

## **BEHAVIORAL HEALTH DIVISION**

## Children's Mental Health Waiver Freedom of Choice Statement

Services Available	
■ Children's Mental Health Waiver	■ Hospital
I understand that my/my child's eligibility for Children's Mental Health Waive inpatient hospitalization.	er services is an alternative to
I understand the alternatives available and have been given the opportunity to choose between waiver services in home and community-based settings or acute hospital care.	
I understand that the cost of home and community-based waiver services must comply with waiver cost-effectiveness requirements.	
Choice of Service	
Participant Name: Date:	
<ul> <li>☐ I have chosen to receive Children's Mental Health Waiver services rather than services in a hospital setting and have been informed of my right to choose any certified waiver provider for waiver services.</li> <li>☐ I have chosen to receive services in an inpatient hospital setting.</li> </ul>	
and have been informed of my right to choose any certified waiver provider for w	·
and have been informed of my right to choose any certified waiver provider for w	·
and have been informed of my right to choose any certified waiver provider for w  I have chosen to receive services in an inpatient hospital setting.	·

This document is 1 of 3 <u>required</u> to accept your opportunity to receive Children's Mental Health Waiver services. This document must be faxed or mailed to the Waiver when Choice of Service has been made.

Children's Mental Health Waiver 6101 Yellowstone Rd, Suite 220 Cheyenne WY 82002 307-777-5061 (phone) 307-777-1912 (fax)

Form #: WP-9

Implementation Date: 7/1/06 Revision Date: 12/17/08, 2/1/11