

N.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF SERVICES FOR THE BLIND INDEPENDENT LIVING REHABILITATION

INDEPENDENT LIVING REHABILITATION AGREEMENT OF UNDERSTANDING WITH APPLICANT FOR SERVICES INSTRUCTIONS

PURPOSE

The Agreement of Understanding with Applicants for Services form is completed with an applicant for Division of Services for the Blind (DSB) Independent Living Rehabilitation (ILR) Program. The form is signed by the applicant, parent or other representative if applicable, and the DSB ILR Counselor verifying the individual's understanding of his/her responsibilities and his/her rights to a timely determination of eligibility, non-discrimination, confidentiality of information and the availability of assistance through the Client Assistance Program (CAP).

PREPARED BY

Independent Living Rehabilitation Counselor

INSTRUCTIONS

After gathering information for the application and providing the applicant a description of the services available through the ILR Program, the ILR Counselor will review the Agreement of Understanding with Applicants for Services. The DSB ILR Counselor will provide any information necessary to enable the applicant to understand his/her rights and responsibilities.

Individual signs and dates the form.

Parent/appropriate representative signs and dates the form if the applicant is under age 18 or if the applicant has a legal guardian.

DSB ILR Counselor signs and dates the form and provides their phone number and the Area Rehabilitation Supervisor's name and address.

DISTRIBUTION

Original: Case Record Copies: Applicant