

December 28, 1999

Dear IndependentChoices Partner:

During this season of sharing and giving, the IndependentChoices staff wanted to pause to thank you for your contribution to the success of the IndependentChoices Program. Without your participation, we would never know if the cash allowance could benefit Medicaid clients in the future. Whether you were selected to continue receiving agency services or you receive the cash allowance, your willingness to answer questions about your services provides this program with the information necessary to design consumer oriented programs in the future.

In the last year, IndependentChoices enrolled 1,038 people and has provided detailed information about the program to countless others. Although IndependentChoices had a very successful year, there is still time for others who might benefit from directing their own services with an allowance to enroll. If you know someone who might be eligible for IndependentChoices and who would like to know more about the program, please let us know who they are and we will contact them. You may do this by completing the enclosed form and returning it to us in the pre-addressed, stamped envelope provided.

The staff of IndependentChoices wishes you a very successful and happy New Year and wants you to feel good about the contribution you are making to shape home care in the new millennium.

Best Holiday Wishes,

Suzanne Crisp
Assistant Director

IndependentChoices Referral Form

To be eligible for IndependentChoices, the participant must be:

- ✓ At least 18 years old
- ✓ Eligible for Medicaid
- ✓ Need personal care assistance
- ✓ Want to direct their own services and able to make daily care decisions, or have a representative decision-maker

I believe that the following people are eligible for IndependentChoices and would like to know more about the program:

NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

CONTACT PERSON: _____

TELEPHONE NUMBER: _____

NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

CONTACT PERSON: _____

TELEPHONE NUMBER: _____

REFERRING PARTNER: _____

Signature Optional