



IDAHO DEPARTMENT OF HEALTH AND WELFARE
IDAHO HOME CHOICE INFORMED CONSENT FORM – PARTICIPANT



I, _____, understand and agree to the following:

SECTION 1: CONSENT TO PARTICIPATE IN THE IDAHO HOME CHOICE PROGRAM

Yes ___ No ___ : I want to take part in the Idaho Home Choice program if I am eligible.

Yes ___ No ___ : I want to move from my current facility to a home in the community.

Yes ___ No ___ : I want to live in my own home or apartment, a home or apartment of a family member, adult foster care, a Certified Family Home or a qualified Residential Assisted Living Facility.

Yes ___ No ___ : I will answer questions on three (3) Quality of Life surveys about my services from Idaho Home Choice.

Yes ___ No ___ : I agree to have all of my care needs assessed.

Yes ___ No ___ : I authorize the Department of Health & Welfare to release any assessment of my needs to any person or agency that I have selected to provide care for me.

Yes ___ No ___ : I further authorize and give informed consent to the Idaho Department of Health & Welfare and any of its agencies, institutions, or employees to seek, obtain, and release any and all information and documents pertaining to me and deemed by the Department of Health & Welfare to be relevant to providing services to me.

Yes ___ No ___ : I understand that I may be eligible for one-time money to help with expenses to move to the community.

Yes ___ No ___ : I understand that I may choose a transition manager to help me move to the community.

Yes ___ No ___ : I understand that I will receive no additional benefits or services under the Idaho Home Choice Money Follows the Person program beyond the transition management and services.

Yes ___ No ___ : I understand that participating in Idaho Home Choice has no impact on my eligibility for Medicaid or any other program that I might be eligible.

SECTION II: RIGHTS AND RESPONSIBILITIES

I have the right to choose not to participate or discontinue in the Idaho Home Choice program at any time.

I have the right to choose to stay in my home at the facility.

I have the right to choose to move to another home or return to a facility, although I understand the facility I am leaving may not accept me again.

I have the right to choose my home in the community and to hire or fire the providers of my services.

I have the right to move to a home in the community even if I choose not to participate in the Idaho Home Choice Program.

I have the right to choose not to have my information shown to someone else.

I have the right to ask for copies of my Idaho Home Choice program records and files at any time.

I have the right not to be hurt by people and I can call 911 if someone hurts me. I also have the right to voice complaints/concerns of suspected abuse, neglect, or exploitation which may be reported to local law enforcement, adult protection, or the local Medicaid office.

By signing below, I agree to the above statements and have had my rights explained to me.

PRINTED NAME: _____ MID #: _____

SIGNATURE: _____ DATE: _____