

# LIFE INCORPORATED

## Application for Services

► Application process may take between 15 - 45 calendar days.

► All requested information and documentation must be present for application to be fully processed.

### I. GENERAL INFORMATION

**Applicant Full Name:** \_\_\_\_\_ **Application Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Mailing Address (if different):** \_\_\_\_\_

**Applicant E-Mail:** \_\_\_\_\_ **Parent/Guardian E-Mail:** \_\_\_\_\_

**Applicant Telephone:** \_\_\_\_\_ **Date of Birth (DOB):** \_\_\_\_\_

**Social Security #:** \_\_\_\_\_ **Gender:** MALE  FEMALE

**Medicaid Number:** \_\_\_\_\_ **Healthy Connections Number:** \_\_\_\_\_

**Guardian Full Name:** \_\_\_\_\_

**Directions from applicant's residence to Administrative Office (Office located on Benjamin; South of Emerald):**

\_\_\_\_\_  
\_\_\_\_\_

**Please attach copies of the following to service application:**

- |  |                          |                     |
|--|--------------------------|---------------------|
| 1. Birth Certificate                                   | <input type="checkbox"/> | (check if attached) |
| 2. Medicaid Card                                       | <input type="checkbox"/> | (check if attached) |
| 3. Medicare Card                                       | <input type="checkbox"/> | (check if attached) |
| 4. Photo ID/School Photo ID                            | <input type="checkbox"/> | (check if attached) |
| 5. Social Security Card                                | <input type="checkbox"/> | (check if attached) |
| 6. Guardianship Documentation                          | <input type="checkbox"/> | (check if attached) |
| 7. Medical Documentation (including primary diagnosis) | <input type="checkbox"/> | (check if attached) |

**Please attach medical documentation identifying the primary diagnosis to service application:**

**Primary Diagnosis:** \_\_\_\_\_

**Secondary Diagnosis:** \_\_\_\_\_

**Current Living Arrangement (please check only primary living arrangement):**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Institution (ICF-ID) | <input type="checkbox"/> Certified Family Home | <input type="checkbox"/> Family Residence      |
| <input type="checkbox"/> Supported Living     | <input type="checkbox"/> PCS Home              | <input type="checkbox"/> Correctional Facility |
| <input type="checkbox"/> Group Home           | <input type="checkbox"/> Foster Home           | <input type="checkbox"/> Other: _____          |

**Marital Status:**  Married  Single  Divorced

## II. MEDICAL HISTORY

*Has the applicant had or does he/she currently suffer from seizure(s); or, seizure disorder(s)?*

Yes  No      If so, what type?  Grand Mal  Petit Mal  Focal Motor  Other

How frequent does the applicant experience seizure(s)? \_\_\_\_\_

Date of more recent seizure(s)? \_\_\_\_\_

Are seizures controlled by medication(s)? \_\_\_\_\_

*Does the applicant suffer from any chronic medical conditions such as:*

Diabetes  Asthma  High Blood Pressure  Other: \_\_\_\_\_

*Does the applicant suffer from a visual impairment?*  Yes  No

Please explain: \_\_\_\_\_

*Does the applicant have a hearing impairment; or, deafness?*  Yes  No

Please explain: \_\_\_\_\_

*Does the applicant use any assistive devices; or, assistive technology?*  Yes  No

Please identify:  Prescription Glasses  Dentures  Hearing Aid  Communicative Devices

Other (identify) \_\_\_\_\_

*Is the applicant ambulatory?*  Yes  No

*Are there any physical disabilities; or, limitations?*  Yes  No

Please explain: \_\_\_\_\_

*Please list any known allergies (include medication allergies):* \_\_\_\_\_

*Please list any recurring illnesses or injuries* \_\_\_\_\_

*Please list any hospitalizations and/or surgeries* \_\_\_\_\_

*Please identify any additional medical information which would be relevant:* \_\_\_\_\_

## MEDICAL CONTACT INFORMATION

### *Professional/Medical*

Name of **Primary Physician:** \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Name of **Dentist:** \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Name of **Optometrist:** \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Name of **Audiologist:** \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Name of **Pharmacy:** \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Name of **PT/OT/Speech:** \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Name of **Counselor/Psychotherapist:** \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Name of **Nursing Service Provider:** \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Name of **Dietician:** \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Name of **Specialist:** \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Name of **Specialist:** \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**III. SERVICE HISTORY**

Has the applicant received Developmental Disabilities Agency (DDA) services prior to application?

- Yes
- No

IF SO, please identify previous DDA(s): \_\_\_\_\_  
 \_\_\_\_\_

**IV. EDUCATIONAL HISTORY**

Current School (please identify last school attended; if no longer enrolled): \_\_\_\_\_

Current Grade: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Last Grade Completed: \_\_\_\_\_ Current Teacher: \_\_\_\_\_

**V. SERVICE NEEDS**

**Current Behavioral Issues/Concerns** (*Check all applicable*):

- Verbal Assault(s)
- Physical Assault(s)
- Self-Injurious Behaviors (SIBs)
- Self-Stimulatory
- Stealing
- Property Destruction
- Sexual Misconduct
- Lying
- Eating Disorders (i.e. PICA)
- Other: \_\_\_\_\_

**Past Behavioral Issues/Concerns** (*Check all applicable*):

- Verbal Assault(s)
- Physical Assault(s)
- Self-Injurious Behaviors (SIBs)
- Self-Stimulatory
- Stealing
- Property Destruction
- Sexual Misconduct
- Lying
- Eating Disorders (i.e. PICA)
- Other: \_\_\_\_\_

What led you to request services at this time? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

On what areas do you feel services should focus to address applicant's needs? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

# DEVELOPMENTAL DISABILITIES AGENCY (DDA)

## Requested Services:

Please check the following services you are interested in accessing:

**ADULT Developmental Therapy:**

If you are requesting **Adult Developmental Therapy** services - are you interested in receiving:

- Community-Based Developmental Therapy
- Home-Based Developmental Therapy
- Center-Based Developmental Therapy

**Please note:** If you desire a combination of community-based; home-based; and, center-based developmental therapy – please check all boxes which apply.

**Adult Day Health (ADH)**

If you are requesting **Adult Day Health** services - are you interested in receiving:

- Community-Based ADH
- Center-Based ADH

**CHILDREN’S Services (Ages 3 – 17)**

If you are requesting **Children’s** services - are you interested in receiving:

- Behavioral Intervention
- Community-Based Supports

If you are requesting **Children’s** services - are you also interested in receiving:

- Family Training
- Interdisciplinary Training

**Please check the specific days and indicate the specific times you would request service provision:**

- Monday: \_\_\_\_\_
- Tuesday: \_\_\_\_\_
- Wednesday: \_\_\_\_\_
- Thursday: \_\_\_\_\_
- Friday: \_\_\_\_\_
- Saturday: \_\_\_\_\_
- Sunday: \_\_\_\_\_

# RESIDENTIAL HABILITATION/SUPPORTED LIVING

## Requested Services and Supports:

- Supported Living (24-Hour Model)
- Hourly Residential Habilitation
- Representative Payee Supports

***Please check the specific days and indicate the specific times you would request service provision (if you are requesting Residential Habilitation (Hourly Model) services and supports):***

- Monday: \_\_\_\_\_
- Tuesday: \_\_\_\_\_
- Wednesday: \_\_\_\_\_
- Thursday: \_\_\_\_\_
- Friday: \_\_\_\_\_
- Saturday: \_\_\_\_\_
- Sunday: \_\_\_\_\_

***Applicants interested in Supported Living services and supports, please indicate your desired location for a residence:***

- Boise     Meridian     Nampa     Eagle     Other, please specify: \_\_\_\_\_

***Applicants interested in Supported Living services and supports, please indicate your desired type of residence:***

- Apartment     House     Duplex     Other, please specify: \_\_\_\_\_

## LIFE INCORPORATED

### Residential Release

I give my permission for representatives of LIFE INCORPORATED to enter the residential setting with little or no notice, when necessary. LIFE INCORPORATED representatives will maintain keys to the residence and only access the location to conduct official company business.

It is LIFE INCORPORATED policy to respect the privacy of participants, as well as their personal space. As part of service delivery, supervisors are required to conduct residential visits and, in such cases, LIFE INCORPORATED will attempt to do so with participant(s) present. If visits occur when residence is unoccupied, only supervisors will be allowed to enter and must secure the residence before leaving. LIFE INCORPORATED does not permit direct-care staff to remain in the residence without participant(s) present.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
LIFE Representative

\_\_\_\_\_  
Guardian/Advocate/Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

## LIFE INCORPORATED

### Rights and Responsibilities & Formal Participant Grievance Procedure

*Any person receiving services and supports from LIFE shall be ensured the following rights as mandated by the Idaho Department of Health & Welfare Standards. These rights include but are not limited to the following:*

**Participant Rights: (Rights and Responsibilities, etc. are provided verbally to participant, as requested or as necessary)**

1. Humane care and treatment
2. Not to be put in isolation
3. Not to have food or hydration that contributes to a nutritional diet withheld
4. Be free from mechanical restraints, and physical restraints used only in emergency situations
5. Be free of mental and physical abuse
6. Communicate by sealed mail, telephone or otherwise and to have access to private area to make telephone calls and receive visitors
7. Opportunity to participate in social, religious, and community activities of his/her choice
8. Choose one's roommate
9. Receive visitors at all reasonable times and to associate freely with persons of his/her own choice
10. Reside in the least restrictive environment or setting
11. Keep and spend a reasonable sum of money for personal expenses, and have access to individual storage space
12. Voice grievances and to recommend changes in policies and/or services
13. Practice his/her own religion
14. Wear his/her own clothing and to retain and use own personal possessions
15. Be informed of his/her own medical and habilitative condition, of services available at LIFE and the charges for services
16. Reasonable access to all records concerning him/herself
17. Refusal of services
18. Exercise all civil rights unless limited by prior court order
19. Privacy and confidentiality of records
20. Be treated with dignity and respect
21. Receive a response to any request from LIFE within fourteen (14) days
22. Receive services which enhance the person's social image and personal competencies and whenever possible, promote inclusion in the community
23. Refuse to perform services for LIFE if he/she is hired to perform services for LIFE the wage shall be paid consistent with state and federal law
24. Review the results of the most recent survey conducted by the Department of Health & Welfare and the accompanying plan of correction
25. Be protected from harm
  - a. LIFE will ensure all individuals hired to not have a conviction or prior employment history of child abuse, neglect, mistreatment, or exploitation to an individual with whom he/she has worked and;
  - b. All confirmed or suspected incidents of mistreatment, neglect, exploitation or abuse of individuals shall be reported to the adult or child protection authority
26. All other rights established by law
27. Upon admission to LIFE and as appropriate thereafter, any person receiving services at LIFE will be informed of their rights and responsibilities as individuals in a manner that will best promote individual understanding of these rights.

**Participant Rights Disclosure Procedure:**

1. Prior to initiation of services with LIFE, each participant will be informed of his/her rights and responsibilities, grievance procedures; and, the names, address, and telephone numbers of protection and advocacy agencies.
2. Each participant will be informed in writing of all services available from LIFE Incorporated.

**Formal Participant Grievance Procedure:**

If a participant or guardian; representative; or, advocate is displeased with services or treatment provided by LIFE, these concerns should be expressed through the following process.

1. LIFE INCORPORATED Administration shall be notified immediately via telephone and description of grievance shall be submitted in writing. Administration will respond by telephone or in writing to the specific concern within fourteen (14) days. If satisfactory resolution cannot be found, LIFE will assist the participant to identify and transition to appropriate service(s) or an appropriate service provider, if necessary or chosen by the participant; guardian; advocate; or, other representative.
2. If a satisfactory solution to the concern is not reached, the participant and guardian; advocate; or, other representative may contact Adult Developmental Disability Services Unit at 334-0900.
3. The protection/advocacy agency, Disability Rights Idaho (DRI) may be reached at 336-5353; or, toll free at 1-800-632-5125; or, via written communications at 4477 Emerald St., Suite B-100, Boise, ID 83706.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
LIFE Representative

\_\_\_\_\_  
Guardian/Advocate/Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

# LIFE INCORPORATED

## Participant and Legal Guardian Responsibilities

- Be an active partner in the service delivery process; and, as the *target* of the Person-Centered Planning (PCP) process, attend; participate; and, provide direction as to the best of my ability in Person-Center Planning (PCP) meetings. Participants are considered the target population of the Person-Centered Planning process and are responsible to assist in setting their individual service goals, when applicable, with assistance from qualified LIFE INCORPORATED personnel; and, relevant supports identified in the Person-Centered Planning (PCP) team.
- Meet with the PCP team annually; or, more often as necessary, to evaluate services and supports and plan future services.
- Comply with reasonable program requirements and participant responsibilities outlined in this document.
- Notify LIFE INCORPORATED of any changes that may affect my services; or, any changes to my personal status; medical information; etc. to provide LIFE INCORPORATED accurate medical and participant-specific documentation in order to ensure adequate health and safety precautions are afforded.
- Ask questions when I do not understand information and be sure I am informed about my services; and, available services and supports.
- Complete quarterly satisfaction surveys to provide information to LIFE INCORPORATED in order to better serve you and other program participants.
- To acknowledge LIFE INCORPORATED’S services and supports are driven through professional assessment/evaluation; participant-specific programming; and, compliance with the licensing agency’s rules and regulations, in coordination with participant and/or guardian requests, as well as, feedback and input via relevant supports (e.g. service coordination representatives; physicians; etc).
- To acknowledge informal and ongoing communications occur between the participant and/or guardian and LIFE INCORPORATED direct care and support staff; however, all meaningful communication(s) with regard to service delivery should be performed proactively and on an ongoing basis between the LIFE INCORPORATED professional and participant and/or guardian.
- LIFE INCORPORATED relies on natural supports (parents, guardians, friends, relatives, etc) to direct services, including how, when, and where to safely access community sites. Community-based services come with certain assumed risks and natural supports share in those risks. LIFE INCORPORATED mandates any formally identified Responsible Party (page 9) give written authorization to remove participant(s) from Program, and only legal guardians may give written authorization to remove supports (paid or unpaid) entirely.

### Additional Participant Rights

LIFE INCORPORATED services and supports will be provided without regard to sex, race, color, creed, home of national origin, age, disabling condition or veteran status.

Participant’s have a right to be informed of the eligibility requirements; process of eligibility; and, their eligibility status. Eligibility will be determined as defined in Section 66-402, Idaho Code, and the Department of Health and Welfare’s current interpretive guidelines.

Copies of eligibility guidelines are available by request from the LIFE INCORPORATED Administrative Office. LIFE INCORPORATED will provide updates; and, respond to inquiries about eligibility status and decisions in reasonable timeframes. LIFE INCORPORATED will provide written notification of eligibility determinations rendered by LIFE INCORPORATED. Rights are provided verbally, if applicable or requested.

***Please see Rights and Responsibilities & Formal Participant Grievance Procedure document included within the LIFE INCORPORATED Service Application for a more specific listing of participant rights.***

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
LIFE Representative

\_\_\_\_\_  
Guardian/Advocate/Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

# LIFE INCORPORATED

## Emergency Medical Care Release

**Participant Name:** \_\_\_\_\_  
Please Print Full Name

I give my permission for LIFE INCORPORATED to transport \_\_\_\_\_ to a medical emergency room or medical hospital in the event of a minor medical emergency and participant/guardian/care provider is not available to provide assistance or transportation.

In the event of a serious medical emergency, emergency services will be contacted via 911 immediately.

Pertinent medical information, such as medications, seizures, etc., shall be provided if required by the medical facility providing emergency care service(s).

It is understood LIFE INCORPORATED is **NOT** responsible for the cost or quality of emergency care provided. LIFE INCORPORATED is only acting as Good Samaritan and has no other responsibilities implied or assumed. LIFE INCORPORATED representatives will not sign any documentation requested by medical personnel in the event of medical emergency based on LIFE INCORPORATED policy.

Participant Full Name (Print): \_\_\_\_\_

Medicaid Number: \_\_\_\_\_

Other Insurance: \_\_\_\_\_

# LIFE INCORPORATED

## Permanent Release of Responsibility and Liability

LIFE INCORPORATED is released from all responsibility or liability with regard to any incidents that may occur when the below listed participant is not in the agency's care under the supervision of the responsible person(s) provided by LIFE INCORPORATED. The responsible party or parties listed below assume all responsibility for the safety and well-being of the participant if he/she has removed from the care of LIFE INCORPORATED. Any incident(s) and/or injuries must be reported to the on-site LIFE INCORPORATED staff member when the participant is returned to the care of LIFE INCORPORATED. Once the participant has been accepted into LIFE INCORPORATED's care and service, LIFE INCORPORATED assumes responsibility for the services provided; and, care and supervision of the participant.

Participant Full Name (Print): \_\_\_\_\_

*The responsible party or parties listed below are permitted to remove the above listed participant from LIFE INCORPORATED'S services and care at any point in time. Please note this release is ongoing and will only be altered at the written request of the participant or legal guardian. Further to safeguard and protect participant, LIFE INCORPORATED will not release the participant to any person(s) not listed on this form; and, will require photo identification of any parties listed below on this form prior to releasing the participant.*

### Responsible Party/Parties:

Responsible Party: _____	Relationship: _____

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

LIFE Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## LIFE INCORPORATED

### Emergency Contact Listing

Please complete the following information. In case of emergency, LIFE INCORPORATED will utilize the information listed below to contact relevant person(s) to communicate information.

1. Primary Contact: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Telephone Number (Home): \_\_\_\_\_ Work: \_\_\_\_\_ Cellular: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Additional Information: \_\_\_\_\_

2. Secondary Contact: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Telephone Number (Home): \_\_\_\_\_ Work: \_\_\_\_\_ Cellular: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Additional Information: \_\_\_\_\_

3. Additional Contact: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Telephone Number (Home): \_\_\_\_\_ Work: \_\_\_\_\_ Cellular: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Additional Information: \_\_\_\_\_

4. Additional Contact: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Telephone Number (Home): \_\_\_\_\_ Work: \_\_\_\_\_ Cellular: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Additional Information: \_\_\_\_\_

5. Additional Contact: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Telephone Number (Home): \_\_\_\_\_ Work: \_\_\_\_\_ Cellular: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Additional Information: \_\_\_\_\_

*Please note: LIFE INCORPORATED maintains an emergency contact listing for all program participants. If emergency contact(s) change; or, information related to the primary; secondary; and/or additional contact(s) change, it is the responsibility of the participant/guardian to inform LIFE INCORPORATED of changes.*



## LIFE INCORPORATED

### Informed Consent

*Informed consent is legal doctrine indicating consent for therapeutic treatment and/or services. It is the policy of LIFE INCORPORATED to provide information related to the purpose; eligibility; and, benefits of treatment; potential risks or hazards related to treatment; and, protocol for disclosure of health related; program related; and, medical information. Your consent for treatment is indicated by your signature; or, the signature of a legal guardian representing the interest of the applicant for services. This form will be retained for the duration of service provision.*

**Treatment and Service(s):** Developmental Disabilities Agency; Residential Habilitation Agency; and, Adult Day Health Agency services provided by LIFE INCORPORATED are not research-based; and, do not involve any research procedures or protocols. Services rendered are not considered experimental. LIFE INCORPORATED provides services in relation to rules and regulations set forth by the licensing agency.

**Eligibility for Services:** LIFE INCORPORATED is not responsible to determine eligibility for services. Eligibility is based on criteria established by the Department of Health and Welfare and/or its designee.

**Appropriate Alternative Treatment(s)/Service(s):** LIFE INCORPORATED provide specific services in relation to the identified needs of participant(s) as determines through assessments/evaluations completed by LIFE INCORPORATED; or, obtained through other sources. LIFE INCORPORATED only provides services within areas of expertise and according to current licensure agreement(s) with the licensing agency.

If therapeutic treatment(s) and/or services are not available through LIFE INCORPORATED, appropriate referral and assistance will be provided to assist transition; or, identification of more appropriate therapeutic treatment/services.

**Risks:** LIFE INCORPORATED relies on natural supports (parents, guardians, friends, relatives, etc) to direct services, including how, when, and where to safely access community sites. Community-based services come with certain assumed risks and natural supports share in those risks. LIFE INCORPORATED mandates any formally identified Responsible Party (page 9, LIFE INCORPORATED Service Application) give written authorization to remove participant(s) from Program, and only legal guardians may give written authorization to remove supports (paid or unpaid) entirely.

Participants may access the community through LIFE INCORPORATED-owned vehicles; and, employee-owned vehicles. Participants may attend a variety of community events, both scheduled and unscheduled. The participant and/or guardian may request LIFE INCORPORATED to avoid accessing specific community sites; thereby, providing the participant and/or guardian opportunity to accept or reject such risks.

LIFE INCORPORATED seeks to minimize all potential or foreseeable risks through professional oversight; and, adherence to all rules and regulations set forth by the licensing agency.

Please note: With regard to participants accessing Supported Living services (which requires participants to reside in their own residence) participants may enter into financial commitment/financial risk with regard to rental payment; utilities; etc.

**Benefits:** Benefits of services are defined by the participant and relevant individuals, including the DDA and Person-Center Planning unit. All programs are designed as participant-specific and benefits of therapeutic services are not defined by LIFE INCORPORATED.

**Confidentiality and Disclosure of Records:** All documentation contained in the participant's permanent record; and, all documentation identifying the participant; or, Protected Health Information (PHI) is considered confidential. LIFE INCORPORATED will ensure all participant-related documentation and protected health information will be safe-guarded.

LIFE INCORPORATED will ensure applicable documentation is available for review by appropriate employees of LIFE INCORPORATED; State and Federal reviewers; and, participants; guardians; or advocates on an ongoing basis and provided in a timely manner.

LIFE INCORPORATED employees will uphold standards of confidentiality. Participant-specific documentation will not be disclosed to unauthorized persons at any time; PHI may be disclosed for the purposes of billing of services rendered; and, to assist LIFE INCORPORATED to coordinate services and supports, as needed.

LIFE INCORPORATED may utilize equipment (electronic devices, company documents, etc.) to conduct business and transmit participant-specific, non-medical information. With regard to participants accessing Supported Living services, equipment may be displayed in participants' residence. This is considered essential to service delivery and will be required for all residential placements.

**Participant Rights:** A listing of participant rights is included in the LIFE INCORPORATED Service Packet and provided to the participant and/or guardian upon intake. Participant rights will be provided verbally, if deemed necessary; or, by request of the participant and/or guardian.

**Termination of Services:** LIFE INCORPORATED maintains the right to terminate services at any point in time; and, the participant and/or guardian may terminate services at any point in time. Please note: LIFE INCORPORATED will provide a 30-day notification to participant(s) and guardian(s)

**Voluntary Consent:**

I \_\_\_\_\_ (participant name) have reviewed and understand the information outlined in the informed consent document; and, provide my consent to receive services and supports from LIFE INCORPORATED.

I, \_\_\_\_\_ (legal guardian) for \_\_\_\_\_ have reviewed and understand the information outlined in the informed consent document; and, provide my consent to receive services and supports from LIFE INCORPORATED.

\_\_\_\_\_  
Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
LIFE Incorporated Representative

\_\_\_\_\_  
Date

## LIFE INCORPORATED

### Protection and Advocacy Services

*As per Idaho Administrative Code, IDAPA 16.03.21.905 –Developmental Disabilities Agencies (DDA), LIFE INCORPORATED is mandated to ensure each person receiving services are informed of their rights; and, the names, address, and telephone numbers of protection and advocacy services. The following list provides contact information and a brief description of each protection and advocacy service.*

### Advocacy and Protection resources available in the surrounding area:

**Idaho Parents Unlimited (IPUL)** (T) 208-342-5884  
**500 S. 8<sup>th</sup> Street, Boise, ID 83702** (F) 208-342-1408  
**Statewide Toll-Free (1-800-242-7485)**

Idaho Parents Unlimited, Inc. is dedicated to the enhancement of the quality of life for individuals with disabilities and their families. In pursuance of this goal, Idaho Parents Unlimited, Inc. will develop and support projects and activities that provide educational opportunities and disseminate information to individuals with disabilities, their families and other interested individuals with disabilities. By doing so, Idaho Parents Unlimited, Inc. hopes to enhance and support efforts of these individuals and their families to improve their quality of life.

**Disability Rights Idaho (DRI)** (T) 208-336-5353  
**4477 Emerald Ste. B-100, Boise, ID 83706** (F) 208-336-5396  
**Statewide Toll-Free (1-800-632-5125)**  
**Electronic Mail: [info@disabilityrightsidaho.org](mailto:info@disabilityrightsidaho.org)**

Disability Rights Idaho is one of Idaho's oldest and most effective human rights organizations. Founded in 1977, for our first 30 years we were known by the acronym Co-Ad for Comprehensive Advocacy. We are a non-profit, advocacy agency serving people with disabilities in Idaho. Advocacy means to speak on behalf of a person or a cause. It comes from a Latin root meaning "to give voice to".

DRI gives people with disabilities a voice to assert and defend their own rights through information, education and individual assistance. We give people a voice in court through legal representation. We give people a voice in government through public policy advocacy.

**LINC (Living Independently Network Corporation)** (T) 877-900-6167  
**1878 W. Overland Rd.**  
**Boise, ID 83705**  
**Electronic Mail: [info@lincidaho.org](mailto:info@lincidaho.org)**

LINC, a non-profit organization, empowers people with disabilities to achieve their desired level of independence. LINC promotes personal growth and freedom of choice through advocacy, networking, public awareness and modification of environments.

**Idaho Task Force on American's with Disabilities Act (ADA)** (T) 208-334-3896  
**1090 E. Watertower St.** (F) 208-855-9399  
**Meridian, ID 83642**

The Northwest ADA Center is funded by the National Institute on Disability and Rehabilitation Research (NIDRR), and is part of the ADA National Network. The ADA National Network Centers are a national platform of ten centers comprised of ADA professionals and experts charged with assisting businesses, state and local governments, and people with disabilities as they manage the process of changing our culture to be user friendly to disability and the effect the variety of health conditions can have on society. The Northwest ADA Center is a part of the Department of Rehabilitation Medicine at the University of Washington, and collaborates with the Center for Technology and Disability Studies, a program within the Center for Human Development and Disability and the Department of Rehabilitation Medicine.

**Idaho Commission for the Blind & Visually Impaired** (T) 208-334-3220  
**341 W. Washington** (F) 208-334-2963  
**Boise, ID 83702**

Our mission is to empower persons who are blind or visually impaired by providing vocational rehabilitation training, skills training and educational opportunities to achieve self-fulfillment through quality employment and independent living; to serve

as a resource to families and employers and to expand public awareness regarding the potential of all persons who are blind or visually impaired.

**Idaho Assistive Technology Project**  
121 W. Sweet Ave.  
Moscow, ID 83843

**(T) 800-432-8324**  
**(F) 800-885-6145**

The Idaho Assistive Technology Project (IATP) is a federally funded program administered by the [Center on Disabilities and Human Development](#) at the University of Idaho. Our goal is to increase the availability of assistive technology devices and services for older persons and Idahoans with disabilities. Contact us at 1-800-432-8324.

**Idaho Commission on Human Rights**  
317 West Main St.  
Second Floor  
Boise, ID 83735  
Toll Free: (1-888-249-7025)

**(T) 208-334-2873**  
**(F) 208-334-2664**

To provide for execution within the state of the policies embodied in the federal fair employment practice acts banning discrimination based on race, sex, color, religion, national origin, age (40 and over) and disability. The Commission also seeks to secure freedom from housing, public accommodation and education discrimination based on race, sex, color, religion, and national origin. In addition, in housing, the Commission works to ensure freedom from discrimination based on disability. The Commission also works to protect the personal dignity of residents by promoting the interests, rights and privileges of individuals within the State.

#### **Idaho Care Line 211**

#### **Protection Resources:**

#### **Southwest Idaho Area III Agency on Aging-Adult Protection Services:**

Boise Office  
125 E. 50<sup>th</sup> Street  
Garden City, ID 83714  
Statewide Toll-Free (1-800-859-0321)

**(T) 208-322-7033**  
**(F) 208-322-3569**

#### **Health & Welfare—Child Protection Services:**

Regular Hours (Switch Board)  
Statewide Toll-Free (1-855-552-5437)

**(T) 208.334.6800**