

Saginaw County Community Mental Health Authority Life Choices Documentation Form

SCCMHA Funded Licensed Residential Setting

Name: _____ Date: _____

Birth Date: _____ Case: _____ Name of home: _____

The Home and Community Final Rule (HCBS) of Medicaid tells SCCMHA to help you to live your life as you would like to live it. This includes assisting you with your choices about where to live, work, and being part of our community. We must treat you just like any person would be treated. The HCBS Final Rule says that we do this through the Person-Centered Planning Process. This form is to help us know about your choices.

You have the right to choose the home you live in from various options. Given the choices available to you at this time, is your current home where you choose to live?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
You also have the right to choose your roommate from available options. Given the choices available to you at this time, are you happy with your current roommate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If at any time you are not happy with the home you live in or your roommate, you can notify your worker: _____, phone: _____ to help you to find out about the choices available.

If you live in a place that you do not own or rent, and have staff present, then please answer these questions:			
The Resident Care Agreement (BCAL-3266) that I (or my guardian) signed, also included a document known as "Summary of Resident Rights: Discharges and Complaints".	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>
My bedroom door is lockable from the inside.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
I am able to furnish and decorate my room the way that I want to.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
I set my own schedule (For example: I go to bed when I want to, bathe when I want to, etc.).	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
I have access to food at any time.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
I can have visitors whenever I want to.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
I have a place to securely lock up my possessions.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
I receive privacy while doing or receiving personal care.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
I am aware that there is the following home restriction(s) that may limit my access to items or activities: (mark all that apply) <input type="checkbox"/> No Restrictions <input type="checkbox"/> Restricted visitor timeframe <input type="checkbox"/> Laundry Not Accessible <input type="checkbox"/> Alarms on doors <input type="checkbox"/> Sharp knives locked up <input type="checkbox"/> Quiet Time Hours <input type="checkbox"/> Limited access to extra food/snacks <input type="checkbox"/> Other restrictions: _____			

***If you answered "no" to any of the above, these should be looked at through the PCP process until resolved.**

Signature of Person Receiving Services or Legal Representative

Date

Saginaw County Community Mental Health Authority Life Choices Documentation Form

Non-Residential Settings

Name: _____ Date: _____

Birth Date: _____ Case: _____ Program: _____

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Saginaw County Community Mental Health provides a full range of work and job options including supports to seek employment.

If I want to become employed, I can contact my worker - _____

Phone: _____ to help me find a program to help me find a job.

I am aware about the options available to help me to become part of my community and to develop skills: Supported Employment; Community Ties; Guardian Angels; SVRC, Community Living Supports; Bay Side Lodge; Friends for Recovery; etc.), and chose to attend the program listed above.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>
I am aware that I can make changes at anytime by contacting the worker listed above.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
I am able to choose the hours and days that I attend.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If I need help with personal care, I receive it in a private place.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
The amount of time I get to go out into the community while I attend this program meets my needs and choices.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
The amount of time I spend with people without disabilities while I attend this program meets my needs and choices.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
My lunch break is scheduled the same as other people working on my job.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
I am OK with the employee benefits I receive.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/> N/A (I am not an employee)
I am happy with the type of work I do for my employer.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/> N/A (I am not an employee)

***If you answered "no" to any of the above, these should be looked at through the PCP process until resolved.**

Signature of Person Receiving Services or Legal Representative

Date