

IOWA VOCATIONAL REHABILITATION SERVICES
INDEPENDENT LIVING PROGRAM
CONSUMERS RIGHTS AND RESPONSIBILITIES AND CONSUMER PLAN WAIVER

To be eligible to receive independent living services an individual must have a significant disability that restricts their ability to be independent in their home and community, with the expectation that any services provided will increase their independence and control over their environment.

Information is gathered under the authority of the Rehabilitation Act of 1973, as amended (Public law 93-112) only to the extent it is needed to determine eligibility and jointly develop goals with the consumer. In many instances existing records or self report data will be sufficient.

I understand that I have a right to:

1. Have all information about me kept confidential, unless I provide written authorization for release outside the agency. The exception would be where required by Federal or State law, regulation or lawful court order.
2. The assistance of my counselor in jointly discussing and developing independent living goals.
3. Know that financial participation may be required of you, depending on gross family income, and taking into account family size, and using a sliding scale. The more you make, the higher percentage you would share.
4. Know that you and the counselor will need to explore other appropriate sources of assistance or programs, if available, to avoid duplication of services.
5. Appeal any decision I do not agree with, which I cannot resolve with my counselor. I may choose to speak to the counselor's supervisor. I may bypass the supervisor and directly request a Fair Hearing before an Impartial Hearing Officer. If not satisfied after speaking to the supervisor I may still request a Fair Hearing. A written request for a Fair Hearing shall be made to the Administrator of the Iowa Vocational Rehabilitation Services, 510 East 12th Street, Des Moines, Iowa 50319.
6. Contact the Iowa Client Assistance Program (ICAP) for help with my relations with the agency. I can contact them by calling (1-800-652-4298) or in Des Moines at 281-3957 (voice) or 242-6172 (TTY), or by writing ICAP, Iowa Department of Persons with Disabilities, Lucas State Office Bldg., Des Moines, Iowa 50319.
7. Have independent living services provided in compliance with all applicable State and Federal civil rights laws. All are served without regard to age, race, creed, color, sex, national origin, religion, ancestry, sexual orientation, gender identity, veteran status or disability. Compliance concerns are to be directed to: Chief, Administrative Services Bureau, Iowa Vocational Rehabilitation Services, 510 East 12th St. Des Moines, IA 50319.

I understand that I am responsible for:

1. Informing my counselor of any change in my address and telephone number.
2. Applying for any financial assistance which might be available to me from other sources.

I ALSO UNDERSTAND THAT A FORMAL WRITTEN CONSUMER SERVICE PLAN WILL BE JOINTLY DEVELOPED BY MYSELF AND MY COUNSELOR TO IDENTIFY GOALS AND MONITOR PROGRESS, UNLESS I DECLINE THE NEED FOR A WRITTEN PLAN. MY CHOICE IS INDICATED BELOW, AND MAY BE CHANGED AT ANYTIME. GOALS AND OBJECTIVES WILL STILL BE MONITORED INFORMALLY IF THE FORMAL PLAN IS WAIVED. (please initial your choice)

I prefer a written consumer service plan _____ I waive the need for a written plan _____

Other comments I would like to make.

These rights and responsibilities have been explained to me, and I have been given a copy.

_____	_____	_____	_____
Consumer signature/Guardian	Date	Counselor signature	Date