

300 2nd Ave E | Twin Falls, ID 83301 | t. 208.944.9479 | f. 208.944.9501

Service Coordination Program

PARTICIPANT CHOICE OF AGENCY / TARGETED SERVICE COORDINATOR / PLAN DEVELOPER - REGION 5

I have had the opportunity to meet and interview the available Targeted Service Coordination/Plan Developer (TSC/PD) Agencies who provide services for Adults with Developmental Disabilities. I understand that I have the right to choose the TSC/PD provider to work with me or my participant, and that the TSC/PD provider will oversee the implementation of the Individual Service Plan which includes the ongoing coordination of services as identified by the ISP. The TSC/PD will also contact the participant on a regular basis, at least once a month or according to the needs of the participant. I understand also that if I do not want a TSC/PD or if I want to change to a different TSC/PD provider that I have the right to change agencies.

Please mark the box next to the agency you choose. My signature indicates that I had the opportunity to choose the agency and the individual Service Coordinator/Case Manager that I will work with. I understand that there may be a possibility that only one Coordinator/Case Manager may be available who has an opening.

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INNOVATIVE HEALTH CARE CONCEPTS 300 2 nd Ave East Twin Falls, ID 83301 (208) 944-9479 Jennifer Adams, TSC Director jenniferadams@ihccinc.com	OMEGA SERVICE COORDINATION 155 2 nd Ave N. STE. 209 Twin Falls, ID 83301 (208) 737-0990 Rick HoChee- Robyn HoChee rohochee@omegacoord.com		CENTER FOR INDEPENDENT LIVING 158 Blake St. N. Twin Falls, ID 83301 (208) 734-8973 Becky Bailey bbaily@clearwater.care
UNBEFUDDLED 7161 W Potomac Dr Boise, ID 83704 (208) 466-3900 Jahaira Rodriguez info@unbefuddled.com	ACCORD SERVICE COORDINATION 2004 S. Preakness Way Nampa, ID 83686 (208) 353-7766 Donna Hacking accordservicecoordination@gmail.com		
Targeted Service Coordination	Yes No	Name of Service	Coordinator/Case Manager
Plan Developer ☐ Is non-paid Plan Developer	Yes No	Name of Plan De	eveloper
Participant Name		Guardian / Repres	sentative Name (if applicable)
Signature of Participant / Guardian / Rep	resentative	Date	