



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.

Name of Individual:

Signature of Individual:

OR

Name of Individual:

Name of Representative:

Signature of Representative:

AND

Date:

AND

Name of Provider Staff Disclosing Rights:

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

Acknowledgment: Idaho –General Participant Rights