**SERVICE PROVIDER CHOICE AND REFERRAL FORM**

|  |  |  |
| --- | --- | --- |
| NAME: | ADDRESS: | PHONE: |
| DATE OF BIRTH: | SSN: | MEDICAID #: |
| TIER: | MCO: | MCO COORDINATOR: |
| GUARDIAN: | GUARDIAN ADDRESS: | GUARDIAN PHONE: |

**SERVICE CHOICES:** Write in the name of the providing agency or agencies for the authorized services. (Subject to authorization from MCO)

**IT IS MY CHOICE TO RECEIVE SUPPORTS THROUGH:** Home and Community Based Services Institutional/ICF Based

|  |  |  |  |
| --- | --- | --- | --- |
|  **TARGETED CASE MANAGEMENT:** | **CURRENT PROVIDER:** | **NEW PROVIDER:** | **NOT INTERESTED:**  |
|  **DAY SERVICES:** | **CURRENT PROVIDER:** | **NEW PROVIDER:** | **NOT INTERESTED:**  |
|  **RESIDENTIAL SERVICES:** | **CURRENT PROVIDER:** | **NEW PROVIDER:** | **NOT INTERESTED:**  |
|  **SUPPORTED EMPLOYMENT:** | **CURRENT PROVIDER:** | **NEW PROVIDER:** | **NOT INTERESTED:**  |
|  **FINANCIAL MANAGEMENT SERVICES (Self-Direct):** | **CURRENT PROVIDER:** | **NEW PROVIDER:** | **NOT INTERESTED:**  |
|  **SUPPORTIVE HOME CARE: (Agency-Direct):** | **CURRENT PROVIDER:** | **NEW PROVIDER:** | **NOT INTERESTED:**  |
|  **ENHANCED CARE SERVICES:** | **CURRENT PROVIDER:** | **NEW PROVIDER:** | **NOT INTERESTED:**  |
|  **OVERNIGHT RESPITE:** | **CURRENT PROVIDER:** | **NEW PROVIDER:** | **NOT INTERESTED:** |
|  **WELLNESS MONITORING:** | **CURRENT PROVIDER:** | **NEW PROVIDER:** | **NOT INTERESTED:**  |
|  **SPECIALIZED MEDICAL CARE (Nursing):** | **CURRENT PROVIDER:** | **NEW PROVIDER:** | **NOT INTERESTED:**  |
|  **MEDICAL ALERT RENTAL:** | **CURRENT PROVIDER:** | **NEW PROVIDER:** | **NOT INTERESTED:**  |
|  **CHILDREN’S RESIDENTIAL (Voluntary Foster Care):** | **CURRENT PROVIDER:** | **NEW PROVIDER:** | **NOT INTERESTED:**  |

1. **I have reviewed the CDDO Options Counseling and choice form with the CDDO. YES NO**
2. **I have reviewed the CDDO Rights-Responsibilities Brochure with the CDDO. YES NO**
3. **I have reviewed the CDDO Appeal and Grievance Process with the CDDO. YES NO**

Individual’s Signature/Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

117 South Main - Ottawa, Ks 66067 ● (785) 242-7200 ● (800) 633-5621 ● [www.eckaaa](http://www.eckaaa).org

Guardian/Designated Representative Signature/Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ECK CDDO Signature/Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rev. 10.29.2019 Changes Made to Providers: YES NO