

RESIDENT'S BILL OF RIGHTS

EACH RESIDENT HAS THE RIGHT TO:

1. BE TREATED AS AN ADULT WITH RESPECT AND DIGNITY;
2. BE ENCOURAGED AND ASSISTED TO EXERCISE CONSTITUTIONAL AND LEGAL RIGHTS AS A CITIZEN INCLUDING THE RIGHT TO VOTE;
3. RECEIVE APPROPRIATE CARE AND SERVICES AND PROPT MEDICAL CARE AS NEEDED;
4. ADEQUATE PERSONAL PRIVACY AND PRIVACY TO ASSOCIATE AND COMMUNICATE PRIVATELY WITH ANY PERSON OF CHOICE, SUCH AS FAMILY MEMBERS, FRIENDS, ADVOCATES, AND LEGAL, SOCIAL SERVICE AND MEDICAL PROFESSIONALS, SEND AND RECEIVE PERSONAL MAIL UNOPENED AND ENGAGE IN TELEPHONE CONVERSATIONS PER OAR;
5. HAVE ACCESS TO AND PARTICIPATE IN ACTIVITIES OF SOCIAL, RELIGIOUS, AND COMMUNITY GROUPS;
6. BE ABLE TO KEEP AND USE PERSONAL CLOTHING AND POSSESSIONS AS SPACE PERMITS;
7. BE FREE OF DISCRIMINATION IN REGARDS TO RACE, COLOR, NATIONAL ORIGIN, SEX, OR RELIGION;
8. MANAGE HIS OR HER FINANCIAL AFFAIRS UNLESS LEGALLY RESTRICTED;
9. A SAFE AND SECURE ENVIRONMENT;
10. WRITTEN NOTICES PRIOR TO RATE INCREASES AND EVICTIONS;
11. A WRITTEN AGREEMENT REGARDING SERVICES TO BE PROVIDED AND AGREED UPON RATES;
12. VOICE GRIEVANCE WITHOUT FEAR OF RETALIATION;
13. FREEDOM FROM TRAINING, TREATMENT, CHEMICAL OR PHYSICAL RESTRAINTS EXCEPT AS AGREED TO, IN WRITING, IN AN INDIVIDUAL'S ISP;
14. BE ALLOWED AND ENCOURAGED TO LEARN NEW SKILLS, TO ACT ON THEIR OWN BEHALF TO THEIR MAXIMUM ABILITY, AND TO BE RELATED TO IN AN AGE APPROPRIATE MANNER;
15. AN OPPORTUNITY TO EXERCISE CHOICES INCLUDING SUCH AREAS AS FOOD SELECTION, PERSONAL SPENDING, FRIENDS, PERSONAL SCHEDULE, LEISURE ACTIVITIES, AND PLACE OF RESIDENCE;
16. FREEDOM FROM PUNISHMENT. BEHAVIOR INTERVENTION PROGRAMS MUST BE APPROVED IN WRITITNG ON THE INDIVIDUAL'S ISP;
17. FREEDOM FROM ABUSE AND NEGLECT;
18. THE OPPORTUNITY TO CONTRIBUTE TO THE MAINTENANCE AND NORMAL ACTIVITIES OF THE HOUSEHOLD;AND
19. ACCESS AND OPPORTUNITY TO INTERACT WITH PERSONS WITH OR WITHOUT DISABILTIES;
20. NOT BE TRANSFERRED OR MOVED WITHOUT ADVANCE NOTICE PER OAR.

**REPORT ANY COMPLAINTS TO:
COMMUNITY LIVING CASE MANAGEMENT PHONE# 474-6072**

DATE OF REVIEW: _____

CLIENT SIGNATURE: _____

FOSTER PROVIDER SIGNATURE: _____