Alabama Gateway to Community Living INDIVIDUAL/SPONSOR STATEMENT OF UNDERSTANDING

Alabama's Gateway to Community Living transition processes and options have been explained to me.

I understand I have freedom of choice as to whether I will receive services in the institution or in community-based services.

I have been informed and understand that the level of care I currently receive will change if I choose to move from the institution.

I understand that community based services are supportive services and will be limited to those identified on the plan of care. These services have been explained to me and I have had the opportunity to ask questions.

I understand that the community based services I have chosen are subject to continuing to meet eligibility criteria, including Medicaid eligibility where required. At any time I no longer meet eligibility criteria, I will receive supports to transition to an appropriate setting and level of care.

I understand that ensuring my health and safety through the provision of the selected services is of the utmost importance. At any time my situation changes where my health and safety within the community cannot be ensured, I will receive supports to transition to an appropriate setting and level of care.

I have received an explanation of the options available to self-direct my own services, including the potential benefits, rights and responsibilities and the supports that would be available to assist me if I choose to self-direct.

I choose to enroll in Gateway to Community Living which will assist me to transition from nursing home

care to	home	and con	nmunit	y-based serv	ices.				
	Yes			No					
				•	ovider for my rements for the		•	sed services. I un.	nderstand
□ A	.CT	\square SA	AIL	□ E&D	☐ LAH		\square HIV	□тА	
If the self-direction option is offered in the program I have selected, I choose to self-direct my services.									
	Yes			No					
					-				
Signature/Signature on File								Date	
Addre	SS								
City									

Telephone Number