

## CONSENT FOR SUPPORTED LIVING SERVICES Page 1 of 3

● Supported Living Service is a flexible partnership between \_\_\_\_\_ and FIRST, to support me to live in a home of my choice and with whom I choose. FIRST will support me in my home. My home is under my control and my financial responsibility. With support from FIRST and directed by my Individual Service Plan (ISP), a budget will be developed using my personal funds (**usually SSI, Medicare, SSDI, private funds or earning from employment**) to determine how much I can afford each month for rent/utilities/cable/food/ necessities. This also will determine my financial capacity to live alone (if desired) or the need, to have a housemate. ***It must be noted that Supported Living Service dollars cannot without approval in a special circumstance, be used to cover the costs of housing, room and board, utilities, medications or other necessities.***

● **FIRST**, as your chosen provider for your Supported Living Service, will provide you with the following options for supports as needed and/or directed by your individual service plan (ISP). (Please check all that apply)

\_\_\_\_ **Assistance in finding a home that meets your needs by:** Discovering your preferences for living arrangements, educating and exposing you to the different options/choices that are available to you based on your preferences and resources.

\_\_\_\_ **Assistance in searching for a housemate if needed or desired by:** Helping you discover what your preferences are in a housemate, what kinds of characteristics and interest you would prefer in the housemate and support with setting up lease agreements with housemates and other identified needs for assistance.

\_\_\_\_ **Assistance to manage living in your own home by:** Ensuring that people who depend on others, live in environments that meet expectations for safety, sanitation and emergency evacuations, and to provide assistance/education and support to you to learn safety skills, to anticipate, recognize and respond to emergency situations. With involvement from you and your team and direction from your ISP, FIRST will support you to manage living in your own home with tasks like grocery shopping, cooking, cleaning, getting clothes washed, getting up and about your day etc. FIRST can also look at your assistive technology needs which can make Supported Living safer and easier.

\_\_\_\_ **Assistance with planning and facilitating your day by:** Educating and exposing you to the array of meaningful daily options available to adults in our society, like work, school, volunteerism, hobbies, self-employment, exploring and participating in personal interests, community civic clubs,

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and activities that are available to you in your community. FIRST will work with your care coordinator to add appropriate services if needed to support your day outside your home.

\_\_\_\_ **Assistance with problem-solving and decision making by:** Decision making can be difficult when there are so many people who make decisions about you without asking you what you think or feel about it. FIRST will support you to develop a decision -making agreement, which would determine what decisions in your life you have control over, those decisions that you will need support to make and those decisions for which someone else may make the final decision. Final decisions are subject to review, based on progress, with the intent of helping you improve your ability for decision making.

\_\_\_\_ **Assistance to participate and engage in your community to promote community presences and relationship development by:** Assist you to experience and have contact with a broad range of other people in your community according to your preferences and interest and to help you move from community presences to community acknowledgement, involvement and contribution.

\_\_\_\_ **Assistance to understand how your money is spent and when possible, encouraged and supported to manage your own money by:** There are times that it seems that the system is more concerned about protecting money than it is about supporting people to understand how their money is spent to pay for staff, room and board and personal expenses. You will begin to learn as information about your monthly budget is shared and discussed with you. FIRST will support you to improve your ability to manage your own personal resources to the best/or desired capacity. FIRST will consider, on an individual basis, performing the PAYEE role with the intent to offer the education and learning necessary to manage one's own budget with support that is directed by your ISP.

\_\_\_\_ **Assistance to learn about ones best possible health and what are the choices regarding treatments, medications choice of Doctors etc. by:** Supporting you to learn about, manage and direct your own health care. With assistance from FIRST you will be involved in choosing your doctors, learning about and choosing different health care interventions, medications and recommended routine checkups. While there may be limited choices, FIRST will make every effort to support you getting the doctors you want.

\_\_\_\_ **Assistance as desired to be involved in hiring, training, supervising and terminating staff, by:** offering you opportunities to be involved in making choices about who works with you and by giving you a chance to have direct input into their supervision.

\_\_\_\_\_ **Team's goal is for \_\_\_\_\_ to be part of the community. We want FIRST to help with support in the community and self-determination.**

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● I, \_\_\_\_\_ (Individual, Parent, Guardian), request services from FIRST. I understand that this consent is voluntary and is valid until the party withdraws this consent, in writing/verbally, at any time. I understand that there are statutes and regulations protecting the confidentiality of authorized information. I also understand that in order to receive appropriate treatment that information may be shared between treating agencies without consent in accordance with N.C.G.S 122 C-52 through 122 C-57. I also understand this consent grants permission to seek emergency care from a hospital or physician in accordance with 10A NCAC 27G .0206.

I have been informed in a manner that I understand about the realized risks (areas where I need the most support) involved and the personal potential benefits of receiving Supported Living Service offered by FIRST. I understand that this consent is valid for one year from signing date. I also understand that I can withdraw this consent to receive Supported Living Service offered by FIRST either verbally, in writing, or both. I understand the procedure that I can follow if I choose to withdraw consent for Supported Living Service offered by FIRST.

\_\_\_\_\_’s Plan includes **Community Networking (YES/NO) Supported Employment (YES/NO)**

**ACKNOWLEDGEMENT & RECEIPT OF POLICIES AND PROCEDURES**

The following policies have been explained to me in detail, and I have received a copy of each policy for review.

- Innovations and B3 Services Participant Handbook specifically
  - Individual Rights and Person’s Rights around Services
  - Discharge Process
  - Grievances
  - HIPAA/Participant Records

● **PERMISSION FOR COMMUNICATION METHODS**

By signing this form you are agreeing that F I R S T may communicate with the individuals or organizations by **email, fax, mail, phone** and **text**. If you do not want us to use one or more method, please cross out, initial and date. If using any printable method, we will not use any identifying information unless using an encrypted service.

● \_\_\_\_\_  
Guardian/Legally Responsible Person: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Individual (Print) \_\_\_\_\_ Medicaid ID # \_\_\_\_\_ Vaya Number \_\_\_\_\_