



HCBS Life Choices Documentation Form

SPOT ID #:

Date:

Consumer Name:

CMHSP:

Supports Coordinator:

Provider Agency/Home:

At Summit Pointe, we are committed to following the Home and Community Based Services Final Rule guidelines in helping you live your life as you would like to live it. This includes assisting you with your choices about where to live and work, and how you would like to be part of our community. These guidelines state that we must treat you just like any other person would be treated. We learn about your choices through the Person-Centered Planning Process and through this form.

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 Not Applicable (I don't have a roommate)

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

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 N/A

My bedroom door has a lock with a key (or another way to lock the door that is unique to me).

Yes No

If No, there are restrictions documented in my plan for my health and safety. Yes No

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

Yes No

My bathroom door has a privacy lock (unless the bathroom is only accessible through my bedroom).

Yes No

If No, there are restrictions documented in my plan for my health and safety. 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, there are restrictions documented in my plan for my health and safety. Yes No

I have access to food at any time.

Yes No

If No, there are restrictions documented in my plan for my health and safety. Yes



HCBS Life Choices Documentation Form

I can have visitors whenever I want to.

Yes No

If No, there are restrictions documented in my plan for my health and safety. Yes No

I have a place to securely store my possessions.

Yes No

I receive privacy while doing or receiving personal care/personal hygiene.

Yes No

I understand that there is a restriction in my home due to the health and safety needs of one of my housemates, and I have chosen to live in this home. This restriction is related to: {please circle}

- Food Access
- Alarms and/or monitors
- Access to common areas of the homes
- Other:

My rights and freedoms are protected by:

If you answered "No" to any of the above questions, these will be addressed through the PCP process until resolved. (Addendums required)

SIGNATURES:

<hr/>	<hr/>
Person Receiving Services	Date

<hr/>	<hr/>
Parent/Legal Guardian	Date

<hr/>	<hr/>
Supports Coordinator	Date

<hr/>	<hr/>
Home Manager/Person Completing Form	Date