



Participant Rights and Responsibilities

Employment is the Goal of Vocational Rehabilitation

My Rights

- IDVR services will be provided without regard to sex, race, color, creed, home of national origin, age, disabling condition or veteran status.
- Eligibility will be determined solely on the existence of:
 1. Documented physical or mental impairment (disability), and
 2. Substantial impediment (barrier) to employment, and
 3. Requires VR services to become employed.
- IDVR presumes you can benefit from services in terms of employment, unless IDVR questions your ability to benefit due to the severity of disability, which may warrant further evaluation.
- A written eligibility determination within 60 days from application unless I agree to an eligibility extension.
- If determined eligible, I have the right to appeal the disability priority category I am assigned at eligibility.
- A written Individualized Plan for Employment (IPE) within 90 days of notification that I can receive services under Order of Selection.
- IDVR will provide appropriate assistive technology for evaluation or services leading to employment as well as appropriate mode of communication.
- Make meaningful and informed choices, during assessments, vendor selection, and in the selection of and services necessary to achieve employment.
- Full involvement in all decisions. Participate in writing my IPE, amendments, or changes.
- Options for writing the IPE include writing the plan with or without assistance from your Vocational Rehabilitation Counselor (VRC) or other resources.
- Be informed about post-employment services and closure decisions.
- Access information from my file, unless not allowed by law.
- The Client Assistance Program (CAP) has been explained and brochure received by me.
- I understand that I have the right to appeal determinations made by IDVR personnel, which affect the provision of rehabilitation services. I have been notified of how to access the IDVR field services policy manual to access appeals information. I have been provided with a copy of the policy.
- I understand that IDVR may need to access information using my social security number or other identifying information to conduct cost reimbursement claims and/or assist with case closure or update contact information for requested services. When obtaining these records, IDVR will maintain them in a confidential manner.

My Responsibilities

- Be an active partner in the VR process and comply with reasonable contact requirements with IDVR and my Counselor. If I do not understand information, it is my responsibility to ask questions.
- Respond as required to IDVR regarding waitlist status under Order of Selection. If I do not respond in the timeframes outlined, my case may be closed.
- Respond as required to begin the VR process once notified that I can begin receiving VR services.
- I will cooperate and follow through with my IPE, **achieve employment**, and provide verification of employment. I will notify my VRC of any changes that may affect my rehabilitation.
- Apply for and utilize comparable benefits when available. Participate financially as required through financial participation assessment.
- Understand that IDVR **will not** pay for goods or services without written Authorization for Payment. Any debt I incur, without this authorization, is my responsibility.
- If I receive SSI/SSDI cash benefits, am between the ages of 18—64 and currently have an available Ticket to Work, my Ticket will automatically be assigned to IDVR once I sign an IPE.
- If another State VR agency or Employment Network (EN) have my Ticket assigned I will notify my IDVR counselor so that the Ticket can be reassigned to IDVR.

Limits of Participant Confidentiality

- All IDVR information is confidential and can only be released with my written permission, except for IDVR federal reporting requirements and State workforce partners, mandated research efforts, law enforcement investigations, court subpoena, judicial order or other releases required by law or formal agreement.
- I understand that information about me may be released to state or federal agencies or individuals without my informed consent to fulfill federal reporting and audit requirements. The authority to collect this information comes from Federal Regulation 34 CFR 361.38(a) (1) (iii), (d), and (e).
- If IDVR staff believe you are going to harm or endanger yourself or others, they are required to notify the endangered individual(s), the proper authorities and/or officials.
- If IDVR staff believe you are going to harm or endanger or abuse children or the elderly, they must report this to state or local authorities.
- If you are a minor or not your own legal guardian, the information in your file may be available to your legal guardian or advocate.

I understand and agree that this form may be updated in the future, which will be posted to the IDVR website. I agree to abide by all modifications and changes to this form.

By checking this box, I agree that my electronic signature is the legally binding equivalent to my handwritten signature.

Participant Signature

Guardian or Authorized Representative

Date

Printed Participant Name

Printed Name of Guardian/Representative