

### Consumer Participation Choice

Individual's Name	Individual No.
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My case manager/service coordinator has presented adequate information for me to make an informed choice between services through the Agency Option (AO), the Consumer Directed Services (CDS) option or the Service Responsibility Option (SRO). I understand my rights and responsibilities in each option. My signature below documents my choice of how I want my services to be delivered. I understand I can contact my case manager/service coordinator if I wish to change my selection at a later date.

#### Options Available

**Agency Option**

I elect to have *all* of my direct services delivered by the provider.

\_\_\_\_\_  
Name of Provider

**CDS Option**

I elect to receive my services available through the CDS option.

I have selected \_\_\_\_\_ as my CDS agency.

\_\_\_\_\_  
Name of Provider

**Service Responsibility Option  
(Only if available in your program)**

I elect to receive my services available through the SRO. This option is only available for individuals receiving services through Primary Home Care, Family Care or Community Attendant Services.

I have selected \_\_\_\_\_ as my SRO provider.

\_\_\_\_\_  
Name of Provider

X

\_\_\_\_\_  
Signature – Individual/Responsible Party

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature – Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature – Case Manager/Services Coordinator

\_\_\_\_\_  
Date