

Choices for Care Flexible Choices Referral Form

Participant Information

Name: _____ Phone: _____
Last First MI

Address: _____
Street/RFD/Box City/Town State Zip

Guardian/Surrogate Information

Guardian Surrogate

Name: _____ Phone: _____
Last First MI

Address: _____
Street/RFD/Box City/Town State

Guardian Surrogate

Name: _____ Phone: _____
Last First MI

Address: _____
Street/RFD/Box City/Town State

Case Management

Case Manager: _____ Agency: _____
Name Name of Agency

Signature

By signing this form, I am:

1. Requesting that Transition II contact me to discuss the Flexible Choices Option within Choices for Care and
2. Giving Transition II permission to discuss my care needs and participation in Choices for Care with my current case management agency, ARIS Solutions and staff at the Vermont Department of Disabilities, Aging and Independent living.

Participant or Guardian/Surrogate Signature:

Name

Date

Please mail completed form to: Transition II
346 Shelburne Road
Burlington, VT 05401