



Center for Social Change, Inc.

Annual Individual Plan
Sign-In Sheet

Name of Individual:	_____	Date of Meeting:	_____
Location of Meeting:	_____ _____	Time of Meeting:	_____
Purpose of Meeting:	<u>Annual IP</u>		

Name	Title	Agency	Signature	Email Address	Agreement
	Self	----		--	

*** This consent expires one year from the PCP/Effective Date. ***



Center for Social Change, Inc.

AGREEMENT FOR INDIVIDUALS IN THE VOCATIONAL DAY FOR COMMUNITY INTEGRATION PROGRAM

Center for Social Change Vocational Day for Community Integration Program services include a variety of pre-vocational workshops and community integrating experiences that assist, individuals such as me, to begin to gain independence and succeed in community living. In addition, Vocational Day for Community Integration also includes pre-vocational training; case management and transportation; if applicable. All services shall be provided without discrimination on the basis of race, color, age, sex, national origin, sexual orientation, marital status, and disability.

As an individual supported by CSC services, I understand I am voluntarily participating in services with an organization whose goal is to help me identify realistic vocational outcomes. An important part of working toward this goal is to follow the rules and regulations standard to most businesses. Therefore, I agree to abide by certain standards of behavior and follow the rules of conduct appropriate for adults in the community. If I exhibit inappropriate behaviors, my interdisciplinary team will reconvene. I agree that from then forwards my failure to abide by these standards of behavior with be cause for disciplinary action up to and including dismissal from the program, depending on the severity of the offence. At that point I will be referred to the Developmental Disabilities Administration. I am expected to follow the below rules and regulations:

- I will attend my program as stated in my IP. If I expect to be absent for reasons of vacation, personal business, or medical appointments, I, or my service coordinator, will notify CSC staff at least 7 days in advance.
- I will maintain appropriate behavior at all times.
- I will respect personal property of others.
- I will try to get along with my peers, CSC staff and those in my community.
- I will not physically harm staff, other individuals, or myself.
- I will not carry a weapon or any other object that may be taken for a weapon or any object that would be used to harm myself or someone else.
- I will report any injury immediately to staff working with me.
- I will also follow safety procedures determined by CSC.
- I will refrain from participating in any activity that may cause injury to others or to me.
- I will work on goals established by and my team during my IP Meeting. I will have access to my IP.
- I will follow any other regulations already in place by CSC.
- My Vocational Day Program placement is voluntary. Should I decide to leave, I am aware that a thirty day notice of intent is expected.

Lastly, I understand that I have had input into the development of my individual plan, and have had parts that I did not understand explained to me. I have also been informed of my rights to veto any recommendations and/or goals that I do not feel are in my best interest. I agree with the recommendations and goals set at my Individual Plan Meeting, and agree to work toward achieving them.

Individual's Name- Printed

Signature

Meeting Date

Witness Signature

Witnesses Title

PCP/Effective Date

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Individual's Rights and Responsibilities

1. The right to appropriate treatment and related services in a setting and condition that are most supportive of the least restrictive environment available to the individual.
2. The right to an individual program plan and the implementation of the plan.
3. The right to participate in decision making about programming.
4. The right to freedom from physical restraint except for minimal restraints that are authorized in writing and made a permanent part of the record by a physician or qualified developmental disabilities professional which are clearly indicated for the protection of the individual with developmental disabilities or others.
5. The right to a humane treatment environment that affords reasonable protection from harm and appropriate privacy to an individual with regard to personal needs.
6. The right to confidentiality of an individual's records in accordance with the appropriate sections of the Annotated Code of Maryland.
7. The right to access ones' records unless the program denying the access can show it would be detrimental to the individual.
8. The right to privacy including reasonable access to a telephone and mail and to receive visitors at reasonable hours.
9. The right to be informed at the point of admission into a program (or upon the implementation of the Human Right's advisory Committee), of the basic Human Rights and the name, address, and telephone number of each committee member.
10. The right to assert grievances with respect to infringement of guaranteed rights through the appropriate mechanisms including: 1) Human Rights Advisory Committee; 2) Advocates, if available; 3) Protection and Advocacy System. Grievances can be initiated by contacting any member or the committee and that member shall bring the grievances requests to the attention of the committee at the next meeting. If an individual brings a grievance requests that a committee member be excluded from the meeting at which the grievance will be discussed, the Chairperson shall exclude that committee member.
11. The right to receive any legal representative at reasonable hours and to speak with that person in an area in which communication cannot be seen or heard by others.
12. The right to be free from chemical restraints, except for minimal restraints that a physician authorizes, in writing for a clearly indicated medical need and made a permanent part of the individual's record.

Basic Human Responsibilities: in addition to Basic Human Rights, an individual must also understand that all adults have Responsibilities, which include the following:

1. The responsibility of respecting personal and property rights of others (individuals, staff, PHI, and the community).
2. The responsibility of exhibiting behavior appropriate to the setting.
3. The responsibility of cooperating with the Individual Plan designed by and for the individual with the assistance of the Interdisciplinary Team.
4. The responsibility of following the rules and regulations of the Center for Social Change, Inc.



Center for Social Change, Inc.

(Individual Rights and Responsibilities Cont.)

5. The responsibility of respecting the rights of others to work in peace.
6. The responsibility of not abusing one's self by using alcohol or un-prescribed drugs, or by refusing needed prescribed drugs (ex: for seizures) or otherwise going against medical advice.

I understand that if I disagree with the recommendations, decisions, or actions of Center for Social Change, Inc., I may appeal to my Program Director, request an I.T.M. or contact the Developmental Disabilities Administration. A meeting to address my concerns must be arranged within 30 days of my request.

In addition, I have received my **Individual Rights and Responsibilities Handbook** at the conclusion of my Annual IP Meeting. My rights explain to me that I have the right to be treated with dignity and respect along with treatment in the best environment with the least possible restrictions.

I have also received a **Vocational Services Handbook**. This handbook includes information that will assist me through proper grievance procedures. Grievance policies allow me to voice my concerns and complaints relating to the treatment of care and Vocational Day services I receive. I understand that making a complaint will **not** result in retaliation or barriers to service.

Individual's Name- Printed

Signature

Witness Signature

Meeting Date

PCP/Effective Date



Center for Social Change, Inc.

Social Networks and Publications

I hereby authorize Center for Social Change to use, reproduce, and/or publish any written or created materials, such as letters or drawn pictures, and/or visual materials, including photographs, which may pertain to me. I understand that this material may be used in various promotional publications and recruitment materials, such as brochures, press releases and annual reports. This material may also appear on the CSC Web page and social media pages affiliated with Center for Social Change, such as Facebook. This authorization is continuous and may only be withdrawn upon my request. Consequently, Center for Social Change may publish materials, organization deems appropriate in order to promote/publicize its service opportunities. I hereby authorize Center for Social Change, Inc. to also use my photograph for identification purposes. In the event that I am missing (e.g., away without leave) and it is necessary to notify the police, I authorize CSC, Inc. to release my photo to the police and, also, if necessary, to the media to assist the process of me being located.

_____ I agree to all the above.

_____ I only agree for emergency release of my picture.

Authorization to Release/ Obtain Information

I hereby authorize the Center for Social Change, Inc. to obtain and release, (initial all that apply)

_____ Medical _____ Educational (IEP) _____ Psychological
_____ Dental _____ Employment/Vocational _____ Psychiatric
_____ Service Coordination/Resource Coordination/Case Management
_____ Masters Recommendations _____ Family members/Legal Guardians

_____ Other _____

I understand that the information contained within these records is for professional use and will remain confidential. This authorization is effective until such time that I am discharged from the Center for Social Change, Inc.

Individual's Name

Signature

Signature of Witness

Meeting Date

PCP/Effective Date



Center for Social Change, Inc.

Release of Confidential Information

IP or other Individual Program Information

I understand that for success, in regards to volunteer placement, it may be advisable for other organizations to view information regarding my individual program. I understand that my IP may be used as a tool to assist in creating a volunteer position that is unique to my likes, dislikes, wants and preferences. I hereby authorize the Center for Social Change, Inc. to release my Individual Plan, or any other information regarding my individual program, to a potential volunteer placement.

Medical Information

I hereby authorize the Center for Social Change, Inc. to release all necessary medical and other pertinent information, to any medical facility in the event of an emergency. I understand that the information contained within these records is for professional use and will remain confidential. This authorization is effective until such time that I am discharged from the Center for Social Change, Inc.

In addition, in case of any medical emergency in which I am not able to respond, I hereby authorize the Center for Social Change, Inc. to help obtain and/or provide emergency medical services.

It is my full understanding that these services will only be provided in an emergency and that the services are deemed necessary for my physical and emotional well-being.

State & Federal Laws

In addition, under state and federal laws, no one can share information with others outside of ***Center for Social Change*** about the services I receive. I understand that these same laws, however, may require ***Center for Social Change*** to share information with others under certain conditions.

Individual's Name- Printed

Signature

Witness Signature

Meeting Date

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