



The individual that you have referred to Keystone Community Resources, Inc., has been accepted for admission into our Children and Youth Program. Please complete the following attachments to assist us in meeting admission requirements and to provide appropriate planning for the individual:

- 1. ** Physical Examination**: Please have the enclosed Resident Physical Examination complete in full by physician, including a TB test.**
- 2. A complete and up to date immunization record. ****This is very important******
- 3. A Confirmation of Funding Letter.**

In addition you will need to enclose the following items:

- 1.** Birth Certificate and Social Security Card. If the individual was born outside of the U.S. please enclose their Resident Alien Card (copies are acceptable).
- 2.** Court Order(s) – for individuals who are court ordered into this placement or the custody of someone other than the natural parents, we require proof of guardianship.
- 3.** Interstate Compact Form – **If this is an out-of –state placement**, please complete and submit to your appropriate office, an Interstate Compact Form and provide us with proof of this submission. Be sure to include the “Financial and Medical Plan”, “Certification of Eligibility of Title IVA – FCAA-Recipient for Medical Assistance” form and Form 100B.
- 4.** Health Insurance Card(s). Please provide a copy now and original card at time of admission.
- 5.** Family Service Plan (or equivalent plan).
- 6.** Most recent Annual Service Plan, including a Social Summary.
- 7.** A medical history, which includes all current medical concerns and any, follow up that will be necessary following their admission to our program.
- 8.** Behavioral support guidelines or plans that are in place for individual
- 9. A 30-day supply and written prescription(s) from physician treating the individual.**

Admissions procedures and the provision of services shall be made without regard to race, color, religious creed, disability, handicap, ancestry, national origin, age or sex.

**100 Abington Executive Park, Suite B,
Clarks Summit, PA 18411**

Phone: 570-702-8000

Fax: 570-702-8093

www.keycommres.org



CONSENT FOR EMERGENCY HOSPITAL ADMISSION

It is the policy of Keystone Community Resources, Inc. to utilize this consent for emergency hospital admission in the event an emergency situation occurs and a delay in treatment would result in further hazards to the Individual. Additional consents for specific procedures will be required and obtained from the admitting hospital. Medical reports will also accompany the individual so that the physician on duty will have appropriate and useable medical information. Please read the following authorization, sign and date. The signature of a witness to your signature is also required.

I hereby authorize Keystone Community Resources, Inc. to consent to an emergency medical treatment that may be necessary for _____ in the event that it is necessary for Keystone Community Resources, Inc. to transport the above named to any hospital for medical treatment. I do further authorize said Keystone Community Resources, Inc. to agree to such treatment without the necessity of my also authorizing the treatment in writing and do authorize the said hospital to render such treatment. In addition to treatment, I also authorize the hospital to forward a copy of the medical record to Keystone Community Resources, Inc. I expressly intend to be legally bound by the authorization granted to said Keystone Community Resources, Inc. as above mentioned.

PARENT/GUARDIAN

DATE

SIGNATURE OF WITNESS

DATE

INDIVIDUAL'S SIGNATURE (if applicable)

DATE

SIGNATURE OF WITNESS

DATE

This consent shall remain in effect indefinitely unless otherwise revoked in writing. Photostatic copies of this form will be considered as valid as the original.

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MEDICAL/DENTAL CONSENT

1. I hereby give my consent to Keystone Community Resources, Inc., presently caring for _____, to arrange for routine medical/dental care including, but not limited to routine diagnostic procedures, necessary immunization vaccination, testing for TB, testing for other communicable diseases, antibiotic therapy, anticonvulsant therapy, periodic medical checkups, and such medical/dental treatment as the named physician consider to be necessary.
2. I authorize the dentist and or dental hygienists designated by Keystone Community Resources, Inc. to administer any dental treatment, and to administer such anesthetics, and to perform all necessary and elective operative procedures that may be deemed advisable in diagnosis and treatment.
3. I further give my consent to all emergency medical/dental procedures which are necessary to preserve his/her life or prevent permanent impairment of his/her health in cast time does not permit obtaining my personal consent to these procedures. I agree to allow Keystone Community Resources, Inc. to transfer and to authorize admission to a general hospital in the event that the necessary medical /dental procedures cannot be performed at the facility and, in my absence, to consent to any surgical or medical/dental procedures that may be necessary.
4. Being fully aware of the risks and complications involved, I hereby release Keystone Community Resources, Inc. and its professional staff and employees, as well as any and all doctors, dentists, hygienists, technicians, assistants and nurses who may provide treatment from any and all liability which may arise our of such treatment.
5. I understand that the practice of medicine and therapy is not an exact science and that diagnosis and treatment may involve certain risks. I acknowledge that no guarantees have been made to me concerning the care for my child.
6. I understand that some of the professionals who provide care and treatment are not employees of Keystone Community Resources, Inc., but rather, are independent consultants who have been retained for the purpose of providing specialized professional care.

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MEDICAL DENTAL CONSENT

- 7. I am authorized to execute this consent, and I am aware of no relative or guardian whose interest may be adverse to my own.

- 8. This form has been fully explained to me, and I certify and acknowledge that I understand content and significance.

PARENT/GUARDIAN

DATE

WITNESS

DATE

This consent shall remain in effect indefinitely unless otherwise revoked in writing.
Photostatic copies of this form will be considered as valid as the original.



General Consent and Release Form

It is expressly understood and agreed that Keystone Community Resources, Inc. shall not be responsible or legally liable for any losses of personal property or for any bodily injuries, or the results thereof, incurred and suffered by on any property of Keystone Community Resources, Inc. or in connection with any activities or programs, unless such loss or injury results directly from the negligent or willful act of an employee of Keystone Community Resources, Inc., acting within the scope of his/her employment.

DATE

Parent/Guardian Signature

This consent shall remain in effect indefinitely unless otherwise revoked in writing. Photostatic copies of this form will be considered as valid as the original.

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INFORMED CONSENT

The following has been developed for obtaining informed consent in circumstances when informed consent is necessary.

1. Residents Who Have Not Attained the Age of Eighteen:

- A. For any resident who has not attained the age of eighteen, informed consent will be obtained from the resident's parent or guardian.
- B. If the resident has no parent or guardian, informed consent will be obtained from the resident's next of kin, providing that the next of kin be a competent adult.
- C. If the resident has no parent, guardian or competent adult next of kin, in accordance with Section 417 (c) of the Mental Health and Mental Retardation Act of 1966, the Administrator may only give consent upon the written authorization of two physicians not employed by the Facility stating that such surgery or procedure is advisable and in the best interest of the resident.
- D. If the resident's parent, guardian or next of kin is not available, the Administrator may provide informed consent as set forth in the previous paragraph, but the administrator shall certify that it has notified or attempted to notify the appropriate relative, casemanagers or program agencies.

2. Residents Who Have Attained the Age of Eighteen:

Informed Consent will be obtained from those residents who have attained the age of Eighteen, with the following exceptions:

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INFORMED CONSENT

- A. Any resident who has been adjudicated an incompetent by an appropriate court or under state law shall not be deemed to be capable of providing informed consent. In such a case consent shall be obtained in accordance with the provisions of this policy pertaining to residents who have not attained the age of eighteen.

- B. Any resident who has determined by the interdisciplinary team to be incapable of understanding his/her rights and responsibilities shall not be deemed to be capable of providing informed consent. In such a case the Casemanager shall specifically document the findings in the resident's record, and consent shall be obtained in accordance with the provision of this policy pertaining to residents who have not attained the age of eighteen.

3. Consent of the Informed Consent:

In order to ensure that consent is truly informed, it is the policy of Keystone Community Resources, Inc. that informed consent should include the following:

- A. A description of the proposed treatment.

- B. An explanation of the risks and benefits of the treatment.

- C. An explanation of the alternatives to the proposed treatment.

- D. A specific time limitation to the consent.

The Direct Service Coordinator shall make sure that the individual be allowed to ask any pertinent questions and be allowed to withdraw the consent at any time.

CHILDREN & YOUTH RESIDENT RIGHTS

Every person has the right to make choices or decision about matters, which affect them. If the person's judgment is impaired s/he may benefit from guidance. As service providers, we must all value and respect the right of the residents we serve to make choices by respecting their individual preferences, wants and needs. When choices are acknowledged and supported, residents learn that they have some control over events in their lives.

The residents we serve are vulnerable to exploitation, exclusion, and other forms of rights denial. When resident's rights are violated it is often due to lack of information about how to encourage and teach residents to be assertive in expressing their rights.

We at Keystone are committed to delivering quality services. As an employee it is your responsibility to become informed about resident rights and take a proactive approach in helping residents learn about and assert their rights as individuals. This is an on going process which sensitizes and empowers the individual to assert his/her own rights and to gain the confidence necessary to express their opinion and enter into the decision making process.

The following is the statement of resident rights practiced at Keystone. These are reviewed with the resident upon admission, and annually thereafter.

Resident Rights

Admission procedures and the provision of services shall be made without regard to race, color, religious creed, disability, handicap, ancestry, national origin, age or sex. IF you, or any person action on your behalf, believe you have been discriminated against you may file a complaint of discrimination with The Director of Human Resources, KCR; Bureau of Civil Right Compliance, Harrisburg; Office of Civil Rights, Philadelphia; or Pennsylvania Human Relations Commission, Harrisburg.

Upon admission to Keystone you will be informed of the facility services and related charges, of your rights and responsibilities and of all house rules, policies, and regulations governing resident conduct and responsibilities.

You are entitled, by law, to all of the rights stated in this document. If you believe any of your rights have been violated you may file a compliant with the Director of Human Resources.

You also have the right to be informed of these rights, orally and in writing, upon admission and annually thereafter. This list of resident rights is posted conspicuously in the facility. If you do not understand your rights you may request to talk with a representative of the facility, who may explain your rights to you or provide educational materials and information.

In the interest of protecting and promoting the rights of each resident in our facility, we support the following resident rights:

1. **The Right to Exercise Individual Rights** – You will be encouraged and assisted to exercise your rights as a resident of the facility and a citizen of the United States. It is your right to voice grievances and file complaints concerning treatment, and to recommend changes in policies and service, without interference, discrimination or reprisal for voicing grievances. You have the right to prompt efforts by the facility to resolve any grievances you may have.
2. **The Right to Be Treated With Dignity and Respect In A Safe and Caring Environment Where You Can Learn And Grow** – The right to be treated with dignity and respect includes the right to be free from:
 - a. Physical Abuse
 - b. Verbal Abuse
 - c. Sexual Abuse
 - d. Psychological Abuse

- e. Neglect
- f. Corporal Punishment
- g. Involuntary Seclusion
- h. Physical/Chemical restraints imposed for purposes of discipline or convenience.

The right to a safe and caring environment where you can learn and grow includes the right to:

- a. A living environment that is safe and free of hazards
 - b. A living environment that promotes your education and your interests
3. **The Right to Use of the Telephone** – It is your right to have regular but limited access to telephones with privacy for incoming and outgoing local long distance.
 4. **The Right to Visit with Family** – If there are no outstanding restrictions either in your family service plan or by court order you have the right to visit on-site with your family every two (2) weeks. Any restrictions must be noted in your treatment plan.
 5. **The Right to Receive and Send Mail** – You have the right to send outgoing mail. Incoming mail cannot be opened or read by staff persons unless there is reasonable suspicion that contraband or other information or material that may jeopardize your health, safety or well being, may be enclosed, mail will be opened by the child in the presence of a staff person.
 6. **The Right to Communicate and Visit Privately with Your Attorney and Clergy** – You have the right to request visits from your clergy and attorney.
 7. **The Right to Appropriate Medical, Behavioral Health, and Dental Treatment** – You have the right to request and receive regular medical, behavioral health, and dental treatment.
 8. **The Right to Clean, Seasonal Clothing that is Age and Gender Appropriate** – We will provide you with clothing that is clean and seasonal, age, and gender appropriate.
 9. **The Right to Personal Privacy** – You have the right to privacy and confidentiality with respect to:
 - a. Accommodations, especially in bedrooms, bathrooms, and during personal care
 - b. Medical and other treatment
 - c. Written communication
 - d. Telephone communication
 - e. Visits
 - f. Meetings

Note: If you experience a time where the treatment team feels that you are a danger to yourself or to others you may have limited privacy in regards to the above items.
 10. **The Right to Vote** – You have the right to vote at age 18. You have the right to assisted, if necessary, in registering and voting elections.
 11. **The Right to Freedom of Religion** – you have the right to practice or abstain from the religious practice of your choice. Others may not impose their religious practices on you.

12. **The Right to Be Free from Physical Restraint and Excessive Medication** – You have the right to be free of unnecessary behavior control medication and unnecessary physical restraint. You have the right to competent medical supervision and treatment/programming, as medically appropriate, to reduce your dependency upon such medication and physical restraint.
13. **The Right to Payment for Work** – You have the right to refuse to perform services for the facility except for the upkeep of your personal area and your share in the upkeep of the common living area and grounds. If you choose to work for the facility your compensation will be consistent with state and federal law.
14. **The Right to Participate in Program Planning that Affects You** – You have the right to be informed of any treatment/programming related to your identified individual needs as well as information related to your medical condition, developmental, and behavioral status. You have the right to be informed of any associated risks of such treatment/programming and you have the right to refuse a restricted diet and medical treatment.

I have read or have had the above Residents Rights read to me. I have had the opportunity to ask questions regarding this policy and feel comfortable in my understanding of this policy. I have signed this document and have received a copy of it.

Signature of Resident: _____ Date: _____
Signature of Witness: _____ Date: _____
Signature of Witness: _____ Date: _____

I have read or have had the above Residents Rights read to me. I have had the opportunity to ask questions regarding this policy and feel comfortable in my understanding of this policy. I have signed this document and have received a copy of it.

Signature of Resident: _____ Date: _____
Signature of Witness: _____ Date: _____
Signature of Witness: _____ Date: _____

I have read or have had the above Residents Rights read to me. I have had the opportunity to ask questions regarding this policy and feel comfortable in my understanding of this policy. I have signed this document and have received a copy of it.

Signature of Resident: _____ Date: _____
Signature of Witness: _____ Date: _____
Signature of Witness: _____ Date: _____

Policy: Nondiscrimination in Services
To: Clients, Parents, & Residents
From: Rebecca Hokien, Director of Human Resources

Admissions, the provision of services, and referrals of clients shall be made without regard to race, color, religious creed, disability, ancestry, national origin (including limited English proficiency), age, or sex.

Program services shall be made accessible to eligible persons with disabilities through the most practical and economically feasible methods available. These methods include, but are not limited to, equipment redesign, the provision of aides, and the use of alternative service delivery locations. Structural modifications shall be considered only as a last resort among available methods.

Any client, parent(s), or resident (and/or their guardian) who believes they have been discriminated against, may file a complaint of discrimination with:

Director of Human Resources
Keystone Community Resources /
Keystone Independent Living
100 Abington Executive Park, Suite B
Clarks Summit, PA 18411
Telephone: (570) 702-8000
Fax: (570) 702-8097

PA Human Relations Commission
Pennsylvania Place, Suite 300
301 Chestnut Street
Harrisburg, Pa 17101-2702
Telephone: (717) 787-4410
Fax: (717) 787-0420 / (717) 772-4340

Department of Public Welfare
Bureau of Equal Opportunity
Room 223 Health & Welfare Bldg.
PO Box 2675
Harrisburg, Pa 17105-2675
Telephone: (717) 787-9695
Fax (717) 772-4366

U.S. Department of Health & Human Services
Office of Civil Rights
Suite 372, Public Ledger Building
150 South Independence Mall West
Philadelphia, Pa 19106-1911
Telephone: (215) 861-4441
TDD (215) 861-4440; 1-800-368-1019

DPW Bureau of Equal Opportunity
Northern Regional Office
Room 331 Scranton State Office Bldg.
100 Lackawanna Avenue
Scranton, Pa 18503-1923
Telephone: (570) 963-4342
Fax (570) 963-3370

Date: 01/25/2007 R.H.

**CHILDREN AND YOUTH PROGRAMS
GRIEVANCE POLICY FOR RESIDENTS**

If for any reason you feel your rights have been violated, the following procedure should be followed in order to file a complaint:

CLINICAL STAFF



ASSISTANT MANAGER



RESIDENTIAL MANAGER



RESIDENTIAL SUPERVISOR



DIRECTOR OF RESIDENTIAL SERVICES



EXECUTIVE DIRECTOR

Other agencies where residents can go for assistance if they feel that they have been treated unfairly include:

1. Office of Civil Rights
U.S. Department of Health & Human Services
Region III, P.O. Box 13716
Philadelphia, PA 19102

2. Bureau of Civil Rights Compliance
Department of Public Welfare Room 412
Health & Welfare Building
P.O. Box 2675
Harrisburg, PA 17105

3. Pennsylvania Human Relations Commission
101 South Second Street
Suite 300
Harrisburg, PA 17105

I have read or have had the above Grievance Policy read to me. I have had the opportunity to ask questions regarding this policy and feel comfortable in my understanding of this policy. I have signed this document and have received a copy of it.

Signature of Parent: _____ Date: _____

Signature of Resident: _____ Date: _____

Signature of Case Worker: _____ Date: _____

INFORMATION ABOUT HEPATITIS B VACCINE

THE DISEASE

Hepatitis B is a viral infection caused by Hepatitis B Virus (HBVS). Most people with Hepatitis B recover completely, but approximately 5-10% become chronic carriers of the virus. Most of these people have no symptoms, but can continue to transmit the disease to others. Some may develop chronic active Hepatitis and cirrhosis. HBV also appears to be a causative factor in the development of liver cancer. Thus, immunization against Hepatitis B can prevent acute Hepatitis and also reduce sickness and death from chronic active Hepatitis, cirrhosis and liver cancer.

THE VACCINE – DESCRIPTION

-RECOMBIVAX HB* (Hepatitis B Vaccine (Recombinant), MSD) is a non infectious subunit viral vaccine derived from Hepatitis B surface antigen (HBsAg) produced in yeast cells. A portion of the Hepatitis B Virus gene, coding for HBsAg, is cloned into a yeast, and the vaccine for Hepatitis B is produced from cultures of this recombinant yeast strain according to methods developed in the Merck Sharp and Dohme Research Laboratories.

-The antigen is harvested and purified by a series of physical and chemical methods. The vaccine contains no detectable yeast DNA but may contain not more than 1% yeast protein. The vaccine produced by the Merck method has been shown to be comparable to the plasma-derived vaccine in terms of animal potency (mouse, monkey, and chimpanzee) and protective efficacy (chimpanzee and human).

- The vaccine against Hepatitis B, prepared from recombinant yeast cultures, is free of association with human blood or blood products.

-Each lot of Hepatitis B Vaccine is tested for safety, in mice and guinea pigs and for sterility.

-RECOMBIVAX HB is a sterile suspension for intramuscular injection. However, for persons at risk of hemorrhage following intramuscular injection, the vaccine may be administered subcutaneously.

POSSIBLE ADVERSE REACTIONS

Injections site reaction consisting principally of soreness, and including pain, tenderness, pruritus, erythema, ecchymosis, swelling, warmth, and nodule formation. The most frequent systemic complaints include fatigue, weakness, headache, fever, and malaise. Nausea and diarrhea have also been noted.

IF YOU HAVE ANY QUESTIONS ABOUT HEPATITIS B VACCINE, PLEASE ASK

I have read the above statement about Hepatitis B and the Hepatitis B Vaccine. I have had the opportunity to ask questions and understand the benefits and risks of Hepatitis B Vaccination. I understand that three (3) doses of the vaccine are required to confer immunity. However, as with all medical treatment, there is no guarantee that I become immune or that I will not experience any adverse side effects from the vaccine. I request that it be given to me or the person named below of who I am the parent or guardian.

Name of person to receive vaccine

Signature of person receiving vaccine or
parent/guardian

Signature of person refusing vaccine

Signature of person who will accept vaccine in future
if transferred to acceptable area

DATE VACCINATED: 1. _____ 2. _____ 3. _____

Children & Youth Resident Rights

Every person has the right to make choices or decisions about matters, which affect them. If the person's judgment is impaired s/he may benefit from guidance. As service providers, we must all value and respect the right of the residents we serve to make choices by respecting their individual preferences, wants, and needs. When choices are acknowledged and supported, residents learn that they have some control over events in their lives.

The residents we serve are vulnerable to exploitation, exclusion, and other forms of rights denial. When resident's rights are violated it is often due to lack of information about how to encourage and teach residents to be assertive in expressing their rights.

We at Keystone are committed to delivering quality services. As an employee it is your responsibility to become informed about resident rights and take a proactive approach in helping residents learn about and assert their rights as individuals. This is an ongoing process which sensitizes and empowers the individual to assert his/her own rights and to gain the confidence necessary to express their opinion and enter into the decision making process.

The following is the statement of resident rights practiced at Keystone. These are reviewed with the resident upon admission, and annually thereafter.

Resident Rights

Admission procedures and the provision of services shall be made without regard to race, color, religious creed, disability, handicap, ancestry, national origin, age or sex. If you, or any person acting on your behalf, believe you have been discriminated against you may file a complaint of discrimination with The Director of Human Resources, KCR; Bureau of Civil Rights Compliance, Harrisburg; Office of Civil Rights, Philadelphia; or Pennsylvania Human Relations Commission, Harrisburg.

Upon admission to Keystone you will be informed of the facility services and related charges, of your rights and responsibilities and of all house rules, policies, and regulations governing resident conduct and responsibilities.

You are entitled, by law, to all of the rights stated in this document. If you believe any of your rights have been violated you may file a complaint with the Director of Human Resources.

You also have the right to be informed of these rights, orally and in writing, upon admission and annually thereafter. This list of resident rights is posted conspicuously in the facility. If you do not understand your rights you may request to talk with a representative of the facility, who may explain your rights to you or provide educational materials and information.

In the interest of protecting and promoting the rights of each resident in our facility, we support the following resident rights:

1. **The Right To Exercise Individual Rights** - You will be encouraged and assisted to exercise your rights as a resident of the facility and a citizen of the United States. It is your right to voice grievances and file complaints concerning treatment, and to recommend changes in policies and service, without interference, discrimination or reprisal for voicing grievances. You have the right to prompt efforts by the facility to resolve any grievances you may have.
2. **The Right To Be Treated With Dignity And Respect In A Safe And Caring Environment Where You Can Learn And Grow** - The right to be treated with dignity and respect includes the right to be free from:
 - a. physical abuse
 - b. verbal abuse
 - c. sexual abuse
 - d. psychological abuse

- e. neglect
- f. corporal punishment
- g. involuntary seclusion
- h. physical/chemical restraints imposed for purposes of discipline or convenience

The right to a safe and caring environment where you can learn and grow includes the right to:

- a. a living environment that is safe and free of hazards
 - b. a living environment that promotes your education and your interests
3. **The Right to Use of the Telephone** – It is your right to have regular but limited access to telephones with privacy for incoming and outgoing local and long distance calls.
 4. **The Right to Visit with Family** – If there are no outstanding restrictions either in your family service plan or by court order you have the right to visit on-site with your family every 2 weeks. Any restrictions must be noted in your treatment plan.
 5. **The Right to Receive and Send Mail** – You have the right to send outgoing mail. Incoming mail cannot be opened or read by staff persons unless there is reasonable suspicion that contraband, or other information or material that may jeopardize your health, safety or well being, may be enclosed. If there is reasonable suspicion that contraband, or other information that may jeopardize your health or safety may be enclosed, mail will be opened by the child in the presence of a staff person.
 6. **The Right to Communicate and Visit Privately With Your Attorney and Clergy**-You have the right to request visits from your clergy and attorney.
 7. **The Right to Appropriate Medical, Behavioral Health, and Dental Treatment**-You have the right to request and receive regular medical, behavioral health, and dental treatment.
 8. **The Right to Clean, Seasonal Clothing that is Age and Gender Appropriate**-We will provide you with clothing that is clean and seasonal, age, and gender appropriate.
 9. **The Right to Personal Privacy**-You have the right to privacy and confidentiality with respect to:
 - a. accommodations, especially in bedrooms, bathrooms, and during personal care
 - b. medical and other treatment
 - c. written communication
 - d. telephone communication
 - e. visits
 - f. meetings

Note: If you experience a time where the treatment team feels that you are a danger to yourself or others you may have limited privacy in regards to the above items.
 10. **The Right To Vote** - You have the right to vote at age 18. You have the right to be assisted, if necessary, in registering and voting in elections.
 11. **The Right To Freedom Of Religion** - You have the right to practice or abstain from the religious practice of your choice. Others may not impose their religious practices on you.
 12. **The Right To Be Free From Physical Restraint And Excessive Medication** - You have the right to

be free of unnecessary behavior control medication and unnecessary physical restraint. You have the right to competent medical supervision and treatment/programming, as medically appropriate, to reduce your dependency upon such medication and physical restraint.

- 13. **The Right to Payment For Work**-You have the right to refuse to perform services for the facility except for the upkeep of your personal area and your share in the upkeep of the common living area and grounds. If you choose to work for the facility your compensation will be consistent with state and federal law.
- 14. **The Right to Participate in Program Planning That Affects You**-You have the right to be informed of any treatment/programming related to your identified individual needs as well as information related to your medical condition, developmental, and behavioral status. You have the right to be informed of any associated risks of such treatment/programming and you have the right to refuse a restricted diet and medical treatment.

I have read or have had the above Residents Rights read to me. I have had the opportunity to ask questions regarding this policy and feel comfortable in my understanding of this policy. I have signed this document and have received a copy of it.

Signature of Resident: _____ Date: _____

Signature of Witness: _____ Date: _____

Signature of Witness: _____ Date: _____

I have read or have had the above Residents Rights read to me. I have had the opportunity to ask questions regarding this policy and feel comfortable in my understanding of this policy. I have signed this document and have received a copy of it.

Signature of Resident: _____ Date: _____

Signature of Witness: _____ Date: _____

Signature of Witness: _____ Date: _____

I have read or have had the above Residents Rights read to me. I have had the opportunity to ask questions regarding this policy and feel comfortable in my understanding of this policy. I have signed this document and have received a copy of it.

Signature of Resident: _____ Date: _____

Signature of Witness: _____ Date: _____

Signature of Witness: _____ Date: _____