

New Beginnings Enterprises, Inc. CDDO
Notification of Services Providers - Choice Form
 Chautauqua, Elk, Greenwood and Wilson

I have received a list of Service Providers and the services that they provide. I understand that I may contact any provider directly and that I have the right to change my service provider(s). I also understand that in order to change service providers I must contact the CDDO Director.

Name of person receiving services: _____

SERVICES	Ability Systems, Inc *CQ only	Another Day	BCMS LLC	Connection Res-Care, Ks	Helpers, Inc.	Life Patterns, Inc.	New Beginnings Enterprises, Inc. *EK, GW, WL only	Payroll Plus of Kansas	Resource Center for Independent Living	Southeast Kansas Respite Services	Southeast Kansas Independent Living Center
Personal Assistive Services In-home supports, Day, Res		X		X	X	X		X	X		X
Day Services	X*						X*				
Residential Services (Adult)	X*						X*				
Targeted Case Management			X	X			X				X
Sleep Cycle Support		X			X	X		X	X		X
Respite		X			X	X		X	X	X	
Working Healthy											
Payee Services							X			X	
Specialized Medical Care					X	X					
Supportive Home Care										X	

- I was given the choice of affiliates and I currently choose to stay with the agency serving me now.
- I was given the choice of affiliates and I would like to change my service provider from _____ to _____
Is this change a more _____ or less _____ restrictive environment?
- I was given the choice of affiliates and would like my services provider(s) to be _____ for _____ service(s).
- I was given the choice of providers in the Multi County Council area.

Signature of person receiving services/guardian Date

Signature of Case Manager Date

I have received a copy of the CDDO Affiliate Handbook

Signature of CDDO Director Date