

NORTHERN REGIONAL CENTER FOR INDEPENDENT LIVING - DEMOGRAPHICS

When consumer is a minor, enter the child's information

(REV: 6/1/20)

Date: _____ Staff: _____ Grant: _____ DBID: _____

First Name: _____ Last Name: _____

Name of Parent/Guardian/Head of Household: _____

Date of Birth: _____ Gender: Male Female Unknown

Address: _____

City: _____ *State: _____ *Zip: _____

Telephone #: _____ Email Address: _____

Primary Language: _____

**FSS ONLY- School District or School Attending: _____ N/A: _____

Type of Housing:

| | | |
|----------------------|---------------------|-------------------------|
| Rent – Independent | SRO | Psychiatric Unit |
| Rent – Subsidized | Community Residence | Inpatient Substance Use |
| Own | Homeless | Hospital |
| Staying with Friends | Institution | Other Health Care |
| Shelter | Jail/Prison | |

Race:

| | | |
|----------------------------------|------------------|-------|
| American Indian/Alaska Native | Hispanic | White |
| Pacific Islander/Native Hawaiian | African American | Asian |
| Two or more race | Unknown | |

Employment Status:

| | | |
|--------------------------------|----------------------|------------|
| Full Time | Seeking | Unemployed |
| Part time | Student/In a Program | Unknown |
| Segregated Work or Day Program | Retired | Other |

Source of Income:

| | | | |
|-------------------|----------------------|---------------|------|
| Employment | Friends/Family | Trust Fund | None |
| Public Assistance | Long Term Disability | TANF | |
| SSI | SSDI | Worker's Comp | |
| Child Support | Unemployment | Retirement | |

Highest Level of Education Completed:

| | | |
|-------------------|---------------------------|----------------------|
| Not Yet Enrolled | Completed High School | 4-Year Degree |
| Pre-K | Some College | Post Graduate Degree |
| K-8 th | Business/Trade/Vocational | Unknown |
| Some High School | 2-Year Degree | |

Primary Disability: _____

Secondary Disability: _____

Do you have a primary care physician? Yes No

Primary Care Physician Name: _____ N/A: _____

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Insurance Company: ***Make a copy of insurance card**

| Medicaid | Private | VA/Military | Medicare A/B |
|-------------------|-------------------|--------------------|---------------------|
| Fidelis | Fidelis | Tricare | None |
| United Healthcare | United Healthcare | Martin's Point | |
| MVP | Excellus | | |
| Straight Medicaid | Other _____ | | |

Other:

| | |
|-----------|-----|
| Fort Drum | N/A |
| Veteran | |

Who referred you to NRCIL?

| | | |
|------------------|------------------|------------------|
| Friend/Family | SPOA/SPOE | DSS |
| Other Healthcare | School | Care Coordinator |
| Doctor Office | Probation/Parole | Other _____ |
| Self | Health Home | |

Domestic/Family Dynamic: **FSS ONLY or N/A**

| | | |
|--------------------|-----------------|-----|
| Guardianship | Kinship | N/A |
| Single Parent Home | Adoptive Family | |
| Two Parent Home | Other _____ | |

Multiple Systems Involvement? **FSS ONLY or N/A**

| | | | |
|---------------|------------------|-------------------------------|-----|
| OMH | OCFS (foster) | Department of Social Services | N/A |
| PINS | Probation | DOH/Early Intervention | |
| JD | Juvenile Justice | Special Education | |
| OASAS | Substance Abuse | OPWDD(deemed eligible) | |
| Not Disclosed | Other _____ | CPS | |

***An Independent Living Plan (ILP) is an outline of an individual's choice of goals and objectives and the ways in which NRCIL can assist you in reaching them. NRCIL staff can assist you to develop your own Independent Living Plan (ILP). It is also important that you understand that NRCIL can provide services to you without an Independent Living Plan.**

-Do you wish to develop an Independent Living Plan (ILP) TODAY? Yes No

-If you do not wish to develop an ILP, do you knowingly and voluntarily "waive" the development of such a plan as being unnecessary? Yes No

Waiver Signature:

_____ ***Signature of Individual or Parent or Guardian**

_____ ***Date**

***VOTER REGISTRATION** It is part of our mission to help people register to vote.

Are you a registered Voter? Yes No N/A

If no, would you like to register to vote today? Yes No

CONSUMER RIGHTS AND RESPONSIBILITIES

As a consumer of NRCIL, you have certain rights. They include:

- You have the right to be treated with dignity and respect.
- You have the right to be treated in a courteous and friendly manner.
- You have the right to have your information kept confidential based on the HIPAA regulations and rules of confidentiality.
- You have the right to have your information shared with another person, agency or organization only when your written permission has been provided in the form of a current signed Release of Information and or based on the informed consent as stated in our Notice of Privacy Practices.
- You have the right to receive accurate and easy to understand information...and in another language or format if needed (ASL, Spanish, large print, etc.).
- You have the right to have your request for services at NRCIL be addressed by a staff member within five (5) business days from receipt of the request.
- You have the right to initiate a consumer grievance if you feel any action, occurrence or attitude is unfair or inequitable in the delivery of services. Please refer to the Consumer Grievance Procedure for specific information.

As a consumer of NRCIL, you also have certain responsibilities. They include:

- You have the responsibility to treat NRCIL staff in a courteous and friendly manner.
- You have the responsibility to avoid use of foul and obscene language.
- You have the responsibility to keep and arrive on time for scheduled appointments.
- You have the responsibility to inform NRCIL ahead of time when you are unable to keep a scheduled appointment.
- You have the responsibility to report wrong-doing or fraud to the appropriate authorities.
- You have the responsibility to provide staff with accurate and honest information which is necessary to provide you with the services you are requesting.

*Signature of Individual or Parent or Guardian

*Date

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RESOLVING A COMPLAINT AT NRCIL

In keeping with the Independent Living Center philosophy, which promotes consumer choice and direction, as well as human and civil rights, NRCIL provides a formal grievance procedure for all consumers. NRCIL's employees attempt to provide quality services and advocacy aimed at empowering the consumer. However, if you are dissatisfied with your experience at NRCIL, you are entitled to use the following procedures.

1. The **Consumer** can talk about the complaint with the **Advocate**. If the problem is not resolved to his/her satisfaction see step 2.
2. The **Consumer** can submit a grievance or complaint to the supervisor of the program area. The **program director** will respond to the consumer within 5 days.
3. If the **Consumer** is not satisfied with the **Program Director's** response, the **Consumer** can present the complaint to the **Executive Director – Aileen Martin** to discuss the area of concern. The **Executive Director** will respond within 5 days of receiving the complaint.
4. If after completing steps 2 and 3, the **Consumer** is not satisfied, he or she may bring the concern to the attention of the President of the **Board of Directors of the NRCIL – Shane Brown**. The **Board of Directors** will respond to the complaint within 45 days. This decision is final.
5. The **Consumer** may initiate an external review if desired. The Consumer may
 - a. Contact the **ACCES-VR Centers Administration Unit** at 1-800-222-5627 (voice/TTY) or 518-474-2925 or by mail at **NYSED Building Annex, Room 580, 89 Washington Avenue, Albany, NY 12234**
 - b. Contact **Client Assistance Program. CAP** is exclusively operated by **Disability Rights New York (DRNY)**. Contacting **CAP** for service is not a formal part of any **ILC** grievance process. If you have questions, concerns, or are experiencing disputes regarding this **ILC**, please feel free to contact **DRNY** for assistance:
DISABILITY RIGHTS NEW YORK, 725 Broadway, Suite 450, Albany, NY 12207
(Main) 518-432-7861 (Toll-Free) 800-993-8982 (TTY) 518-512-3448 (Email) mail@DRNY.org

By signing I agree to the following:

- As a consumer of **NRCIL**, I have been informed and have been given a copy of my Rights and Responsibilities, as well as the Consumer Grievance Procedure.
- Your information may be shared with funding sources or insurance companies as appropriate and necessary to obtain reimbursement for services.
- All of the information provided above is true to the best of my knowledge.

*Signature of Individual or Parent or Guardian

*Date

*Printed Consumer Name _____

*Printed Parent or Guardian Name _____

*Advocate Name and Date _____