



Client Rights

These rights are in agreement with the Colorado Revised Statutes (CRS) 25.5-10-201. It is the policy of A Better Life Experience, Inc. to ensure the provisions of rights, benefits, and privileges of persons receiving services through this organization. A person receiving services has the same legal rights and responsibilities guaranteed to all other individuals under the Federal and State laws, unless such rights are modified by court order, or documented and reviewed by the Human Rights Committee.

As a person receiving services from ABLE or its subcontractors, I have the following rights:

1. A Service Plan (SP) is a care plan developed by key persons involved with me, including my family or authorized representatives. I will receive a copy of and/or an explanation of my SP.
2. Assistance in receiving medical and dental care and treatment that is adequate, appropriate, and consistent with community standards if I am living in a residential program.
3. The right to be free from abuse and neglect. The right for protection from abuse and neglect.
4. The freedom to practice the religious belief of my choice and protection from pressure to participate in any religious practices not desired.
5. The opportunity to communicate freely and privately with persons of my choosing. This includes:
 - a) Receiving and sending sealed correspondence and packages.
 - b) Access to a telephone.
 - c) Frequent opportunities to meet with visitors (no prior notice for close relatives, guardians, and authorized representatives during reasonable hours).
 - d) Suitable opportunities for interaction with other persons and the community at large.
6. Protection from involvement in the physical care, treatment, training, or supervision of other persons receiving services unless I volunteer and receive training in the necessary skills and receive wages in accordance with applicable minimum wage laws.
7. If I perform vocational training tasks for which the approved service agency is receiving compensation, I will be paid in accordance with applicable wage laws.
8. I will not be expected to perform work beyond that which is oriented toward improving my independent living skills, unless I voluntarily choose to perform tasks and receive compensation in accordance with applicable wage laws.
9. Payment due to me shall not be collected by the approved service agency, except as authorized by law, to offset the costs of providing services to me.

10. The opportunity to vote, if eligible, including information on the responsibilities of citizenship and assistance to exercise this right.
11. The right to have my record kept confidential and reviewed with me by my Case Manager/Resource Coordinator at my request. The right to access my record at any time.
12. The right to elect for or to abstain from sterilization.
13. The right to possess and use my own clothing and personal belongings.
14. The right to manage my own money.
15. The right to establish and participate in a committee that represents my interests and attempts to influence agency policies.
16. I have the right to access the Board of Directors of the local Community Center Board and will not be discriminated against for advocating on my behalf.
17. I have the right to read and/or have explained to me any rules and regulations of Developmental Disabilities Services or the local Community Center Board pertaining to my activities, programs, and services. In addition to this summary of rights and how to exercise them, I will receive a summary at any time changes are made in the description of my rights. A description of my rights will be reviewed with me annually, or at my request.
18. I have the right to appoint an authorized representative to represent my interests.
19. If any of my individual rights are denied for my best interest, I will receive an explanation. Denial of any of my rights will be reviewed by the team of people involved with me and the Human Rights Committee. It will also be documented in my Service Plan. I will receive training and services to increase my skills so that denial of my rights is no longer needed.



Client Rights, Dispute Resolution, Complaint and Conflict Resolution

Signature Page

I have received the Client Rights booklet; my rights have been explained to me and I understand them.

I have received written documentation of ABLE's Policy and Procedure Concerning Dispute Resolution. Said policy has been explained to me. I have received written documentation of ABLE's Policy and Procedure Concerning Complaints and Conflict Resolution. Said policy has been explained to me. I understand that I may exercise these procedures when I disagree with decisions made regarding myself. I understand that I may request the assistance of my case manager and/or that of an advocacy organization to implement the procedures. I further understand that the use of the Dispute Resolution and/or the Complaint and Conflict Resolution procedure processes will not prejudice the future provision of appropriate services or supports.

I understand it is necessary to provide the Colorado Division for Intellectual and Developmental Disabilities certain statistical information necessary to provide leadership and direction for improvement of the welfare of all Developmental Disabled Individuals in the State Of Colorado and, therefore authorize this agency to allow DIDD personnel to audit and collect the information from ABLE.

Upon signing this form, I have agreed to the above statements as indicated. I understand that I can at any time, question, and upon written request to ABLE rescind my permission should I feel in any way that ABLE and its personnel have not acted completely in the most professional and discreet manner.

Signature of Client or Parent/Guardian/Authorized Representative

Date

Signature of ABLE Representative

Date