

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 Plan (BP) the Program Review Committee will have access to my personal identifiable information (PII) 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 (PII) (e.g., full name, address).

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. (PII) 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 [DES Document Center](#)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. See [Division Operations Manual 3003 Selection of Providers](#)² for more information

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

Additional Requirements for Specific Groups

I understand that the services offered through the ALTCS program are described in the ALTCS Member Handbook (DDD-0465A). My Support Coordinator reviewed its contents with me. The Handbook was given or offered to me. I may also go to the [DES Document Center](#) to obtain a copy. *(Required annually for all members enrolled with ALTCS)*

The pamphlet, Life-Planning Activities (DDD-2247A), was given or offered to me. I may also go to the [DES Document Center](#) 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](#)³ 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](#)⁴. *(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 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 [DES Document Center](#) to obtain a copy.

_____ **Member/Responsible Person's Initial**

1 <https://des.az.gov/documents-center>

2 <https://des.az.gov/services/disabilities/developmental-disabilities/policies-and-rules/policies>

3 <https://azsos.gov/>

4 <https://www.sss.gov/>

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: _____