

MEMBER'S NAME:

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.

To be completed and signed by the member/representative:

1. My Coordinator talked with me about work and answered my questions.

Yes No

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

Yes No

3. After receiving this information about work, I have decided:

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

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

Yes No

Please sign below:

YOUR SIGNATURE:

DATE:

YOUR PRINTED NAME:

If you can't sign, you can ask someone who knows about your choice to sign below:

REPRESENTATIVE'S SIGNATURE:

DATE:

REPRESENTATIVE'S PRINTED NAME:

ROLE OF REPRESENTATIVE:
