

# Aging and Disability Services Division

## Developmental Services

### Acceptance of Support Services and Rights

I \_\_\_\_\_ or my guardian \_\_\_\_\_,

**understand that if I am considered eligible for the Aging and Disability Services Division, Developmental Service, I/guardian:**

1. Choose to receive support through Developmental Services.
2. Understand that my support team and I will create a Person-Centered Plan. This will include the supports that are important to me.
3. Understand that I, or my guardian, can refuse support or change the plan at any time.
4. Understand that my eligibility for services may be reviewed and updated based on new information, a request for review, or recommendations from past assessments.
5. Have the right to ask Developmental Services to limit how they use or share my personal information. This is explained in the Notice of Privacy Practices.
6. Have received copies of:
  - a. The Developmental Services Individual Rights and Responsibilities Handbook
  - b. Notice of Privacy Practices
  - c. Release of Information Authorization Form
7. Understand the information on these forms has been fully explained to me.
8. Understand and agree with the information provided to me.
9. Understand, I have the right to withdraw (cancel) this consent, in writing.

#### **DEVELOPMENTAL SERVICES INDIVIDUAL RIGHTS**

- I/guardian understand that I have legal rights, including all my civil rights unless a court has taken them away.
- I/guardian received information about my rights as part of this application packet.
- I/guardian understand that if I am found eligible:
  1. My rights will be reviewed with me every year.
  2. I/guardian can refuse support and challenge decisions I disagree with.
  3. I/guardian can ask for a different service provider or different staff to work with me.
- I/guardian have received information about how to file complaints and make appeals.

Signatures		
Applicant Name (First, Last):		
Applicant Signature:		Signature Date:
Parent/Guardian Name (First, Last Name)		
Parent/Guardian Signature:		Signature Date: