

**Louisiana Department of Health and Hospitals
Office for Citizens with Developmental Disabilities (OCDD)**

**Validation of Individuals Living in Private Nursing Homes and Intermediate Care Facilities for the
Developmentally Disabled**

Request for Services Registry for the New Opportunity Waiver

OCDD is conducting a validation of people living in private nursing homes and community homes who are on the waiting list called the Request for Services Registry (RFSR). You will have a chance to decide whether or not you want to remain active or become inactive on the RFSR.

Individual Decision Form

ACTIVE, I would like to remain **active** on the waiting list called the Request for Services Registry (RFSR) with my original request date (protected date). A validation letter will be mailed to me each year. The validation letter will include information about my status on the Registry and a request to update my contact information. A different letter will be mailed to me whenever a New Opportunity Waiver (NOW) offer is available; more information will be given to help me make a decision about accepting the offer and moving into the community.

INACTIVE, I do not want to be **active** on the RFSR **right now**. Please change my status from **active** to **inactive** on the waiting list. When I am **inactive**, a validation letter that includes information about my status on the registry and a form to update my contact information will be mailed to me each year. When a NOW offer becomes available, based on my original (protected date), a different letter will be mailed to me letting me know that a waiver slot is open. When I receive the offer letter, more information will be sent to me to help me make a decision about accepting the offer and moving into the community. If I want to change my status to **active**, I must put my request in writing and send the request to the Local Governing Entity _____ (LGE's contact information). When the letter is received, my status will be changed from **inactive** to **active** on the Registry.

By signing below, I agree that during the validation visit, the Request for Services Registry (RFSR) and supports and services provided through the NOW have been described to me {and/or my family member/legal guardian, if applicable}. My right to confidentiality has been explained to me. No confidential information will be shared with anyone without my permission. I understand the information that was explained to me and the decision to be active or inactive was made freely, voluntarily and on my own without pressure from others. I have been given the opportunity to ask questions and my questions have been answered to my satisfaction. Upon signing this form, I will be given a copy of the form with the same information and signatures to keep in my records. Also, I will be given information for my Local Governing Entity, including a phone number and address, to contact them and ask questions about the RFSR and/or change my status on the Registry.

Individual's name: _____ Date of birth: _____
(please print)

Individual's social security number: _____

Signature of individual: _____ Date of signature: _____

Name of person assisting individual in completing this form: _____
(please print)

Relationship to individual: _____
(legal guardian/family member/authorized representative)

Signature of person: _____ Date of signature: _____

For Office Use Only

Date of validation visit: _____ Person conducting validation visit: _____

Agency: _____ Phone number: _____

Email address: _____