



Dear Families,

RRCI is a nonprofit organization that empowers people with disabilities to live independently. We are pleased to be working with your student to help them meet their independent living goals.

We are fortunate to be able to provide access to various unique learning programs. These programs are designed to teach skills that will be helpful during transition from high school to adult life. I am happy to share more information about the individual curriculums we are implementing upon request.

As part of our commitment to the community, and in order to continue to provide independent living services like these programs, we need to file information about your child's participation in the program. The information includes the student's name, date of birth, and a document showing proof of disability.

Because of the private nature of this information, we need your signature on the documents included with this letter, indicating that you are aware of the requirement to obtain this information. No other entity will have access to this information without your prior consent. All information is shared through an encrypted network.

Please reach out to our office (435) 673-7501 with any questions or concerns about this process.

Serving the disability community with gratitude,

Dan Halacy

Dan Halacy, Youth Program Coordinator

Today's Date

RRCI Intake and Application

First Name Middle Name Last Name Date of Birth Age

Address County City

State UT Zip

Email Phone/Cell

Please Circle Correct Answer:

Race: White Asian Black/African American Native American or Alaskan Native Pacific
 Islander or Native Hawaiian Unknown

Are you also Hispanic? Yes No Gender: Female Male Does not wish to self-identify

Grade in School: 9 10 11 12 Post School Name:

Are you a current Vocational Rehabilitation (VR) Client? Yes No

If yes, who is your VR counselor?

Living Arrangement: Dependent with family/friends Group Home Professional Parents On own

What is your disability?

What services do you need?

Are you registered to vote? Yes No N/A If not, would you like to register to vote? Yes No

I understand that assistance may be given by RRCI for the purpose of assisting me to become independent. Although specific services or independence cannot be guaranteed by RRCI or by myself, a reasonable amount of assistance will be given to me for that purpose if I am found eligible for services.

I understand information collected in this interview and in subsequent development of my service record is necessary to establish eligibility for services and in the provision of services if I am found eligible. RRCI will gather information from me personally or with my consent. Information from my service record will not be disclosed other than in the administration of my independent living program unless my written approval has been obtained. I am aware of my rights concerning the release of information.

RRCI makes no distinction in race, color, sex, age, gender identity, sexual orientation, creed, disability, or national origin in the provision of services to individuals under the program. I understand that I may appeal discriminatory practices and that I have the right to appeal the decision of my service coordinator to his/her supervisor. My service coordinator will help me if problems of this nature arise. If additional assistance is needed, the Client Assistance Program (CAP) is available to act as an advisor or advocate. CAP can be reached by calling 1-800-662-9080.

Student Eligibility

☐ I verify that this student has a disability and is receiving services under IDEA or does/would qualify under 504.

Consumer or Representative: Date:

RRCI Independent Living Plan

Student Participation Statement

- ☐ Waiver Statement: I understand the purpose of a written Independent Living Plan, but currently I am waiving participating in the plan development. I understand that I can request participating in an Independent Living Plan at any time.

OR

- ☐ Participation Statement: I will participate in the development of an Independent Living Plan.

Goal: COMMUNITY/SOCIAL PARTICIPATION

INIT. DATE	
ANTICI. DURA.	
COMP. DATE	

To assist in assessing the self-care barriers currently experienced. Consumer will be taught life and transition skills to include them into mainstream society and increase their participation in social, vocational, and community activities.

Services: (Check all that apply)

- ☒ Counseling and Guidance
- ☒ IL Skills: Related to budgeting, healthy living, household management
- ☒ Youth Services: assist those consumers in school, ages 14-22, with social and life skills needs from high school to work, or post-high, develop advocacy skills, self-esteem, and the exploration of career options.
- ☒ Information and Referral

ANNUAL REVIEW: It is understood that every 12 months there will be a review of this plan. At that time, you will have the opportunity to redevelop terms of your plan with your coordinator.

Consumer or Representative _____ Date: _____

IL Service Coordinator _____ Date: _____

- ☐ I DO authorize permission for RRCI to use my name, picture, and/or likeness in any manner and in any media, including the RRCI website, Facebook, youth newsletters, etc.
- ☐ I DO NOT authorize permission for RRCI to use my name, picture, and/or likeness in any manner and in any media, including the RRCI website, Facebook, youth newsletters, etc.

Release of Information Exchange

The purpose of this release of information is to facilitate transition services being provided to my student by RRCI. RRCI is a non-profit agency that provides independent living skill transition services to individuals with disabilities. Care will be taken by agencies involved to release only that information which is required for effective and efficient implementation of services. Confidential information to be included in this interagency information exchange agreement will include name, birthdate, and basic demographics. Information will be used to determine eligibility and for administrative purposes required by Department of Workforce Services Rehabilitation and other funding sources. This release will not be used for detailed medical or as psychological information.

Agencies Share Access to Confidential Information

RRCI

Address: 168 N 100 E Suite 101 St. George, UT 84770

Contact Person: Dan Halacy or Allison Muir

Phone: 435-673-7501

I understand that my student's records are protected under the State and Federal regulation as well as professional codes of ethics governing confidentiality and cannot be released or disclosed without my written consent, unless otherwise provided for in the State and Federal regulations.

I authorize the release and/or disclosure of information to the agency listed above. I understand that this release is effective from the date below and while my child is enrolled in school. I understand I may revoke this consent at any time by sending written notification to the above listed agencies.

Student Name

Witness

Consumer or Representative

Date



Release Form for Media

I, the undersigned, grant permission to the RRCI and/or its affiliates to use my name, picture and/or likeness in any manner and in any media, including the Foundation's website and/or Facebook either alone or accompanied by other material.

(To the extent that I intend to in any way limit this grant of permission to any particular use of my name, picture and/or likeness, such limitation has been set forth below on the lines at the bottom of this release.)

I agree that I will not hold the RRCI and/or its affiliates, singly or collectively, responsible for any liability resulting from the use of my name, picture and/or likeness in the manner described above.

Name: _____ **Phone No.** _____

Address: _____

Signature: _____ **Date:** _____

Witness Signature: _____ **Date:** _____

Witnessed by: _____

Limitations (if any):
