

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:*

Habilitative Supports (HS) *Habilitative Intervention (HI)*

*If you are requesting **Habilitative Supports/Intervention** 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

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 section 04.11760. These rights include but are not limited to the following:

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

1. Humane care and treatment
2. Not to be put in isolation
3. Be free from mechanical restraints, unless necessary for the safety of that person or for the safety of others
4. Be free of mental and physical abuse
5. Communicate by sealed mail, telephone or otherwise and to have access to private area to make telephone calls and receive visitors
6. Receive visitors at all reasonable times and to associate freely with persons of his/her own choice
7. Reside in the least restrictive environment or setting
8. Voice grievances and to recommend changes in policies and/or services
9. Practice his/her own religion
10. Wear his/her own clothing and to retain and use own personal possessions
11. Be informed of his/her own medical and habilitative condition, of services available at LIFE and the charges for services
12. Reasonable access to all records concerning him/herself
13. Refusal of services
14. Exercise all civil rights unless limited by prior court order
15. Privacy and confidentiality of records
16. Be treated with dignity and respect
17. Receive a response from LIFE in a timely manner to any request made within a reasonable time frame
18. Receive services which enhance the person's social image and personal competencies and whenever possible, promote inclusion in the community
19. 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
20. Review the results of the most recent survey conducted by the Department of Health & Welfare and the accompanying plan of correction
21. 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
22. All other rights established by law
23. 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. Program Administrator or Business Administrator will respond by telephone or in writing to the specific concern within ten business days. If satisfactory resolution cannot be found, LIFE will assist the participant and guardian; advocate; or, other representative 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 direct care staff person is notified of a concern, they will notify their direct supervisor and/or Administration.
3. 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.
4. 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: _____
Responsible Party: _____	Relationship: _____
Responsible Party: _____	Relationship: _____
Responsible Party: _____	Relationship: _____
Responsible Party: _____	Relationship: _____
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. 8th 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

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

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. 50th 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