



## My Home and Community Based Services Rights

### I have a right to:

- ✓ Make choices when and where I want to go in the community.
- ✓ Have privacy, dignity, and respect.
- ✓ Say no without someone hurting me or forcing me to do something I don't want to do
- ✓ Learn how to stay safe in my home and community.
- ✓ Say no to any services that I don't want.
- ✓ Have a job if I choose.
- ✓ Know what is written and said about me.
- ✓ Have my own money, clothing, and other personal property.

## My Person-Centered Planning Rights

### I have the right to:

- ✓ Be in charge of my planning meeting.
- ✓ Ask anyone I want to come to my meetings.
- ✓ Choose my goals to work on and what is on my plan.
- ✓ Schedule my person-centered planning meeting at a time and place when the people who I want to attend are available.
- ✓ Pick the services I want from the choice of services I can have.
- ✓ Pick the agency I want to give me my services.
- ✓ Know that I may need help from my guardian, family and/or friends to make good choices.

## Home and Community Based Settings: My Rights in my Home I have the right to:

- ✓ Lock my bedroom door.
- ✓ Have friends at my home when I want.
- ✓ Have a written lease agreement.
- ✓ If I share a bedroom, choose my roommate.
- ✓ Have my own room.
- ✓ Choose what I want to do inside or outside of my house.
- ✓ Choose what and when I want to eat.
- ✓ Choose where I want to live.
- ✓ Choose how my home will look.
- ✓ Be able to access all living areas of my home.

## I have the responsibility to:

- ✓ Listen to other people's ideas.
- ✓ Follow the choices I make in my plan and the choices I make about my services.
- ✓ Keep myself and others safe when I'm at home and in the community.
- ✓ Treat others with dignity and respect, respect their privacy and personal space.
- ✓ Accept that others can say no and not force them to do something they don't want to do.
- ✓ Consider how my actions affect myself and others.
- ✓ Be aware of and manage my finances with the support needed.

As a person receiving Medicaid waiver funded supports, I have rights and responsibilities. My HCBS rights & responsibilities have been explained to me. My questions about my rights and my and my provider's responsibilities have been answered.

### SIGNATURES

#### ***Service Recipient's Signature***

Unable to sign

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

***Authorized Representative Signature***       Check here if not applicable

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

#### ***Capriccio Elite, LLC Representative Disclosing Rights***

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

(Note: This document is used to disclose HCBS rights to individuals)