

**NORTHERN REGIONAL CENTER FOR INDEPENDENT LIVING – DEMOGRAPHICS**

When the consumer is a minor, enter the child's information.

\*Date: \_\_\_\_\_ \*Staff \_\_\_\_\_

\*First Name: \_\_\_\_\_ \* Last Name: \_\_\_\_\_

Name of Parent or Guardian \_\_\_\_\_

\*Date of Birth: \_\_\_\_\_ \* Male Female

\*Address: \_\_\_\_\_

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

**\*Type of Housing**

Rent – Independent	SRO	Psychiatric Unit
Rent – Subsidized	Community Residence	Inpatient Substance Use
Own	Homeless	Hospital
Staying with Friends	Institution	Other Health Care
Shelter	Jail/Prison	

\*Telephone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

\*Race: American Indian/Alaska Native Hispanic White  
Pacific Islander/Native Hawaiian African American Asian  
Two or more race Unknown

**\*Employment Status**

Full Time Seeking Unemployed Retired  
Part Time Unknown Student/In a Program  
Segregated Work or Day Program Other Category Not Specified

**\* Source of Income:**

Employment	Friends/Family	Trust Fund
Public Assistance	Long Term Disability	TANF
SSI	SSDI	Workers' Comp
Child Support	Unemployment	Retirement

**\* Highest Level of Education Completed:**

Not Yet Enrolled	Completed High School	4-Year Degree
Pre-K	Some College	Post Graduate Degree
K – 8 <sup>TH</sup>	Business/Trade/Vocational	Unknown
Some High School	2-Year Degree	

School District or School Attending: \_\_\_\_\_

\*Primary Disability: \_\_\_\_\_

\*Secondary Disability: \_\_\_\_\_

Do you have a primary care physician? Yes No

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**Insurance Company:**

**Member Number** \_\_\_\_\_

**Medicaid**

Fidelis  
United Healthcare  
MVP

**Private**

Fidelis  
United Healthcare  
Excellus

Tricare  
MVP  
Other

**Other**

Fort Drum:

Are you registered with EFMP

Veteran:

Single Parent Home

Guardianship

Foster/Adoptive Family

Kinship Care

**Who referred you to NRCIL?**

Friend/Family

SPOA/SPOE

DSS

Other Healthcare

School

Care Coordinator

Doctor Office

Probation/Parole

Other \_\_\_\_\_

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**\*Do you wish to develop an Independent Living Plan (ILP):**    Yes            No

**Would you like to schedule a time to make an independent living plan?**    Yes            No            Date

An Independent Living Plan (ILP) is an outline of an individual's choice of goals and objectives and the ways in which NRCIL can assist you in reaching them. NRCIL staff can assist you to develop your own Independent Living Plan (ILP). It is also important that you understand that NRCIL can provide services to you without an Independent Living Plan.

**If you do not wish to develop an ILP, do you knowingly and voluntarily “waive” the development of such a plan as being unnecessary?**                    Yes            No

Are there any other services you may be interested in for yourself or family members that we may refer you to? \_\_\_\_\_

**\*VOTER REGISTRATION**

It is part of our mission to help people register to vote. **Are you a registered Voter?**    Yes            No  
**Would you like to register to vote today?**                    Yes            No

**CONSUMER RIGHTS AND RESPONSIBILITIES**

**As a consumer of NRCIL, you have certain rights. They include:**

- You have the right to be treated with dignity and respect.
- You have the right to be treated in a courteous and friendly manner.
- You have the right to have your information kept confidential based on the HIPAA regulations and rules of confidentiality.
- You have the right to have your information shared with another person, agency or organization only when your written permission has been provided in the form of a current signed Release of Information and or based on the informed consent as stated in our Notice of Privacy Practices.
- You have the right to receive accurate and easy to understand information...and in another language or format if needed (ASL, Spanish, large print, etc.).
- You have the right to have your request for services at NRCIL be addressed by a staff member within five (5) business days from receipt of the request.
- You have the right to initiate a consumer grievance if you feel any action, occurrence or attitude is unfair or inequitable in the delivery of services. Please refer to the Consumer Grievance Procedure for specific information.

**As a consumer of NRCIL, you also have certain responsibilities. They include:**

- You have the responsibility to treat NRCIL staff in a courteous and friendly manner.
- You have the responsibility to avoid use of foul and obscene language.
- You have the responsibility to keep and arrive on time for scheduled appointments.
- You have the responsibility to inform NRCIL ahead of time when you are unable to keep a scheduled appointment.
- You have the responsibility to report wrong-doing or fraud to the appropriate authorities.
- You have the responsibility to provide staff with accurate and honest information which is necessary to provide you with the services you are requesting.

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**RESOLVING A COMPLAINT AT NRCIL**

In keeping with the Independent Living Center philosophy, which promotes consumer choice and direction, as well as human and civil rights, NRCIL provides a formal grievance procedure for all consumers. NRCIL’s employees attempt to provide quality services and advocacy aimed at empowering the consumer. However, if you are dissatisfied with your experience at NRCIL, you are entitled to use the following procedures.

1. The Consumer can talk about the complaint with the Advocate. If the problem is not resolved to his/her satisfaction see step 2.
  2. The Consumer can submit a grievance or complaint to the supervisor of the program area. The program director will respond to the consumer within 5 days.
  3. If the Consumer is not satisfied with the Program Director’s response, the Consumer can present the complaint to the Executive Director – Aileen Martin to discuss the area of concern. The Executive Director will respond within 5 days of receiving the complaint.
  4. If after completing steps 2 and 3, the Consumer is not satisfied, he or she may bring the concern to the attention of the President of the Board of Directors of the NRCIL – Ronald Griffin. The Board of Directors will respond to the complaint within 45 days. This decision is final.
  5. The Consumer may initiate an external review if desired. The Consumer may
    - a. Contact the ACCES-VR Centers Administration Unit – Robert Gumson, Unit Manager at 1-800-222-5627 (voice/TTY) or 518-474-2925 or by mail at NYSED Building Annex, Room 580, 89 Washington Avenue, Albany, NY 12234
    - b. Contact the NYS Client Assistance Program (CAP) toll free at 1-800-993-8982 or 518-512-3448 (TTY) or 518-432-7861 or by email at mail@disabilityrightsny.org
- As a consumer of NRCIL, I have been informed and have been given a copy of my Rights and Responsibilities, as well as the Consumer Grievance Procedure.
  - Your information may be shared with funding sources or insurance companies as appropriate and necessary to obtain reimbursement for services.
  - All of the information provided above is true to the best of my knowledge.

\_\_\_\_\_  
**\*Signature of Individual or Parent or Guardian**

\_\_\_\_\_  
**\*Date**

\_\_\_\_\_  
**\*Printed Consumer Name**

\_\_\_\_\_  
**\*Printed Parent or Guardian Name**

\_\_\_\_\_  
**Advocate Name and Date**