



ADMISSION AGREEMENT: LIFE PLANNING & FAMILY SUPPORT

Futures Explored provides support and training services for adults with physical and developmental disabilities. The Life Planning & Family Support Program provides support for families to plan for the healthy aging of their disabled family member, and for all members of the family, from the first transition to adulthood through the transition into old age.

BASIC SERVICES:

Futures Explored offers a variety of services and supports to help individuals and their families to develop a concrete plan for the individual's life. There are two outcomes that each family will accomplish. The first is a *Letter of Intent*, which is used as a basis to help guide decisions, deal with crises, and help the individual to create and maintain a good life in their community as they move through the aging process. The second outcome is the development of a Support Network which will carry out the *Letter of Intent* for the individual with the disability after parents pass on or are not able to support their son/daughter.

The services and supports fall into the following areas:

- * Group class modules incorporating a training program that will assist the family in creating a Portrait of the individual with the disability and a *Letter of Intent*.
- * Group class modules for individuals with disabilities to help them develop the skills and understanding of how to use a person-centered approach to planning for their life.
- * Individual sessions with each family to create and develop a social Support Network for their son/daughter/relative. This culminates with the meeting of the people who have committed to be members of the Support Network.
- * Ongoing consultation to the Network during the first year to guide and ensure its continuation into the future.
- * Information and referral to individuals who can provide financial, legal, medical and housing advice to the family.
- * Creation of communication networks such as list-serves for group members, e.g. TYZE Network, Yahoo Groups for class members in which communication, questions, and postings can be shared with members.
- * Crises support for an individual and their family, as necessary to help the individual maintain their life in the community.

ENTRANCE REQUIREMENTS: All individuals must:

- * Be age thirty (30) years or older (unless the Regional Center Inter-Disciplinary Team approves the program for those who are 18 and over and have received a graduation diploma from High School or are over the age of 22 and have exited the school system based on individual and family circumstances).
- * Be a client of or eligible for services from the Regional Center; **OR** Agree to a Private Pay Contract (Private Payment for Services Agreement).
- * Have in their Individual Program Plan an objective(s) that can be met with the services and supports provided by Futures.

PRIOR TO ENTRANCE: It is necessary for the family to contact the Regional Center case manager and discuss their interest in pursuing RCEB funding for the Life Planning Program. Upon agreement that the ID Planning Team supports this request, an IPP Addendum should be written that the Regional Center authorizes the family's participation in the Life Planning Program. Inform the case manager that it is important that a Life Plan for your relative be in place that will inform the Regional Center of your and your relative's wishes when you are no longer here. The case manager will have a copy of the Life Plan in your relative's file, which will be updated once a year. The Regional Center has vendorized this program and will issue a POS in order for you and your relative with a disability to complete a Letter of Intent and develop a Support Network. This authorization must be:

- * Written for 39 hours over a 12-month period.
- * Written for Vendor # PB1052 and Service Code 102.



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GENERAL EXIT CRITERIA: Futures Explored is committed to working with individuals as their life needs change and one of those changes may be to leave the program. Futures strives to ensure that consumers leaving our programs move to a program that will better meet their needs, and works with that new service provider to ensure a smooth transition. The following are some of the reasons people leave the program.

The individual:

- * Would have his/her health and/or safety jeopardized by continued participation in the program;
- * Requests to leave the program for any reason;
- * Can no longer attend the program due to an anticipated or unanticipated change in residence;
- * Has received the full benefit of the program and is prepared to move to a less restrictive environment;
- * Has been assisted by the program in making reasonable progress toward the IPP objective(s) for which the consumer originally entered the program, but the level of skills and ability development indicate that continued placement in the program no longer meets the consumer's needs;
- * Develops a medical condition that Futures is prohibited from serving;
- * Exhibits behaviors that are disruptive of program activities or are otherwise specified in the Consumer Handbook as deserving of discharge from the program if not corrected; namely (a) consistently poor hygiene, (b) abuse of alcoholic beverages or illegal drugs during program hours, and (c) threatening injury to persons or property;
- * Does not display behaviors that are incompatible with accepted standards of behavior in the community;
- * Has received an evaluation by the ID Team which has determined that Futures' program no longer meets the consumer needs;
- * Requires a level of staff support that denies other consumers their right to program services, if additional support is not provided by the funding source.

LIFE PLAN EXIT CRITERIA: The individual and family:

- * Are unable to attend training;
- * Decide not to participate in the training or develop a *Letter of Intent*.

PAYMENT FOR SERVICES: For Regional Center clients, payment for services is made on a monthly arrears basis. The consumer is approved by the Regional Center which approves the rate to be charged based on contact with the consumer and/or family. A "Purchase of Service" must be on file before the consumer and family may participate in the program. The POS is written for 39 hours over a 12-month period. The Vendor Number is PB1052 and the Service Code is 102.

For Private Pay Contract clients and additional non-Regional Center funded activities and supports, see the Private Pay Agreement.

REFUND POLICY: For Private Pay Contract clients, the \$500 enrollment fee is non-refundable. All other services are billed as provided.

PARTICIPANT GRIEVANCE PROCEDURE: Futures Explored is committed to providing a positive environment for everyone and therefore encourages everyone to be respectful of others. Occasionally, a participant will have a problem that they cannot solve. When this happens, the following process is used to help the participant resolve the issue. If a participant has a complaint or a problem that cannot be solved without help, the following steps will be taken in the timeline specified:

- * The participant is encouraged to go to the staff person they feel most comfortable with who will assist them in documenting and solving the grievance.
- * If the staff person does not resolve the situation to the satisfaction of the participant, the participant should ask to speak to the Program Director. A time for that meeting will be scheduled within ten working days.
- * The Program Director will investigate and respond within ten working days, in writing and verbally.



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- * If the issue is still not resolved, the Program Director will present the documentation with a written request for the Executive Director to take the issue under consideration. The Executive Director has ten working days to get back to all parties involved with a decision.
- * The participant may decide that they need outside help and will be encouraged and supported to call their case manager or other advocates to get support through the process. This may include a request from the participant to call an Inter-Disciplinary Team meeting. If requested, a meeting will be held within 20 working days to resolve the issue.
- * At no time will any of the actions taken because of the investigation lead to any form of retaliation against the participant, including but not limited to barriers to services provided.
- * This Grievance Procedure will be verbally reviewed with each participant prior to being admitted for services and on an annual basis at the time of ISP meetings. At any time, a participant may review the procedure and be provided with any necessary clarifications.

AGREEMENT: Futures Explored wants applicants for the Life Planning & Family Support program to be successful, and therefore uses the following as a screening for the program.

By signing below, the participant and family member(s) commit to completing all aspects of the Life Planning & Family Support and agree to the following:

- * Attend all training sessions.
- * Complete each homework assignment.
- * **Complete the Life Plan Training Curriculum and *Letter of Intent* within a twelve month period.**
- * Participate in follow-up sessions over a three month period after completing the training to review, refine and update the *Letter*.
- * Identify members to develop a Support Network and hold two meetings within the first 12 months of the program.
- * Review annually the *Letter of Intent* at the annual IPP, in order to keep all material contained in the *Letter* up to date and current.
- * Attend other trainings that help the participant and family develop a network of support and to meet the person(s) who will carry out the provisions of the *Letter*.
- * Provide key people and agencies with the *Letter of Intent*, in particular the Regional Center, and all program agencies (Day Program, ILS, Residential facility, etc.).
- * Cooperate with the general policies of the program that make it possible for the staff, consumer, and family to work together.

The signature of the Consumer and Family Member(s) below indicated that he/she has read or has had read to them this agreement and that this agreement has been explained in full to him/her; and that the signature below is signed voluntarily. Parties to this agreement:

Consumer	Date
Family Member	Date
Family Member	Date
Life Planning & Support Specialist, Futures Explored 06/09; Updated 03/10	Date