

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

**ACKNOWLEDGEMENT OF
PUBLICATIONS / INFORMATION**

Member's Name:

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 the DDD Member Rights and Responsibilities (DDD-0195B) brochure and Notice of Privacy Practices (DES-1077A). I may also go to the [Division's website](#)¹ 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.

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](#)² 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

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**