

**OFFICE OF LONG-TERM LIVING**  
**Bureau of Participant Operations**

**FREEDOM OF CHOICE FORM**

Referral Date: \_\_\_\_\_

Name (Last, First, Middle): \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

- I have expressed a desire to explore available options to enable me to transition from my current residence in a nursing facility to a residence in the community of my choice.
- I have been informed of my right to choose a Nursing Home Transition Coordination Agency to educate and provide me/my representative with all available options, and, if I meet Nursing Home Transition (NHT) participant definition, to assist me with all aspects of a transition.
- I have been provided a list of Nursing Home Transition Coordination Agencies that are available to provide service in my area to choose from.

I have chosen the following agency as my Nursing Home Transition Coordination Agency:

\_\_\_\_\_  
NHT Coordination Agency

This form was thoroughly discussed with \_\_\_\_\_  
Participant/Representative

by \_\_\_\_\_  
Facility or Agency Representative

\_\_\_\_\_  
Applicant/Representative Signature

\_\_\_\_\_  
Date

Form Distribution

- Maintain original at NHT Coordination Agency
- Copy to the consumer and representative (if applicable)
- Copy to Nursing Facility