training on my rights, and understand the process for instances of abuse, neglect, and exploitation.</i>	
Signature of participants/parent/guardian/legally authorized representative:	<b>Date</b>
Signature of witness (ONLY IF SIGNATURE IS AN X):	<b>Date</b>