

### ICP Forms Processing Chart

Form Name & Number	Originals to	Copies to	Signatures	Required form?	Deadline
<a href="#">Participant Agreement</a>	CM	Part. and (Rep)	Part.	Yes	Before ICP start date
<a href="#">Representative Agreement</a>	CM	Rep.	Rep.	Yes	Before ICP start date
<a href="#">Notice of Eligibility &amp; Responsibility/541</a>	Part.	CM & CO	NA	Yes	During the week of start date
<a href="#">Independent Choices Benefit Calculation/546ic</a>	CM	Part. & CO	NA	Yes	During the week of start date
<a href="#">Independent Choices Program Employee Provider(s) Information/548</a>	CM	CO	Part. and Prov.	Yes	During the week of start date
<a href="#">Workers' Compensation Consent &amp; Agreement/353</a>	CM	Part. & CO	Part. and Prov.	Yes	During the week of start date
<a href="#">Direct Deposit Request/7262i, Voided Check</a>	CO	CM	Part. and (Rep)	Yes	During the week of start date
<a href="#">Service Budget Worksheet</a>	Part.	CM	Part./Rep. and CM	Yes (or develop their own)	Every month, CM review every 6 months
<a href="#">Six Month Service Budget Review Checklist</a>	CM	NA	NA	Yes	Every 6 months from start date
<a href="#">Client Choice of Service Options/914</a>	CM	NA	Part./Rep.	Yes and No	When client moves/to from NF
CAPS Service Plan (SDS 001N)	CM	NA	Part. and CM	Yes	During the week of start date
Client Details (SDS 003N)	CM	NA	NA	Yes	During the week of start date

Part=Participant  
Rep=Representative  
CM=Case Manager  
CO=Central Office-ICP coordinator  
Prov=Employee Provider