

NEZ PERCE VOCATIONAL REHABILITATION SERVICES
CLIENTS RIGHTS AND RESPONSIBILITIES

POB 356 Lapwai, Idaho 83540 PH.: (208) 843-9395 1-866-440-11109 FAX: 843-9396

My Responsibilities

Participate actively in my rehabilitation. Comply with reasonable requirements and keep appointments.

Cooperate and follow through with my plan for employment, **and achieve employment outcome.**

Notify counselor of any changes that may affect my rehabilitation. Apply for and utilize comparable benefits. Participate financially as negotiated through financial needs assessment.

Understand that the Nez Perce Vocational Rehabilitation Services (NPVRS) will not pay for goods or services without prior approval in writing. Any debt I incur, without this approval is my responsibility.

Ask questions when I do not understand information and be sure I am informed about services.

My Rights

NPVRS services will be provided without regard to sex, race, color, creed, and home of national origin, age, disabling condition or veteran status. Eligibility will be determined solely on the existence of:

Documented physical or mental impairment (disability). Substantial impediment (barrier) to employment. Requires NPVRS to become employed.

Ability to benefit in terms of employment outcome. A written eligibility within 60 days unless I agree to an extension in writing. Receive information on available services and vendors, and make informed choices about services I receive.

Full involvement in decision making of my case. Participate in writing my rehabilitation plan, amendment or changes. Be informed about post employment services and closure decisions.

All information is confidential and can only be released by my written consent, except for audits, mandated legal judicial orders. Access to information from my file, unless not allowed by law.

Request resolution of disagreements through either an Administrative Review or fair hearing. Client Assistance Program (CAP) has been explained and a brochure received by me.

You have the right to utilize traditional American Indian practices to diagnose or treat a disability or medical condition.

Guardian/Parent/Consumer Signature _____ Date Signed _____