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**Bill of Rights for Individuals**

* You have the right to treatment in the least restrictive setting available.
* You have the right to participate fully in the development of your treatment/habilitation plan; and if you have been admitted against your will, you are to be released as soon as you no longer need care and treatment. You have the right to treatment that is meaningful and appropriate to your individual needs.
* Unless you have been declared incompetent by a court of law and as an adult, you have the right to handle your personal affairs including making contracts, holding licenses, marrying, obtaining a divorce, writing a will, the control of your money and personal possessions, holding public office and appearing as a witness or defendant before a court of law.
* You have the right to be assisted in the assertion of your civil rights, to see a lawyer or advocate at any time and to be represented by him/her.
* You have the right to receive and send unopened letters and to have readily access to telephones.
* You have the right to the freedom of thought conscience and religion and the right to unrestricted private communication.
* You have the right to make complaints and to have your unresolved concerns heard and resolved promptly.
* You have the right not to be subjected to any harsh or unusual treatments.
* You have the right to not engage in labor that is forced or productive labor for which you are not legally compensated.
* You have the right to be free of the forced wearing of distinguishing marks, clothing or labeling that will subject you to prejudicial treatment.
* You have the right to no be discriminated against in the areas of treatment, employment, finance or housing, because of race, creed, color, national origin, sex, age, mental or physical disability, sexual preference or limited English proficiency.
* If you are under the age of eighteen, you have the right to educational opportunities that are at least equal to those available to the general public.
* As an adult, your freedom of movement may not be involuntarily restricted without due process administered by a court of law.
* You or your guardian have the right to voluntarily agree to restriction of rights and privileges for a limited period and as a condition of your treatment, provided you, your guardian, or a court of law feel such restrictions are in your best interest and are not in violation of your civil rights.

**If you are 60 years of age or older, the following rights apply to you as well**

The program director / administrator shall ensure that individuals are, to the extent of their ability, aware of the rights specified in this section. Responsible parties shall also be made aware of individual rights. Individuals attending the Adult Training Facility have rights which include the right to:

* Be treated with dignity and respect, including privacy in treatment and in care for personal needs.
* Participate in development and implementation of the individual’s plan of care.
* Be fully informed regarding the services to be provided, including frequency of services and treatment objectives, as evidenced by the individuals or responsible party’s written acknowledgement.
* Receive services designed to promote the individuals functional ability to the optimal level and to encourage independence.
* Be accorded safe, comfortable and healthful accommodations, furnishings and equipment to meet the individual’s needs.
* Be free from abuse, neglect and exploitation.
* Exercise the right to attend or to refrain from attendance and participation in religious activities, if offered.
* End participation at the center at any time.
* Be free from restraints, seclusion and aversive conditioning.
* Be free to contact and meet privately with representative of the Long-Term Care Ombudsman Program
* The center shall post in a prominent place in the center the list of Individual rights in English and other predominant language of the community.
* The program director/administrator shall ensure that Individual rights are explained to each individual and responsible party orally in a language understood by the individuals and responsible party.

\_\_\_\_ I do wish to vote and want to register.

\_\_\_\_ I do not wish to vote.

\_\_\_\_ I am currently registered to vote.

* I have read or have had the Bill of Rights explained to me. I understand that while I am a participant in the Adult Training Facility at Crossroads Services, Inc., that these rights will be upheld and honored.

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Individual Name (Printed) Individuals Signature Date

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Parent / Guardian / Caregiver Name (Printed) Parent / Guardian / Caregiver Signature Date