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? Yes ☐ No ☐
     who is the E.E.O. staff person? _____
   - 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) _____