

Iowa Vocational Rehabilitation Services (IVRS) APPLICANT'S RIGHTS AND RESPONSIBILITIES

To be eligible to receive vocational rehabilitation services, you must have a disability, which causes major problems in getting, preparing for, or keeping a job, and you must need vocational rehabilitation services to be able to work.

To determine if you are eligible to receive vocational rehabilitation services, we gather information under the authority of the Rehabilitation Act of 1973, as amended (29 U.S.C. § 701). This law is used to determine your eligibility, the category of severity of your disability, and to help develop a plan of services to reach a suitable vocational goal. Your provision of information is voluntary. A failure to supply needed information, however, may result in our inability to provide you services.

A. I understand that I have a right to:

1. A decision on my eligibility within 60 days of application, unless I agree in writing to extend the time.
2. A review of any decision denying my eligibility based on the severity of my disability, within 12 months.
3. Have all information provided by me or others to IVRS kept confidential. I understand information will only be shared consistent with federal and state laws and regulations. Information may be shared by telephone, e-mail, fax, electronic data exchange and/or U.S. mail. I understand that a release of information is not required for IVRS to obtain information needed to comply with the performance accountability requirements of section 116 of WIOA or to share information with state/federal partners who share common standards of confidentiality including the Iowa Department of Education, Iowa Department of Human Rights, Iowa Workforce Development, Iowa Department of Human Services, Iowa Department for the Blind, and the Iowa Developmental Disabilities Council. Examples of this may include, but are not limited to, matching State quarterly wage records with Iowa Workforce Development, accommodation discussions related to my Individual Plan for Employment with training program staff, placement providers, and potential employers.
4. I understand IVRS may access my wage and benefit records using my social security number to conduct claim reimbursement of IVRS service costs from the Social Security Administration. This information may also expedite an eligibility decision. IVRS will maintain the confidentiality of these records. I understand that if I do not want my social security number used for wage and benefit record activities, IVRS will still provide me services. I provide permission for IVRS to use my social security number and name for these purposes.

Yes

No

Applicant's initials

Guardian's initials (if applicable)

5. Contact the Client Assistance Program (CAP) for help with my interactions with IVRS. I can contact them by calling toll-free 1-800-652-4298, or emailing hdr.disabilities@iowa.gov. I may also contact them by writing CAP, Iowa Department of Health and Human Services, Early Intervention and Support, Division of Family Wellbeing and Protection, Lucas State Office Building, 321 E. 12th Street, Des Moines, Iowa, 50319.
6. Appeal any decision with which I do not agree. My appeal must be filed within 90 days of the decision. I may also choose to speak with my counselor's supervisor, where disagreements are often quickly resolved. Or, I may directly request mediation or a hearing before an impartial hearing officer. If I choose to discuss the issues with the supervisor and disagree with that decision, I may then request mediation or a hearing before an impartial hearing officer. If I choose a hearing, I will send a written request to Administrator, Iowa Vocational Rehabilitation Services, 1000 E. Grand Ave., Des Moines, Iowa, 50319.
7. IVRS services provided in compliance with all applicable state and federal civil rights laws. I understand all applicants must be served without regard to age, race, creed, color, sex, national origin, religion, disability, ancestry, sexual orientation, gender identity, or veteran status. If I believe I have been discriminated against based on one of these reasons, I may contact the Bureau Chief, Administrative Services Bureau, Iowa Vocational Rehabilitation Services, 1000 E. Grand Ave., Des Moines, Iowa, 50319, or call toll-free (800) 532-1486, Ext. 9.

B. I understand that if I am found to be eligible and I am in a category being served, I have a right to:

1. The assistance of my vocational rehabilitation counselor and/or someone else of my choosing in identifying a suitable vocational goal and determining the services, activities and providers needed to reach the goal(s) in my Individual Plan for Employment (IPE). If I elect to obtain the assistance from someone outside of IVRS, I understand that my vocational rehabilitation counselor must still determine if the plan can be supported by IVRS and agency funds allocated toward my plan.
2. Review, revise, and redevelop my IPE whenever circumstances require.
3. Know if I will be required to participate financially in any part of my IPE. My financial participation will depend on my income, my family's income, if appropriate, and other resources available to me.

C. I understand that I am responsible for:

1. Helping my counselor obtain information needed to determine if I am eligible for services, the severity of my disability, and to evaluate the progress of my IPE (for example, grade reports, medical records, financial assessments, etc.).
2. Working actively with my counselor and/or others of my choosing, to select a suitable vocational goal and identify the services, activities, and providers needed to help me reach the goal(s) in my IPE. I understand that my IPE does not go into effect until both my counselor and I have signed it.
3. Doing my part to move my case file decisions forward in a timely manner. I understand that if decisions cannot be made timely I will be asked to sign an extension; and failure to sign an extension could result in an unfavorable decision because then only the information on file is considered in the decision.
4. Informing my counselor of any conditions that might affect the severity of my disability and/or my ability to complete my IPE.
5. Keeping scheduled appointments.
6. Informing my counselor of any changes in my address and telephone number.
7. Managing my disability to improve my chances of becoming employed.
8. Discuss all purchases with my counselor and receive written prior approval before making any purchases associated with my IVRS program.
9. Applying for any financial assistance, which might be available to me from other sources, and informing my counselor of the results.
10. Participating, at least annually, in a formal review of my IPE.
11. Actively seeking employment consistent with my IPE and informing my counselor when employment is obtained.

These rights and responsibilities have been explained to me, and I have been given a copy.

Job Candidate Signature

Date

IVRS Representative Signature

Date

Parent or Guardian Signature

Date

IVRS Copy

Iowa Vocational Rehabilitation Services (IVRS) APPLICANT'S RIGHTS AND RESPONSIBILITIES

To be eligible to receive vocational rehabilitation services, you must have a disability, which causes major problems in getting, preparing for, or keeping a job, and you must need vocational rehabilitation services to be able to work.

To determine if you are eligible to receive vocational rehabilitation services, we gather information under the authority of the Rehabilitation Act of 1973, as amended (29 U.S.C. § 701). This law is used to determine your eligibility, the category of severity of your disability, and to help develop a plan of services to reach a suitable vocational goal. Your provision of information is voluntary. A failure to supply needed information, however, may result in our inability to provide you services.

A. I understand that I have a right to:

1. A decision on my eligibility within 60 days of application, unless I agree in writing to extend the time.
2. A review of any decision denying my eligibility based on the severity of my disability, within 12 months.
3. Have all information provided by me or others to IVRS kept confidential. I understand information will only be shared consistent with federal and state laws and regulations. Information may be shared by telephone, e-mail, fax, electronic data exchange and/or U.S. mail. I understand that a release of information is not required for IVRS to obtain information needed to comply with the performance accountability requirements of section 116 of WIOA or to share information with state/federal partners who share common standards of confidentiality including the Iowa Department of Education, Iowa Department of Human Rights, Iowa Workforce Development, Iowa Department of Human Services, Iowa Department for the Blind, and the Iowa Developmental Disabilities Council. Examples of this may include, but are not limited to, matching State quarterly wage records with Iowa Workforce Development, accommodation discussions related to my Individual Plan for Employment with training program staff, placement providers, and potential employers.
4. I understand IVRS may access my wage and benefit records using my social security number to conduct claim reimbursement of IVRS service costs from the Social Security Administration. This information may also expedite an eligibility decision. IVRS will maintain the confidentiality of these records. I understand that if I do not want my social security number used for wage and benefit record activities, IVRS will still provide me services. I provide permission for IVRS to use my social security number and name for these purposes.

Yes

No

Applicant's initials

Guardian's initials (if applicable)

5. Contact the Client Assistance Program (CAP) for help with my interactions with IVRS. I can contact them by calling toll-free 1-800-652-4298, or emailing hdr.disabilities@iowa.gov. I may also contact them by writing CAP, Iowa Department of Health and Human Services, Early Intervention and Support, Division of Family Wellbeing and Protection, Lucas State Office Building, 321 E. 12th Street, Des Moines, Iowa, 50319.
6. Appeal any decision with which I do not agree. My appeal must be filed within 90 days of the decision. I may also choose to speak with my counselor's supervisor, where disagreements are often quickly resolved. Or, I may directly request mediation or a hearing before an impartial hearing officer. If I choose to discuss the issues with the supervisor and disagree with that decision, I may then request mediation or a hearing before an impartial hearing officer. If I choose a hearing, I will send a written request to Administrator, Iowa Vocational Rehabilitation Services, 1000 E. Grand Ave., Des Moines, Iowa, 50319.
7. IVRS services provided in compliance with all applicable state and federal civil rights laws. I understand all applicants must be served without regard to age, race, creed, color, sex, national origin, religion, disability, ancestry, sexual orientation, gender identity, or veteran status. If I believe I have been discriminated against based on one of these reasons, I may contact the Bureau Chief, Administrative Services Bureau, Iowa Vocational Rehabilitation Services, 1000 E. Grand Ave., Des Moines, Iowa, 50319, or call toll-free (800) 532-1486, Ext. 9.

B. I understand that if I am found to be eligible and I am in a category being served, I have a right to:

1. The assistance of my vocational rehabilitation counselor and/or someone else of my choosing in identifying a suitable vocational goal and determining the services, activities and providers needed to reach the goal(s) in my Individual Plan for Employment (IPE). If I elect to obtain the assistance from someone outside of IVRS, I understand that my vocational rehabilitation counselor must still determine if the plan can be supported by IVRS and agency funds allocated toward my plan.
2. Review, revise, and redevelop my IPE whenever circumstances require.
3. Know if I will be required to participate financially in any part of my IPE. My financial participation will depend on my income, my family's income, if appropriate, and other resources available to me.

C. I understand that I am responsible for:

1. Helping my counselor obtain information needed to determine if I am eligible for services, the severity of my disability, and to evaluate the progress of my IPE (for example, grade reports, medical records, financial assessments, etc.).
2. Working actively with my counselor and/or others of my choosing, to select a suitable vocational goal and identify the services, activities, and providers needed to help me reach the goal(s) in my IPE. I understand that my IPE does not go into effect until both my counselor and I have signed it.
3. Doing my part to move my case file decisions forward in a timely manner. I understand that if decisions cannot be made timely I will be asked to sign an extension; and failure to sign an extension could result in an unfavorable decision because then only the information on file is considered in the decision.
4. Informing my counselor of any conditions that might affect the severity of my disability and/or my ability to complete my IPE.
5. Keeping scheduled appointments.
6. Informing my counselor of any changes in my address and telephone number.
7. Managing my disability to improve my chances of becoming employed.
8. Discuss all purchases with my counselor and receive written prior approval before making any purchases associated with my IVRS program.
9. Applying for any financial assistance, which might be available to me from other sources, and informing my counselor of the results.
10. Participating, at least annually, in a formal review of my IPE.
11. Actively seeking employment consistent with my IPE and informing my counselor when employment is obtained.

These rights and responsibilities have been explained to me, and I have been given a copy.

Job Candidate Signature

Date

IVRS Representative Signature

Date

Parent or Guardian Signature

Date

Applicant's Copy