



Acknowledgement of Receipt

1. ICM services Options
2. Mission Statements
3. Rights and Conduct
4. List of Board Members
5. Summary of Funding Sources
6. Appeal policies ICM
7. Appeal Policies DDS
8. Solicitation policies
9. External Advocacy services
10. Name and phone number of DDS Service Coordinator for your area
11. Case managers Name and Phone Number
12. Direct Care Supervisor Name and Phone Number

This is to acknowledge my receipt of the above information packet

Date: _____ Client/guardian Signature: _____

Additional information as to advocacy, resources, DDS waiver guides are available on our website under the Resources tab: icm-inc.org.