

~Initial Community Service Provider Choice Listing Form~

SECTION 1 – My contact information (Guardian information only if applicable)

Client Name		Guardian Name	
Client Address		Guardian Address	
Client Phone		Guardian Phone	
Date of Birth		E-mail address	

SECTION 2 – Client or Guardian Signature (Required)

Big Lakes Developmental Center, Inc. serves as my Community Developmental Disability Organization (CDDO). I understand I am free to choose any service provider in my CDDO area. I understand I can contact my CDDO to obtain additional information regarding service providers in my area to include contact information and service availability. The CDDO shall submit my choice of service/provider information electronically to the State of Kansas within (7) calendar days. This signed choice form provides me with the full array of affiliated services available and constitutes no guarantee of services or providers. I verify that I have been informed in writing of available service providers in my CDDO area.

Signature: _____ **Printed Name:** _____ **Date:** _____

SECTION 3 – Indicate with an “X” your Choice of Community Service Provider(s) and Service(s) (You may select multiple providers for different services)

Case Management	
<input type="checkbox"/> Big Lakes Developmental Center <input type="checkbox"/> Becky’s Bridges, LLC (eff. 6/6/16) <input type="checkbox"/> Caring & Compassionate Care <input type="checkbox"/> Choices Network	<input type="checkbox"/> Integrated Behavioral Technologies <input type="checkbox"/> Manhattan Case Management (<i>not taking new referrals eff. 1-19-16</i>) <input type="checkbox"/> Monaco & Associates <input type="checkbox"/> Sheltered Living (<i>not taking new referrals eff. 11/21/13</i>)

I choose not to have Case Management services at this time. I understand that my case will be monitored by the CDDO and I will need to notify the CDDO of any changes to my contact information.

I would like to be waitlisted for the following selected services. The choices indicated below represent my initial preferences only and constitute no guarantee of services.

<p><u>Day Supports</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Big Lakes Developmental Center (includes Community Employment)(<i>not accepting new referrals as of 5/6/16</i>) <input type="checkbox"/> Choices Network (<i>not accepting new referrals as of 3/21/16</i>) 	<p><u>Residential Supports</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Big Lakes Developmental Center (<i>not accepting new referrals as of 5/6/16</i>) <input type="checkbox"/> Choices Network (<i>not accepting new referrals as of 3/21/16</i>) <input type="checkbox"/> Avance-d Community Alternatives (host home/ shared living model) (<i>not accepting new referrals as of 10/12/16</i>) 	<p><u>Residential Supports (Cont)</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Mosaic of Ellsworth (host home/ shared living model) (<i>not accepting new referrals as of 12/12/16</i>) 	<p><u>Wellness Monitoring</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Big Lakes Developmental Center (<i>not accepting new referrals as of 5/6/16</i>) <input type="checkbox"/> Clay County Home Health (Clay County only) 	<p><u>Overnight Respite</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Big Lakes Develop Center (adults only) (<i>no new referrals as of 5/6/16</i>) <input type="checkbox"/> Helpers, Inc. <input type="checkbox"/> OCCK (adults only) <input type="checkbox"/> Payroll Plus of Kansas <input type="checkbox"/> Resource Center for Independent Living <input type="checkbox"/> Three Rivers <input type="checkbox"/> Integrated Behavioral Technologies
<p><u>Personal Care Services - Self-Directed Providers:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Another Day <input type="checkbox"/> Choices Network <input type="checkbox"/> Helpers, Inc. <input type="checkbox"/> Life Patterns <input type="checkbox"/> OCCK <input type="checkbox"/> Payroll Plus of Kansas <input type="checkbox"/> Resource Center for Independent Living <input type="checkbox"/> Three Rivers 	<p><u>Personal Care Services - Agency-Directed Providers</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Clay County Home Health (Clay County only) <input type="checkbox"/> Homecare and Hospice <input type="checkbox"/> Integrated Behavioral Technologies (<i>not accepting new referrals as of 3/20/16 – request waiting list placement</i>) 	<p><u>Specialized Medical Care</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Accessible Home Health <input type="checkbox"/> Advocare Home Specialty Care <input type="checkbox"/> Craig HomeCare 	<p><u>Enhanced Care Services</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Helpers <input type="checkbox"/> OCCK <input type="checkbox"/> Payroll Plus of Kansas <input type="checkbox"/> Resource Center for Independent Living <input type="checkbox"/> Three Rivers 	<p><u>Self-Determination</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> TARC (Day & Residential) (<i>not taking new referral eff. 4-13-16</i>)

<p><input type="checkbox"/> OTHER PROVIDER(S) NOT LISTED. Complete <i>Prospective New Provider</i> box to the right. Choose another temporary provider. The CDDO will notify you when this new affiliation agreement is in place.</p>	<p>Name of Prospective New Provider:</p>	
	<p>Contact Name/Phone:</p>	

Self-Direction is an option for individuals with developmental disabilities in Kansas to choose or create supports to meet their preferred lifestyle. If you would like to receive information regarding *Self Direction*, please check the box below and information will be mailed to you.

Yes, I would like to receive information about *Self Direction*.

Note: This document can be made available in audio format and arranged for checkout from the CDDO.