

**ARIZONA DEPARTMENT OF  
ECONOMIC SECURITY  
Division of Developmental Disabilities**

**ACKNOWLEDGEMENT OF  
PUBLICATIONS / INFORMATION**

**Member's Name:**

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**AHCCCS ID:** \_\_\_\_\_

**I was informed of the opportunity to choose my Support Coordinator. I understand my choice will be honored to the best of the District's ability.**

**I understand the member eligible for the Division must be present at all meetings.**

**I understand that if I have a Behavior Treatment Plan (BTP) the Program Review Committee will have access to my personal identifiable information for the performance of official duties. I understand the Independent Oversight Committee (IOC) will receive information about my BTP but the information will not include my personal identifiable information (e.g., full name, address).**

**See page 5 for EOE/ADA disclosures**

**I understand the Independent Oversight Committee (IOC) will receive information regarding any potential rights violations. The Independent Oversight Committee (IOC) will not receive any of my personal identifiable information. I understand I can raise a concern to the Independent Oversight Committee (IOC) about a possible violation of my rights by calling 1-844-770-9500.**

**The Division gave me a Statement of Rights (PAD-195) and Notice of Privacy Practices (DES-1077A). I may also go to the [Division's website](#)<sup>1</sup> to obtain a copy.**

**I understand the Division may disclose to providers any historical and behavioral information per A.R.S. 36-557 (N).**

**I understand the Support Coordinator may assist me in developing a disaster/emergency plan.**

**The Vendor Call Process was explained to me including the time frames and the auto-assignment process.**

**I understand the Planning Document will be sent to all team members unless otherwise indicated.**

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**1 <https://des.az.gov/services/disabilities/developmental-disabilities>**

## **Additional Requirements for Specific Groups**

**I understand that the service offered through the ALTCS program are described in the ALTCS Member Handbook (DDD-0465A). The Handbook was given or offered to me. I may also go to the [Division's website](#) to obtain a copy. *(Required annually for all ALTCS members)***

**The pamphlet, Decision About Your Healthcare (PAD-588), was given or offered to me. I may also go to the [Division's website](#) to obtain a copy. *(Required annually for all members age 18 and older)***

**The Voter Registration information was given or offered to me. I may also go to [Arizona Secretary of State's website](#)<sup>2</sup> to obtain a copy. *(Required for members who do not have a legal guardian, and who are or will be 18 by the next general election)***

**I was informed of my requirement to register with the Selective Service. *(Required for males at age 18.)***

**I have been provided the *How DDD Eligibility is Determined* form (DDD-0640A). I understand that a redetermination of DDD**

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**2 <https://azsos.gov/elections/voting-election>**

**Eligibility will be completed at ages 6 and 18. (Required to be given to members 5 and 17 years old)**

\_\_\_\_\_ **Member/Responsible Person's Initial**

**Member has a SMI designation (Check if applicable)**

**The SMI Appeal & Grievance rights have been explained to me. The ALTCS Member handbook (DDD-0465A) has been given or offered to me. I may also go to the [Division's website](#) to obtain a copy.**

\_\_\_\_\_ **Member/Responsible Person's Initial**

**By signing below I am acknowledging that my Support Coordinator has informed me of all the above.**

**Member/Responsible Person's Signature:**

\_\_\_\_\_

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

**Print Name of Support Coordinator:**

\_\_\_\_\_

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

**Equal Opportunity Employer / Program •  
Auxiliary aids and services are available  
upon request to individuals with disabilities  
• To request this document in alternative  
format or for further information about  
this policy, contact the Division of  
Developmental Disabilities ADA Coordinator  
at 602-771-2893; TTY/TDD Services: 7-1-1 •  
Disponible en español en línea o en la  
oficina local**