

**\*CONSUMER ELIGIBILITY**

To be eligible for Northern Nevada Center for Independent Living services, a person must experience a significant disability which limits their ability to function independently. In order to document that you are eligible for our services, please answer the following:

1. My primary disability is :
  - Cognitive    Mental/Emotional    Physical    Hearing    Vision
  - Multiple Disabilities    Other
  
2. My disability(ies) substantially limits me from functioning independently in the following areas :
  - Self-Care     Mobility    Education    Employment     Housing
  - Other \_\_\_\_\_

The Services I am requesting will help me:

- Improve my ability to function at home or in the community
- Maintain my ability to function in my family or community
- Obtain, maintain or advance in employment

<input checked="" type="checkbox"/> <b>Consumer Signature</b>	<b>Date</b>
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**CONSUMER INFORMATION**

	<b>Last</b>	<b>First</b>	<b>M. I.</b>
<b>Consumer Name</b>			
<b>Address</b>			
<b>City</b>		<b>State</b>	<b>ZIP</b>
<b>Telephone Number</b>		<b>Mobile</b>	
<b>Email Address</b>			

**EMERGENCY CONTACT INFORMATION**

	<b>Last</b>	<b>First</b>	<b>M. I.</b>
<b>Name</b>			
<b>Address</b>			
<b>City</b>		<b>State</b>	<b>ZIP</b>
<b>Telephone Number</b>		<b>Mobile</b>	
<b>Relationship</b>		<b>Email Address</b>	

<b>Date of Birth</b>		<b>*Age</b>		<b>*Gender</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>*Ethnicity</b>	<input type="checkbox"/> Hispanic / Latino <input type="checkbox"/> Other	<b>*Race</b>	<input type="checkbox"/> American Indian / Alaskan Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian / Pacific Islander <input type="checkbox"/> Unknown	<input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Two or more races	
<b>Marital Status</b>	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widower <input type="checkbox"/> Unknown				
<b>Housing Status</b>	<input type="checkbox"/> Assisted Living <input type="checkbox"/> Dependent – Family/Friends <input type="checkbox"/> Homeless <input type="checkbox"/> Independent <input type="checkbox"/> Institution <input type="checkbox"/> Other <input type="checkbox"/> Rent – Subsidized <input type="checkbox"/> Rent-Unsubsidized				
<b>Employment Status</b>	<input type="checkbox"/> Unemployed <input type="checkbox"/> Sheltered <input type="checkbox"/> Supported <input type="checkbox"/> Transitional <input type="checkbox"/> Internship <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed – Seeking Employment				
<b>Education Level</b>	<input type="checkbox"/> Below 8 <sup>th</sup> grade <input type="checkbox"/> 9 <sup>th</sup> -11 <sup>th</sup> grade <input type="checkbox"/> High School Diploma <input type="checkbox"/> Trade Vocational <input type="checkbox"/> Special Education <input type="checkbox"/> Some College <input type="checkbox"/> Bachelor’s Degree <input type="checkbox"/> Some Graduate <input type="checkbox"/> Master’s Degree <input type="checkbox"/> Doctorate <input type="checkbox"/> Other <input type="checkbox"/> Not Applicable				
<b>Contact Method</b>	<input type="checkbox"/> Standard <input type="checkbox"/> Large Print <input type="checkbox"/> Braille <input type="checkbox"/> Audio <input type="checkbox"/> TTY <input type="checkbox"/> Email – Standard <input type="checkbox"/> Email – Large Print				
<b>Registered Voter</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a		<b>Provided Voter Registration Form</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a	
<b>Income Level</b>	<input type="checkbox"/> 0 - 5000 <input type="checkbox"/> 5001 - 1000 <input type="checkbox"/> 10001 – 20000 <input type="checkbox"/> 20001 - 30000 <input type="checkbox"/> 30001 – 40000 <input type="checkbox"/> 400001 – 50000 <input type="checkbox"/> 50001 – 60000 <input type="checkbox"/> over 60000				
<b>Income Source</b>	<input type="checkbox"/> Child Support <input type="checkbox"/> Employed <input type="checkbox"/> Investment Income <input type="checkbox"/> Railroad Pension <input type="checkbox"/> Rental Income <input type="checkbox"/> Retirement Pension <input type="checkbox"/> SSI / SSDI Payments <input type="checkbox"/> Social Security <input type="checkbox"/> Veteran’s pensions <input type="checkbox"/> Others (pls. indicate)				
<b>Are you or any of your immediate family a veteran?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, who ? <input type="checkbox"/> Self <input type="checkbox"/> Parent(s) <input type="checkbox"/> Sibling <input type="checkbox"/> Child		
<b>Referral Source</b>	<input type="checkbox"/> Self <input type="checkbox"/> ADSD <input type="checkbox"/> VR <input type="checkbox"/> Others (Pls. Specify)				
<b>Are you currently receiving</b>	<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Veteran’s Benefits <input type="checkbox"/> Private Insurance				

<b>*SERVICES REQUESTED</b>		
<input type="checkbox"/> Advocacy / Legal Services	<input type="checkbox"/> Assistive Technology	<input type="checkbox"/> Children’s Services
<input type="checkbox"/> Communication Services	<input type="checkbox"/> Counseling and Related Services	<input type="checkbox"/> Family Caregiver Service
<input type="checkbox"/> Family Services	<input type="checkbox"/> Housing, Home Modifications & Shelter Services	
<input type="checkbox"/> IL Skills Training and Life Skills Training	<input type="checkbox"/> Information and Referral Services	<input type="checkbox"/> Sexuality
<input type="checkbox"/> Mobility Training	<input type="checkbox"/> Other	<input type="checkbox"/> Peer Counseling Services
<input type="checkbox"/> Personal Assistance Services	<input type="checkbox"/> Physical Restoration Services	<input type="checkbox"/> Preventive Services
<input type="checkbox"/> Prostheses, Orthotics, and Other Appliances	<input type="checkbox"/> Protective Services	
<input type="checkbox"/> Recreational Services	<input type="checkbox"/> Rehabilitation Technology Services	<input type="checkbox"/> Therapeutic Treatment
<input type="checkbox"/> Transportation	<input type="checkbox"/> Vehicle Modification	<input type="checkbox"/> Vocational Services
	<input type="checkbox"/> Youth / Transition Services	



**For Staff Use Only**

**\*GOALS SET**

- Self-Advocacy/Self-Empowerment       Communication       Mobility/Transportation
- Community-Based Living                       Educational       Vocational       Self-care
- Information Access/Technology               Personal Resource Management
- Relocation from a Nursing Home or Institution to Community-Based Living
- Community/Social Participation               Other

**\*INDEPENDENT LIVING PLAN / WAIVER**

Consumer Tasks	Target Date
1.	
2.	
3.	
4.	

Staff Tasks	Target Date
1.	
2.	
3.	
4.	

I understand that it is my choice to have services provided to me under an Independent Living Plan (ILP) or I can choose not to have such a plan. I therefore choose:

- Independent Living Plan**                       **Waive**

<b>Consumer Signature</b>	<b>Date</b>
<b>NNCIL Staff Signature</b>	<b>Date</b>

*Provide the consumer a copy of the signed/waived ILP.*



**\*RELEASE OF INFORMATION**

We may disclose your personal and disability information to state, public and health agencies for activities authorized by law.

- Medicare and Medicaid Services                       Social Security Administration
- Regional Transportation Commission                       Dept. of Employment, Training and Rehabilitation
- University of Nevada Center for Excellence in Disabilities
- Divisions under the State of Nevada Department of Health and Human Services.
- City of Reno                                       City of Sparks                                       Care Chest of Sierra Nevada
- Others (pls. specify) \_\_\_\_\_

These activities may include audits, investigations, and inspections, requesting and follow-up of application. These activities are necessary for NNCIL to perform our obligation to our consumer as well as to be in compliance with civil rights laws. Your personal and disability information entrusted to NNCIL will only be disclosed upon signing the release of information. If you provide us with authorization to use or disclose your personal and disability information to federal centers, state and local agencies, you may also revoke this authorization in writing at any time. When we receive your written revocation, we will no longer use or disclose your health information for the purpose intended.

By signing below, I am authorizing the release or exchange of these records to the parties marked above.

<input checked="" type="checkbox"/> Consumer Signature	Date
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**\*MEDIA CONSENT**

I hereby give permission to have photographs taken of myself by Northern Nevada Center for Independent Living for publicity and other agency purposes.

<input checked="" type="checkbox"/> Consumer Signature	Date
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*Provide the consumer a copy of the signed form.*



## \*CONSUMER GRIEVANCE PROCEDURE

A grievance is an act, omission or occurrence that can be established on factual information or evidence including, but not limited to : dates ,times, places, and names of the other persons involved in the act, omissions or an occurrence in which the consumer feels constitutes injustice.

The following steps will serve as a guide for the resolution of grievances:

1. An aggrieved consumer shall make his grievance known to his or her advocate.
2. In the event that the grievance has not been resolved by Step 1, the consumer or his or her parent or guardian has the right to put his or her grievance in writing and present it to the Executive Director.
3. The Executive Director will then present the written grievance to the advocate and arrange a personal conference with the parties involved.
4. The Executive Director shall have final jurisdiction in the resolution of the grievance within 10 business days from the date the letter of grievance was submitted by the consumer.

If you feel the need for more information about your rights as a applicant or consumer of the Northern Nevada Center for Independent Living, you can contact the CLIENT ASSISTANCE PROGRAM (CAP) through the Nevada Disability Advocacy and Law Center (NDALC).

The Client Assistance Program (CAP) can be contacted at any of the following locations :

Southern Nevada	Northern Nevada	Elko Office
2820 West Charleston Blvd. ,Suite 11 Las Vegas, NV 89102 Phone: 702-257-8150 Toll-Free: 1-888-349-3843 Nevada Relay: 711 Fax: 702-257-8170 <a href="mailto:lasvegas@ndalc.org">lasvegas@ndalc.org</a>	1875 Plumas Street Suite 1 Reno, NV 89509 Phone: 775-333-7878 Toll-Free: 1-800-992-5715 Nevada Relay: 711 Fax: 775-786-2520 <a href="mailto:reno@ndalc.org">reno@ndalc.org</a>	905 Railroad Street, Suite 104B Elko, NV 89801 Phone: 775-777-1590 Toll-Free: 1-800-992-5715 Nevada Relay: 711 Fax: 775-753-1690 <a href="mailto:elko@ndalc.org">elko@ndalc.org</a>

CAP provides Ombudsman services and can assist you if you have been denied services from any agency that provides services under the Rehabilitation Act. If a misunderstanding occurs between you and your advocate, CAP can provide mediation to resolve problems and assure fairness on all sides.

By signing below, I have received a copy of the NNCIL Consumer Grievance Procedure.

<input checked="" type="checkbox"/> Consumer Signature :	Date :
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*Provide the consumer a copy of the signed form.*