



## Department of **DISABILITY & AGING**

### **EMPLOYMENT INFORMED CHOICE**

The 1915(c) Waiver Programs are for people with disabilities. It provides supports to help you work and live as independently as possible in your community.

After looking at the benefits of employment, you have decided that you will not pursue employment, or other employment supports at this time.

*This form to be completed and signed by the member or representative.*

Member's Name: \_\_\_\_\_

My coordinator talked with me about work and answered my questions.

☐ Yes ☐ No

I have received Exploration Services to help me decide if I want to work.

☐ Yes ☐ No

After receiving this information about work, I have decided:

☐ I **do not** want to work or get any other employment services at this time.

I understand that I will complete the **Employment Informed Choice** process yearly to see if employment is right for me.

☐ Yes ☐ No

**Please complete the form by signing below.**

Member's Signature: \_\_\_\_\_

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

Member's Printed Name: \_\_\_\_\_

If you are unable to sign, you can ask someone who knows about your choice to sign.

Representative's Signature: \_\_\_\_\_

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

Representative's Printed Name: \_\_\_\_\_

Representative's Role: \_\_\_\_\_