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| The Home and Community Final Rule (HCBS) of Medicaid tells Sanilac CMH 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.  |

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| **Sanilac CMH Funded Licensed Residential Setting** |

Name:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Birth Date:      \_\_\_\_\_\_\_\_ Case:      \_\_\_\_\_\_\_\_\_ Name of home:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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[ ]  No[ ]

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[ ]  No[ ]

**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 know your 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[ ]  No[ ]  Don’t know[ ]

* **My bedroom door is lockable from the inside.**

 Yes[ ]  No[ ]  [ ]  If No, it is addressed in my plan of service for my health and safety

* **I am able to furnish and decorate my room the way that I want to.**

Yes [ ]  No[ ]

* **I set my own schedule (For example: I go to bed when I want to, bathe when I want to, etc.).**

Yes[ ]  No[ ]  [ ]  If No, it is addressed in my plan of service for my health and safety

* **I have access to food at any time.**

Yes[ ]  No[ ]  [ ]  If No, it is addressed in my plan of service for my health and safety

* **I can have visitors whenever I want to.**

Yes[ ]  No[ ]  [ ]  If No, it is addressed in my plan of service for my health and safety

* **I have a place to securely lock up my possessions.**

Yes[ ]  No[ ]

* **I receive privacy while doing or receiving personal care.**

Yes[ ]  No[ ]

\*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