

CASE MANAGEMENT CHOICE FORM  
(Optional Activity under Intervention/Family Directed Option Only)

Child's Name: \_\_\_\_\_  
Child's MID #: \_\_\_\_\_

City: \_\_\_\_\_

Case management is an activity provided by a Case Manager with Family and Community Services that will assist eligible individuals to gain and coordinate access to necessary care and services appropriate to the needs of the individual.

**WHAT CAN A CASE MANAGER DO?**

- Empowering self-advocacy
- Transition to adult services
- Develop and manage the support service plan
- Provide your youth assistance and resources for job development
- Link to personal care services
- Family Direct questions
- Assistance with YES service plan development and connection to mental health services
- Coordinate and communicate with all service providers (school, DDA, PT/ST/OT, Mental Health Agencies, Vocational Rehabilitation, Adult services)
- Facilitate family centered planning meeting
- Monitor services monthly
- Crisis assistance and referral
- Provide information on transportation
- Assist to find the right provider for your child
- Assistance and advocacy for school needs
- Knowledge/referral of department services and programs
- Refer and connect you to resources in your community

**YOUR RIGHTS/ YOUR CHOICE:**

Case management is an option available to any child who accesses Children's Habilitation Intervention Services under the state plan or Family Directed Services when additional needs are identified.

NOTE: If the individual also accesses DD support services, case management will be provided as a part of the service.

By signing this Case Management Choice form, I *acknowledge* that I have received education on Case Management activities, have been informed that Case Management is optional, and am choosing to access this option. These optional activities may be discontinued at any time by notifying your Case Manager.

\_\_\_\_\_  
Individual, Parent (if applicable)

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Name Printed

I am choosing to decline Case Management activities. If I identify that I would like to access Case Management at a later time, I have received information on how to contact the local Supervisor and be assigned a Case Manager.

\_\_\_\_\_  
Individual, Parent (if applicable)  
Signature

\_\_\_\_\_  
Date Signed