

## CES WAIVER INDIVIDUAL CHOICE STATEMENT

*1876*	STATEMENT			
	/ /			
Child's Name (Last, First, M.)	Date of Birth	Social Security Number		
Medicaid ID Number Community Centered	Board	County of Residence		
Your child is being offered the Children's Extensive Supporight to talk to anyone you choose about this service or other others for additional information.  If you want your child to participate in the Children's English of the children's Extensive Support of the children's Extensive Support of the children's English of the chil	er services that may meet your Extensive Support Waiver, place y	child's needs, or have someone contact your initials next to the "YES" box below.		
If you refuse CES services, it will not affect your child'				
NOTE:  1) By choosing to accept the CES program, you are 2) If you receive CES services and you are enrolled Your Medicaid HMO may be notified that your of This information may help tell your HMO that you 3) If your child is found eligible for the Children's Medicaid State Plan benefits and in addition, he Extensive Support Waiver. Your case manager/nextensive Support waiver.	in a Medicaid HMO: hild has a developmental disalour child has a special need. Extensive Support Waiver, your she will be eligible for other resource coordinator, from the	bility.  our child will have access to the regular or specific services under the Children's		
If YES initial here È				
I understand:  My child's eligibility for the Children's Exter  Services provided under this Waiver will be in  I can choose to have my child receive services	dentified in an Individualized s from any qualified provider.	d.  ay not have been determined yet.  Plan (IP).		
<ul> <li>I must notify my case manager/service coordichild's continued eligibility for this Waiver on his/her needs.</li> <li>Medicaid is the payer of last resort. If my chinsurance carrier and that insurance will be u</li> </ul>	nator if there are any changes r other services for which he/s ald is covered by third party in	he qualifies that are available to meet surance, I must disclose the name of the		
( Si usted no comprende esta noticia, el haga favor de llamar a su case manager al numero de telefono siguiente. )				
SIGNATURE (applicant or legal guardian) Witnessed by (if needed)		Date		
Fo	or CCB use only			
j DISCONTINUED from CES Waiver This change is effective:  Reason for discontinuation/transfer:	CCB transferred to	ANSFER to another CCB		

Community Centered Board Representative	Telephone	Date	CES (5/05)