

BIG LAKES CDDO
P.O. Box 114, MANHATTAN, KS 66505

Phone Number: (785) 776-2600

Fax: (785) 776-2610

E-mail: CDDO@biglakes.org

Community Developmental Disability Organization (CDDO) for Riley, Geary, Clay and Pottawatomie Counties in Kansas

Community Service Provider Choice Listing Form

Section 1 – Contact information

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

Section 2 – Indicate with an “X” your Choice of Community Service Provider(s) and Service(s). (You may select providers for multiple different services). **** Provider is not currently accepting new referrals.**

Case Management	
<input type="checkbox"/> Big Lakes Developmental Center, Inc. <input type="checkbox"/> Caring & Compassionate Care ** <input type="checkbox"/> Choices Network** <input type="checkbox"/> Manhattan Case Management <input type="checkbox"/> McCall Case Management	<input type="checkbox"/> Monaco & Associates <input type="checkbox"/> Mosaic (TCM for Shared Living clients only) <input type="checkbox"/> New Horizons Services, Inc. <input type="checkbox"/> ResCare**
<input type="checkbox"/> 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.	

Initial Only
<input type="checkbox"/> I would like to be waitlisted for the following selected services. The choice(s) indicated below represent my initial preferences only and constitute no guarantee of services.
Annual
Please select your choice of community service provider(s) and service(s) listed below.

<p align="center"><u>Day Supports</u></p> <input type="checkbox"/> Big Lakes Developmental Center, Inc.** <small>(open for internal waitlisted individuals only)</small> <input type="checkbox"/> ResCare <input type="checkbox"/> TARC, Inc. (Self Determination Only) <input type="checkbox"/> Mosaic (Shared Living Setting Only) <input type="checkbox"/> S&L Ranch (Shared Living Setting Only)	<p align="center"><u>Personal Care Service/Financial Management Service</u></p> <input type="checkbox"/> Choices Network, Inc. <input type="checkbox"/> Helpers, Inc. <input type="checkbox"/> GT Independence <input type="checkbox"/> Life Patterns, Inc. <input type="checkbox"/> OCK, Inc. <input type="checkbox"/> Resource Center for Independent Living <input type="checkbox"/> Three Rivers, Inc.	<p align="center"><u>Overnight Respite</u></p> <input type="checkbox"/> Big Lakes Developmental Center, Inc. <small>(Adults Only)</small>
<p align="center"><u>Residential Supports</u></p> <input type="checkbox"/> Big Lakes Developmental Center, Inc.** <small>(open for internal waitlisted individuals only)</small> <input type="checkbox"/> ResCare <input type="checkbox"/> TARC, Inc. (Self Determination Only)	<p align="center"><u>Supported Employment</u></p> <input type="checkbox"/> Big Lakes Developmental Center, Inc.	<p align="center"><u>Supportive Home Care</u></p> <input type="checkbox"/> Clay County Home Health (Clay Co. Only) <input type="checkbox"/> Integrated Behavioral Technologies
<p align="center"><u>Children’s Residential</u></p> <input type="checkbox"/> Kansas Children’s Service League <input type="checkbox"/> Holy Family Foundation, Inc. <input type="checkbox"/> KVC Behavioral Health Care <input type="checkbox"/> TFI Family Services <input type="checkbox"/> TARC, Inc. <input type="checkbox"/> CALM, Inc.	<p align="center"><u>Specialized Medical Care</u></p> <input type="checkbox"/> Accessible Home Health, Inc. <input type="checkbox"/> Advocare Home Specialty Care, Inc. <input type="checkbox"/> Pediatric Home Service	<p align="center"><u>Wellness Monitoring</u></p> <input type="checkbox"/> Big Lakes Developmental Center, Inc.** <input type="checkbox"/> Clay County Home Health (Clay Co. only) <input type="checkbox"/> ResCare
<p align="center"><u>Shared Living</u></p> <input type="checkbox"/> Mosaic <input type="checkbox"/> ResCare <input type="checkbox"/> S&L Ranch	<p align="center"><u>Assistive Services</u></p> <input type="checkbox"/> Funk Medical and Mobility <input type="checkbox"/> Taylor Drug	<p align="center"><u>Medical Alert</u></p> <input type="checkbox"/> Funk Medical and Mobility <input type="checkbox"/> MedScope <input type="checkbox"/> HomeBuddy

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<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.	Name of Prospective New Provider:	
	Contact Name/ Phone Number:	

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*.

SECTION 3- Please initial in the boxes that you have received the following documents:

	I have been provided a copy of my rights and responsibilities.
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	I have been provided a copy of the grievance, dispute resolution and appeal processes.
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	I have been provided a copy of the "Notice of Privacy Practices".
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SECTION 4 - 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:** _____

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

** Indicates providers are not open for referrals.

CDDO Staff Completing Options Counseling:	Date of Options Counseling	Method of delivery (in person, mail or email per request)	Date signed document was received by CDDO