

**CHOICE OF PROVIDERS FORM**

<b>Date</b>	
<b>Youth Name</b>	<b>Guardian Name</b>
<b>Reason for Completing This Form</b> <input type="checkbox"/> New Member <input type="checkbox"/> Adding a provider <input type="checkbox"/> Changing a provider	
<b>Guardian initials:</b> <input type="checkbox"/> Providers and services available through Magellan have been explained to me. <input type="checkbox"/> I understand that I can make the decisions about what High Fidelity Wraparound services will be provided to me or my youth. I can make the decisions about which providers will work with my youth while he/she is a member of Magellan. <input type="checkbox"/> I understand that I/my youth have/has a right to change my provider(s) at any time for any reason. Magellan providers also have a right to stop providing services. But they must give a 30- day written notice to me/my youth. <input type="checkbox"/> I understand that I/my youth have/has the right to ask for informal dispute resolution or an administrative hearing if we are not given the choice of services or providers.	
Provider Chosen: A list of Magellan providers has been shared with me and my questions have been answered. I have chosen to work with the following:	
<b>Provider:</b>	
<b>Family care coordinator (FCC)-required:</b>	
<b>Optional team members:</b>	
*Family support partner (FSP):	
*Youth support partner (YSP):	
*Can add youth and family training (YFT) at enrollment	
<b>Potential team members:</b>	
Mental health professional:	
School representative:	
Other (please specify):	
<b>Signatures</b>	
Signature of applicant/parent/guardian/legally responsible representative:	Date
Signature of witness (ONLY IF SIGNATURE IS AN "X"):	Date
Signature of Family Care Coordinator (FCC):	Date