

**Division of Vocational Rehabilitation**  
**Community Rehabilitation Program Assurances Form**

Agency: \_\_\_\_\_

Date: \_\_\_\_\_

Reviewer: \_\_\_\_\_

**A. PROGRAM ACCESSIBILITY**

1. Does the organization have a policy regarding how it obtains and utilizes input from the persons served? Yes  No

Does the policy reflect that the persons served should participate in the planning, development and evaluation of their services? Yes  No

2. Does the organization have a policy on... Affirmative Action? Yes  No

Does the policy address the need to develop an action plan which...

· reflects a strong commitment to equal opportunity? Yes  No

· assigns responsibility and authority to implement the plan?  
who is the E.E.O. staff person? \_\_\_\_\_ Yes  No

· analyses employment patterns and practices? Yes  No

· sets specific goals and timetables? Yes  No

· monitors and evaluates the goals and objectives? Yes  No

3. Does the organization have a policy on Accessibility? Yes  No

Does the policy address the following barriers?:

· attitudinal Yes  No

· communication Yes  No

· architectural Yes  No

· transportation Yes  No

· employment Yes  No

Barriers to service are addressed by:

· creation of a corrective action plan Yes  No

· budget considerations as appropriate Yes  No

· governance authority oversight Yes  No

· use of community resources? Yes  No

Are the Services provided available to all individuals who meet eligibility/entrance requirements? Yes  No

4. Does the organization comply with the ADA and other applicable laws regarding accessibility? Yes  No

5. Reasonable accommodations are provided to enable persons served:

- to receive services? Yes  No
- to participate in the organizations activities? Yes  No
- to participate as staff members, volunteers, and/or members of the governance authority? Yes  No

6. Is the facility architecturally accessible? Yes  No   
If Non-Facility Based (i.e. Community Based) N/A

Is each service and program area accessible? Yes  No

If "No" to either of the above, please specify any special accommodations, which the organization has made so as to serve individuals with disabilities.

Comment(s):

---

If the CRP is community based, and does not have a facility, are policies in place to assure accessibility in the community? Yes  No

7. Does the organization have a policy on how it protects and promotes the rights of the persons served? Yes  No

8. Does the organization have a policy on health and safety? Yes  No

Does the policy address all physical facilities owned, leased or rented by the organization utilized by both persons served and personnel? Yes  No

9. Does the organization have a policy on personnel? Yes  No   
Does the policy include:

- recruitment Yes  No
- management (including job descriptions and performance assessments) Yes  No
- development - (including how staff development is provided
- in the community when there is no facility) Yes  No
- retention Yes  No

Do current personnel meet the needs of the organization? Yes  No

Reviewer Comment(s):

---

**B. Provision of Services**

Improvement of individual service quality requires a focus on the persons served. They are empowered when their points of view are included and they have an active and ongoing involvement in making decisions affecting them. The organization promotes environments that respect and empower the persons served with respect to cultural appropriateness. The persons served have the opportunity to clearly understand the purposes of the organization and its services in response to their strengths, abilities, needs and preferences.

**Resource Documents That May be Requested by DVR for Review:**

- **Information regarding consumer input**
- **Individual service plans**
- **Consumer handbook**
- **Records of persons served**

1. Are there written policies and procedures which govern the provision of services to the persons served? Yes  No

Is there an assurance that program coordination will occur between service units which are working with an individual? Yes  No

Do the procedures provide for coordination of services which are provided by other agencies and/or consultants? Yes  No

2. Is a comprehensive, individualized program plan developed for each person served? Yes  No

Does each plan identify the following:

- the rehabilitation problem or presenting need? Yes  No
- the goals of the person served? Yes  No
- the treatment or services to be provided? Yes  No
- the goals of the treatment or services for the individual? Yes  No
- the time intervals for progress reviews? Yes  No
- the measures to be used to assess progress and goal attainment? Yes  No
- the staff or family who will be responsible for implementing the various services or treatments? Yes  No

If persons served are simultaneously receiving services from more than one service unit, are specific service plans developed by each unit to supplement the overall plan?

Yes  No

3. Are provisions in place to assure that persons served, who are unable to represent their own interests, are not released in the care or custody of unauthorized individuals?

Yes  No

4. Does each person served have an assigned case manager?

Yes  No

Does the case manager perform the following functions?

Yes  No

- coordinate the individuals program? Yes  No
- cultivate the individuals participation? Yes  No
- serve as liaison between the individual and the staff providing services? Yes  No
- coordinate inter-departmental services, if any? Yes  No
- assure that the services are provided in a timely manner? Yes  No
- regularly evaluate the ongoing appropriateness of the individuals program? Yes  No
- solicit, obtain, and review input from those involved in the individuals program regarding additional services needed? Yes  No
- regularly review the progress of the individual toward the specified goals? Yes  No
- provide information regarding the individuals progress to the following persons:
  - the individual? Yes  No
  - the individuals family, if appropriate? Yes  No
  - service staff? Yes  No
  - referral source? Yes  No
  - purchaser of service? Yes  No

5. Has the organization distributed a manual which provides information on services benefits, working conditions, dress code, rights, holidays, and other matters of interest to the persons served?

Yes  No

Reviewer Comment(s):

---

### C. RECORDS AND REPORTS

THE ORGANIZATION SHALL MAINTAIN ACCURATE AND COMPLETE RECORDS AND PREPARE AND DISTRIBUTE REPORTS NECESSARY TO THE ACHIEVEMENT OF ITS GOALS.

1. A confidential record is maintained for each person served? Yes  No   
Are working files maintained? Yes  No
2. Does the organizations policy on Records outline the process by which a person served has access to their own files? Yes  No   
Are persons served given information regarding accessing their record? Yes  No
3. Has the organization specified when signed, informed consent for services should be obtained? Yes  No
4. When the confidential information is released, does the person served or the legal representative authorize the release? Yes  No   
Is the released limited to specific information? Yes  No   
Does each release have a time limitation? Yes  No
5. Are case records controlled from a central location? Yes  No
6. Can staff members remove the records from the records storage area? Yes  No   
Is there a check out system so that the location of the record is known at all times? Yes  No   
Are there adequate safeguards to protect the confidentiality and to assure the security of the records if maintained in these locations for extended periods of time? Yes  No

Reviewer Comment(s):

---

#### **Certificate of information and authorized signature.**

**I hereby certify that to the best of my knowledge all information contained in the application is accurate and complete, that this is a valid application and that I am legally authorized to sign and represent this organization.**

(Signature) \_\_\_\_\_

(Date) \_\_\_\_\_

(Name) \_\_\_\_\_

(Title) \_\_\_\_\_