

8 PARTICIPANT-INFORMED INFORMATION SHARING

Check all of the **CLTS waiver-funded** essential services included on the current plan:

- | | |
|--|--|
| <input type="checkbox"/> Adult family home | <input type="checkbox"/> Day services |
| <input type="checkbox"/> Child care | <input type="checkbox"/> Mentoring |
| <input type="checkbox"/> Child foster care | <input type="checkbox"/> Nursing services |
| <input type="checkbox"/> Community integration services | <input type="checkbox"/> Respite |
| <input type="checkbox"/> Counseling and therapeutic services | <input type="checkbox"/> Supported employment |
| <input type="checkbox"/> Daily living skills training | <input type="checkbox"/> Supportive home care (excluding routine home care/chore services) |

Providers of the services indicated above will receive a copy of this document (F-20445A), and they will be asked to sign and return a copy to the waiver agency.

9 PROVIDER SIGNATURE

Waiver agencies must indicate **one** of the following:

- This information is being shared with service providers who have been newly added to the participant's ISP.
- This information is being shared with service providers at the participant's annual review.

By signing below, providers of CLTS Waiver Program supports and services acknowledge receiving a copy of this document.

Provider Name (agency)	Service Category (from field 8)	
Name of Individual Signing (please print)	SIGNATURE	Date Signed