

**HANDBOOK FOR INDIVIDUALS RECEIVING RESIDENTIAL SERVICES**



## **Introduction**

Welcome! We are happy you chose this company to receive housing and programming services.

This handbook is yours to keep. Use it if you have any questions or concerns about the services you receive. If you wish, someone will read this book to you. Someone may also talk with you about the book, or show you a video about the group homes.

It is our goal to allow you as much freedom, dignity, and choice of activities in your life as possible.

We also want you to enjoy good health, to be safe, to keep your bills paid, to enjoy community activities, and to improve your life as much as possible.

It is our job to help you with decisions and choices in these areas so that your life may be happy.

## **Mission Statement**

The mission of this company is to provide the highest quality of services to persons with disabilities in order to enhance each individual's health, choices, freedom, and dignity.

We believe:

Each person who enters our program comes to us with their own unique characteristics, needs, and desires.

Each person who enters our program will have individualized goals and objectives established for his or her own unique needs. We tailor the program to fit the individual's needs rather than attempt to fit the person into a program.

Each individual deserves a person-centered approach to learning.

Our programs direct the individual on a path towards independence.

Our expectations for each individual are high.

**Important Telephone Numbers**

Your New Home: Telephone \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your Home Director: Name \_\_\_\_\_  
Telephone \_\_\_\_\_

Your Day Program: Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Telephone \_\_\_\_\_

Your Guardian/Advocate: Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Telephone \_\_\_\_\_

Your Doctor: Name \_\_\_\_\_  
Telephone \_\_\_\_\_

Other Information:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **General Admission Policies**

This facility accepts referrals for services for individuals with developmental disabilities. The person must be eighteen years of age or older unless a special interdisciplinary team determines the needs of a younger person may best be met in the facility.

The individual may be eligible who has mental retardation that results in a need for active treatment. Alternatively, one may have any related condition other than mental illness or infirmities of aging that results in the need for active treatment required for persons with mental retardation, and requires treatment or services similar to active treatment required for person with mental retardation.

Age of onset prior to 22 years old, likelihood that the condition will continue indefinitely, and substantial functional limitations in three or more of the major life areas which are self-care, understanding and use of language, learning, mobility, self-direction, and capacity for independent living all deem eligibility for admission consideration under "related conditions".

### **Individual Input Policy**

During the time you spend in purchasing services from this company you may be asked to have input into some of the policies and procedures, and into how we conduct business.

You may be asked to sit in on an interview to hire staff to work in your home.

You may be asked to attend a council meeting which discusses issues important to you.

You may be asked to work with someone to complete a survey to discuss the areas in your life and in this company which you would like to change or improve, and those which you like the way they are.

If at any time during your stay you have a question about how this home is run, or about your time spent in the home, do not hesitate to ask! This is your home, and we want you to be happy living here!

## **Your Room**

Persons who live in an ICF/DD home share a room with one other person. There is plenty of closet space, a chair, a nightstand, and beds in each room.

If you live in a CILA home, you may have your own room, or you may have a roommate, depending on the type of house you are living in.

If there is more than one room available at the time of your moving into your new home, you may be able to pick out which room you want to live in. We will make certain your room meets any special needs you may have.

Your bedroom is your own private space. Your housemates cannot enter your room without your permission.

Staff who work with you will always knock before they enter your room.

If you want, you may bring some of your own furniture for your room. If you are moving into a CILA home, you may go shopping with someone to pick out the items you want to have in your home.

If you live in an ICF/DD home, the items may already be purchased. We will make certain you have sheets, pillows, blankets, bedspreads, towels, and washcloths. If you want, you can buy your own bedspread or linens.

### **Personal Possessions**

You should be able to enjoy your own personal possessions.

To make certain you keep your own things, we will make a list of the items you bring with you when you first move in. We will also add to the list anything new you buy later on.

If you think something is missing from your room, tell the house director right away so a search can begin.

You or your guardian may ask that valuables that you do not use daily be labeled, recorded, and kept locked up for you. If we do this, you can get them any time you want, and we will help you in getting them.



## **Money And Personal Funds**

We will give you help with your money management to the extent that you need help.

We may help you decide what you want to buy, or how you want to pay for something. You will have personal spending money taken from your own funds.

We will help you keep an interest-bearing personal savings account. If you are ready for a checking account, we will help you with that, too.

If you want to keep your own spending money, we will help you keep track of it. If you want us to lock your money in a safe place, we will do that for you.

We will always keep a record of your personal funds account, and will mark down each time you put money into your account, or take money out of your account.

We will keep a receipt of all you buy, and you and/or your guardian will get a record of your money transactions on a quarterly basis. Any time you want someone to explain to you about your money, just ask.

If you live in a CILA program, you will get Social Security money and possibly food stamps each month along with any money from your jobs or day program.

If you live in an ICF/DD group home, you will receive \$30.00 each month from your SSI monies. The rest of your SSI monies will go to for the cost of your care. This is a state regulation which we must follow.

## **Safety**

Top priority is given to your being safe and well.

We want you to have as normal an environment as possible to learn new skills and develop independence, and we also want to make certain you are safe while learning these new skills.

If for some reason you are missing from your home or day program, we will immediately try to locate you. We will call your family and/or guardian and tell them you are missing. We may also tell your doctor and the police.

We may tell the Illinois Department of Mental Health if you are living in a CILA home and cannot be located, and we may tell the Illinois Department of Public Health if you are living in an ICF/DD home and cannot be located.

We will let everyone know when you are found.

You will be trained on a regular basis on how to react to a fire, a tornado drill, bad weather, snow, or heat, or any number of other disasters or emergencies. You may receive first aid training, or be in a class to know what to do if there is an emergency.

### **Day Programs/Jobs**

Unless special arrangements are made, you will attend a day program or job site for at least five (5) hours each day, and two hundred forty (240) days per year. The day program will provide transportation for you.

The director of the home will make certain you are kept busy and active while in your day program. The director of your home will meet with people working in your day program to make certain you are working on goals that meet your needs. Some of the goals you will work on in your day program may be the same ones you will work on in your home.

If you receive a paycheck, you will receive help on depositing your check, and managing your monies. If you live in an ICF/DD, and make \$20.00 or more during a month, the Illinois Department of Public Aid requires you to pay a portion of your cost of care. The director of the house will let you know each month if you need to send in a check to help pay for your room, board, and care.

## **Food**

This is an important area, and we want you to be satisfied with what you eat!

During the week, you will receive a breakfast and dinner at home. You will take your lunch to the day program, or to your community job site. You will get three hot meals on weekends.

We want you to learn how to cook and take care of yourself in the kitchen, so we may have you on a goal to learn those skills. You will be supervised in the kitchen so that all goes well.

If you live in an ICF/DD, a CRA, or a CILA home, a dietitian will make certain staff know about the proper nutrition you need.

You do not have to pay for your food.

If you live in a CILA or CRA home, you are eligible for food stamps. The director of the home will help you with your food stamps applications.

If you have special foods which you want to eat or do not want to eat due to your religious beliefs, we want to know that so we can assist you with your food choices.

If you want to store food in tin containers in your room, just ask the house director so that we can make certain your food is stored properly and safely. Some foods may need to be stored for you in the home's kitchen, and some foods you may be able to keep in your own room.

## Health Care

From time to time, you may feel ill. We have staff trained in your home to know what to do if you feel sick. You may stay home from your work, or you may need to see your doctor. We will do all we can to help you feel better.

If you need to go to a hospital, staff will take you, or make certain you arrive there safely, and will stay with you for as long as needed. Your house director will tell your family and/or guardian if you are in the hospital, or if you are really sick.

If you take medications, they must be ordered by your doctor or your dentist. This applies to prescription as well as over the counter drugs.

You will be trained by staff in self-medication after your doctor indicates you can receive the training. Supervision, training, and/or oversight of your self-medication program will be provided by staff persons working at the home.

We will make certain all of your medications are stored correctly, and we will also make certain staff are trained to help you with your self-medication.

If you live in an ICF/DD, the nurse may see you on a monthly basis to make sure you are well.

It is important to us that you are healthy and well, and we will do all we can to meet any medical needs you may have.

### **Televisions/Telephones**

We will provide at least one television.

If you want to have a T.V. in your room, you must be able to pay for it.

We will also provide a stereo and DVD player for all to share and use.

We will make certain you have a telephone in your home. If you live in a CILA home, you will share the bill with your other roommates.

If you live in an ICF/DD home, there will be two telephones in the home. You are expected to pay for all of your long distance calls, or have the operator place the calls collect to the party you are calling.

If you need a special device to help you make telephone calls, or a special device to help you hear your telephone calls, we will provide those needed devices or equipment.

## Activities

We want you to have good, healthy fun in our homes, and we will make certain you are active in your community.

Sometimes you may go out in your community by yourself or with another staff, depending on your program. Sometimes, too, you will go on outings with a group of your friends and persons who live with you.

We will ask you to help us decide what activities you would like to do, and we will try to make certain you are able to do some of these activities. We can help you to save money to join in with a special activity.

Some of the recreational activities you may choose include bowling, swimming, walking, going on picnics, going to parks, going to baseball, softball, or basketball games, being a member of a local organization, going to Bingo, or taking an exercise class. Usually you will pay for any outing from your funds. This will be discussed with you at the time you make out your weekly budget plans.

We think it is important for you to be an active member of your community! Let us know if there is something you would like to do.

## Assessments

When you first move in to your home, you will have many appointments.

You may go to your doctor for a physical, you may go to your dentist, eye doctor, or your physical therapist. People may come to your home to meet you, and to ask you a few questions. These persons may include the nurse, a speech and language therapist, a dietitian, a psychologist, a psychiatrist, an occupational therapist, a vocational evaluator, or a social worker.

After you meet with all of these persons, a report will be given to your house director. The director will then meet with you and your guardian/advocate to discuss the results of the tests.

If there is an area which you may need to do some extra work in, then you and/or your guardian may decide you want a goal written for that area.



## **Program Plans**

Thirty days after you move into your new home, there will be a meeting with people you invite and who are interested in how you do in your new home. These people, including you and your guardian/advocate if you have one will decide the goal areas you will work on while you are living in the home.

Before the meeting, we will ask you, your guardian, or an associate to list the things that are important to you in your life. We will want to know what you like and dislike, the things you enjoy about your home and work, and the things you may want to change about your life. This is called a person-centered approach to forming your program plan.

Goals which you and your team may decide for you to work on can include such things as learning how to rinse the shampoo from your hair, learning how to manage your money, or take your own medications, learning how to keep your room clean, or how to do your own laundry.

Until you learn a skill for yourself, staff will help you when you need help or assistance.

These goals are called your Individual Service Plan if you are in a CILA house, or your Individualized Program Plan if you live in an ICF/DD home. Each month the director of your home will look at your plan to see how you are doing. The director may have a conversation with you about your progress.

We will help you to learn new skills and become more independent in your life. We also will help you to keep the skills you already have.

We get really excited when you learn something new for yourself, and we think you will, too!

### **Home Visits And Family Contact**

We want you to enjoy good family contact. There is no limit to the number of home visits.

We would like it if your family would call at least 24 hours in advance of your home visit so we can help you get your clothes and medicines ready.

Visiting hours in the ICF/DD are from 9:00 a.m. to 8:00 p.m. Any family member who wants to see you during times other than these may certainly do so. We just need for the family to call the house director to schedule the visit.

You will be busy and active living in your new home, so your family needs to call before they come to make certain you will be there to meet with them.

If your family wants to visit you in your new home rather than take you out, they can do that. We will make a room available for you to have a private visit.

## **Confidentiality And Personal Records**

This company ensures the confidentiality of your personal records in accordance with the Act and will ensure safekeeping of all records against a loss or destruction.

No one can read your files or have copies of your papers unless you or your guardian give permission for that to happen.

Confidential records are maintained for you that are adequate for:

- Planning and continuous evaluation of your service plans.

- Furnishing documentary evidence of your service plans.

- Protecting your legal rights, as well as staff's and facility's legal rights.

A single confidential file is maintained for you. It is called your personal history book.

Access to your personal history book is limited to those having legitimate and authorized purposes for having it. You may gain access to your personal history book by asking for it, or by writing a request for it.



## **Complaint/Grievance Policy**

If something does not go the way you think it should, or if something is bothering you about how you are treated, or about the services you receive, we want you to talk with staff about it. Begin by talking with the house director or the administrator of the house. If you still are not happy about the situation, or want something to change for you, you can make a grievance.

You may register your complaint/grievance either in writing or verbally. You may at any time request a Complaint/Grievance form from facility staff.

All complaints/grievances brought to the attention of this facility will receive attention in regards to the nature of the complaint/grievance within the next three (3) working days.

If a resolution is not possible during that time frame, the facility staff will let you know when you should expect a resolution or response.

If the results of this investigation conducted by the facility staff do not resolve your complaint, you or your guardian/advocate next have the right to contact the facility Administrator/Operations Manager, then the home owner, and finally the Illinois Department of Public Health if you live in an ICF/DD home, or the Illinois Department of Mental Health if you live in a CILA home.

For the Illinois Department of Public Health between the hours of 8:30 a.m. and 5:00 p.m., Monday through Friday, you may write or call:

The Division of Health Facilities Surveillance  
Region 6  
Illinois Department of Public Health  
2125 South First Street  
Champaign, Illinois 61820  
Phone: (217) 333-6914

Weekdays after 5:00 p.m. until 8:30 a.m., and Saturdays, Sundays, and Holidays, call:

The Office of Health Regulation  
Phone: (217) 785-2629

This number is transcribing equipment. You should state your name, address, telephone number, and the facility you wish investigated. Please state your complaint. Be specific.

This is in accordance with the Nursing Home Care Reform Act of 1979 (Public Act 81-223), Section 3-209 (2)

All written complaints will be investigated by the Administrator and will be forwarded to the Regional Office of the Illinois Department of Public Health.

For the Illinois Department of Mental Health, you may call (217) 524-2515

1. You may report your grievances to any local, state, federal agency or other persons without threat of discharge or reprisal in any form or manner whatsoever.
2. If you think the Nursing Home Care Reform Act or rules promulgated under the act has been violated by the facility, you may request an investigation. The request may be submitted to the Department of Public Health in writing, by telephone, or by personal visit.
3. The facility has posted the name, address and telephone numbers of the appropriate state agency where complaints are lodged and posted.
4. The department procedure for investigating complaints under the act is posted with the name and address.

**Complaint/Grievance Form**

Note: Any individual may register a complaint/grievance without fear of reprisal. All complaints/grievances brought to the attention of this facility will receive attention in regards to the nature of the complaint/grievance within the next three (3) working days. If a resolution is not possible during that time frame, the facility staff will let you know when you should expect a resolution or response.

If the results of this investigation conducted by the facility staff do not resolve your complaint, you have the right to contact the Illinois Department of Public Health.

Person Making Complaint/Grievance: \_\_\_\_\_

Nature of Complaint/Grievance: \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

Signature

Date

Follow-Up: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature

Date

## **Conclusion**

We have told you about your new home in general terms. If you have any further questions, just ask!

We want you to know that we will do all we can do to make sure you are safe, well, happy, and learning exciting things.

You will be busy going to your day program, and enjoying the things the community has to offer!

We hope you adjust well to your new home, and will do all we can to help you.