

# **Individual Statement of Rights**

As a participant in the Texas SDC Program, you are entitled to your rights as an individual and as a participant. The Texas SDC Program will work with you to make sure you get the information and services that you want. If you ever have any questions, or feel you are not satisfied with our services, please let us know.

As a Texas SDC Program participant, you have these rights:

#### The right to be treated with respect

You have the right to be treated fairly and kindly.

### The right of freedom of choice

As a participant and as an individual, you decide how to manage your life.

#### The right to be protected from abuse

Every individual has the right to be treated with respect and to be free from personal or financial abuse.

#### The right to select qualified providers

You have the right to choose the providers you work with. Whether it is an agency or an independent provider, you can choose the person who you feel would provide the best service for you. This provider must:

- Be old enough to work (18 and over)
- Be allowed to work in the United States
- Not live in the same household
- Have a license if needed
- Be able to pass a criminal history check
- Be able to effectively help you get the services you want
- Have a license to do the job if working through an agency
- Join the TX SDC Provider network

## The right to direct the services you receive:

You have the right to direct your own life. When developing your person-centered plan and budget, you'll choose which services would be helpful to you. Your SDC Advisor will empower you to:

- Decide which services will most benefit you
- Find the providers that you want to work with
- Find activities you choose to be involved with
- Find the resources or goods that will help you reach your goals
- Budget your SDC funds

#### The right to withdraw from services

If you are not interested in participating in this project you can exit services at any time.

The Texas SDC Program's Individual Rights and Responsibilities Policy have been explained to me in my primary language, or I have read the policy. Any questions I have regarding the policy have been answered. If I have any questions in the future, my SDC Advisor has offered to answer any questions I may have.

I understand that Texas SDC Program's Standard Operating Policy and Procedures for Rights of Individuals in Service is available to me if needed.

Name of Participant	Date	Signature of Participant	Date
Name of Witness	Date	Signature of Witness	Date

Rights sign off sheet