Service Responsibility Option (SRO) Overview

Individual Name	Medicaid Number

Acknowledgement and Receipt of

"It's Your Choice: Deciding How to Manage Your Personal Attendant Services"

My signature below is confirmation that the case manager presented the information contained in the service selection tool, "It's Your Choice: Deciding How to Manage Your Personal Attendant Services." Any questions remaining after reviewing the "It's Your Choice" document were fully explained, and I believe I have adequate information to be able to make an informed choice on the selection of a service delivery option.

I understand that, under SRO, I am responsible for managing most of the day-to-day activities related to the delivery of my personal attendant services, including all the "SRO Individual Responsibilities" specified in Form 1582-SRO, Service Responsibility Option Roles and Responsibilities.

I also understand that I can contact my case manager any time I wish to change my selection.

Signature – Individual/Responsible Party

Date

Relationship of Responsible Party to Individual Receiving Services

Signature – Case Manager/Service Coordinator

Date