

**Ohio Department of Developmental Disabilities**  
**Annual Options Counseling Form**

Name of Individual		Date	
Name of Representative		County of Residence prior to admission to ICF	
Name and relationship of those attending the meeting. <i>Face-to-face meeting with individual receiving services is required.</i>			

List the person's preference in the areas below.
1. With whom does the person want to live? (What's important to and what's important for)
2. In what work or other activities does the person want to participate during the day? (What's important to and what's important for)
3. In what social, leisure, religious or other activities does the person want to participate? (What's important to and what's important for)
4. With whom does the person want to participate in the activities listed above? (What's important to and what's important for)

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Are there specific challenges to the person moving into the community? Yes  No  If yes, select all that apply:

<input type="checkbox"/> Willing or qualified providers	<input type="checkbox"/> Behavioral needs	<input type="checkbox"/> Affordable housing
<input type="checkbox"/> Medical or nursing needs	<input type="checkbox"/> Accessible housing	<input type="checkbox"/> Housing options in desired area
<input type="checkbox"/> Increased Support needs	<input type="checkbox"/> Financial resources	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Individual does not do well with change		

If yes to the above, what are the plans to address the identified challenges? Select all that apply

<input type="checkbox"/> More education regarding waiver services	<input type="checkbox"/> Attend provider fairs	<input type="checkbox"/> Implementation of behavior support strategies
<input type="checkbox"/> More education regarding available Resources in the community (i.e. medical care, state plan nursing, cost of living subsidies/rental assistance, Food Stamps, etc.)	<input type="checkbox"/> Involve CB SSA to review options/take tours of waiver settings	<input type="checkbox"/> Technical Assistance from DODD for behavior needs
<input type="checkbox"/> Peer to Peer Counseling	<input type="checkbox"/> Conduct provider search (SSA)	<input type="checkbox"/> Other: _____

Select from the list, all options discussed with the person:

<input type="checkbox"/> Waiver - Live alone	<input type="checkbox"/> Different ICF Setting	<input type="checkbox"/> Other (Please describe): _____
<input type="checkbox"/> Waiver - Group setting	<input type="checkbox"/> Current ICF Setting	_____
<input type="checkbox"/> Waiver - Live with Family		_____

Upon review of available options, the person prefers to proceed with	<input type="checkbox"/> ICF	<input type="checkbox"/> Waiver
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If person chooses to remain in ICF, please identify the primary reason below:

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<input type="checkbox"/> Individual or Guardian (specify which) likes the current setting and is not interested in moving <input type="checkbox"/> Individual does not do well with change <input type="checkbox"/> Does not feel that a Waiver Provider can meet behavioral needs <input type="checkbox"/> Does not feel that a Waiver Provider can meet physical support needs <input type="checkbox"/> Does not feel that a Waiver Provider can meet new or increasing nursing needs <input type="checkbox"/> Prefers having access to 24/7 Nursing vs. on-call or delegated nursing <input type="checkbox"/> No willing/able Provider identified <input type="checkbox"/> Prefers option of "bundled" services afforded by an ICF <input type="checkbox"/> Individual or Guardian (specify which) prefers the stabilized setting of long term ICF services <input type="checkbox"/> Requires accessible living environment <input type="checkbox"/> Other (explain below)
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If Other(describe)	
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<input type="checkbox"/> The Residential Options Counseling Pamphlet was provided to the individual/guardian
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Discharge Planning (check appropriate box)	<input type="checkbox"/> Ready to Move (begin transition planning)	<input type="checkbox"/> Long-term Plan (addressing specified challenges)	<input type="checkbox"/> Desires to Remain in ICF (for the long-term)
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