

\_\_\_\_\_ helps me make decisions. I trust, understand, respect and listen to them. My choice is about \_\_\_\_\_.

| Choice: | Benefits | Risks/<br>Dangers | Likes | Dislikes |
|---------|----------|-------------------|-------|----------|
| 1       |          |                   |       |          |
| 2       |          |                   |       |          |
| 3       |          |                   |       |          |

My decision is \_\_\_\_\_.



NOTICE: THIS AGENCY IS A RECIPIENT OF TAXPAYER FUNDING. IF YOU OBSERVE AN AGENCY DIRECTOR OR EMPLOYEE ENGAGING IN ANY ACTIVITY WHICH YOU CONSIDER TO BE ILLEGAL, IMPROPER, OR WASTEFUL, PLEASE CALL THE STATE COMPTROLLER'S TOLL-FREE HOTLINE: 1-800-232-5454.

The Grantee agrees that it shall comply with the applicable federal and State civil rights laws and regulations, which may include, but are not limited to, Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990, the Age Discrimination Act of 1975, and 42 U.S.C. § 18116. As part of this compliance no person on the grounds of handicap and/or disability, age, race, color, religion, sex, national origin, or any other classifications protected under federal or state laws shall be excluded from participation in, or be denied benefits of, or be otherwise subjected to discrimination in the performance of the Grantee's obligation under its agreement with TennCare or in the employment practices of the Grantee.

