



North Carolina Department of Health and Human Services  
Division of Vocational Rehabilitation Services  
Independent Living Program

**IL APPLICATION**

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

If you have a significant disability that keeps you from achieving your desired independence, and if it can be determined that with independent living services you can achieve a higher level of functioning within your family, home and community, and/or maintain employment, the Independent Living Rehabilitation Program may be able to assist you. All services the Independent Living Rehabilitation Program provides must directly relate to your goal of independence and must be outlined in the plan which will be developed jointly between you and your counselor. The plan could be changed if your circumstances change or new information is available. It may be terminated if it is determined that there is no longer a reasonable likelihood that you can benefit in terms of achieving your independent living goal.

**INFORMED CHOICE**

Informed choice is an ongoing process and partnership with your counselor which provides you the opportunity to make choices and selections about your individualized plan for independent living. Your counselor will give you information or help you to get the information you need to make informed choices throughout your involvement with the Division of Vocational Rehabilitation Services. Once you have this information, you will be asked to make choices about your IL goal(s), services, and service providers. Your counselor and other individuals will help you in making these choices if you need help.

In order to evaluate your application for services, it will be necessary to get some information about you. You will be asked to sign a form that allows your counselor to get information that already exists on you. If your counselor feels additional information is necessary or if it is necessary to provide limited services in order to find out more about you to do this planning, you will be given the full opportunity to participate in the choice of those services and who provides those services. If you are unsure of how to get the information you need to make an informed choice, your counselor will help you.

## **YOUR RESPONSIBILITIES:**

You and your counselor **Emily Beach** ( toll-free phone) **(888) 521 – 5054 ext 239** are partners in the Independent Living Rehabilitation Program. You will need to participate fully and sign your plan of services. That includes providing your counselor with the following information:

- Your functional limitations, disability-related information you have available, or problem(s) you are having and where information can be obtained to help determine your eligibility;
- You and your family's income
- Any changes in your address, phone number, health condition, financial status, job, or other areas that affect your Independent Living Program;
- Insurance, Medicaid, Medicare, or Worker's Compensation claims;
- Your independent living goal and services you anticipate needing to reach that goal.

## **COUNSELOR'S RESPONSIBILITIES**

- To gather the information needed to determine your eligibility within 60 days from the time you apply or less, or notify you why the Independent Living Rehabilitation Program cannot determine your eligibility in this time frame;
- To explain and guide you through the application process;
- To keep confidential any information gathered for eligibility according to Federal guidelines.

## **YOUR RIGHTS**

- To receive services for determining eligibility without regard to your race, color, sex, national origin, age, religion or disability;
- To be fully involved in choices about service providers during the application process and during the service program;
- To be fully involved in the development of your plan to achieve your independent living goal(s) and to be fully consulted regarding any amendment to your plan;
- To receive information in the most appropriate mode of communication for you;
- To discuss with your counselor's supervisor decisions with which you do not agree or any concerns you cannot work out with your counselor or to request an Administrative Review of the decision and/or an Appeals Hearing by writing the regional director.

## CLIENT ASSISTANCE PROGRAM

If you cannot resolve your concern or problem by talking with Independent Living Rehabilitation Program staff, you may call the Client Assistance Program (CAP):

Toll-Free, In-State 1-800-215-7227

Triangle Area (919) 855-3600

Email: [NCCAP@dhhs.nc.gov](mailto:NCCAP@dhhs.nc.gov)

Website: <http://cap.state.nc.us>

## CODE OF CONDUCT

In order to maintain a safe and supportive environment for our staff and customers we ask that you comply with basic safety requirements. While we encourage active participation and communication, we do ask that this be done in a civil manner even when there are disagreements or uncomfortable discussions taking place. Should you have concerns about how staff is relating to you that you are unable to work out with staff, you are encouraged to talk with the manager of the office or with the Client Assistance Program 1-800-215-7227. You are always welcome to bring an advocate or family member with you should you desire.

We have listed below a list of behaviors that are not acceptable for anyone in contact with our staff either in the office or in the community. These same expectations apply for our staff as well. It should be noted that violation of this code of conduct may result in immediate termination of services from the NCDVRS. In addition, law enforcement authorities may be contacted and appropriate legal action taken should a violation occur.

NO WEAPONS

NO THREATS, VERBAL OR PHYSICAL

NO AGGRESSIVE BEHAVIOR, VERBAL OR PHYSICAL

NO HARASSMENT

NO PROPERTY DAMAGE

Regional Director: Patricia S. Bland

Address: 200 Enola Rd, Suite 209

Morganton, NC 28655

Phone Number: (828) 433-2230

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Client

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Date

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Counselor

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Date



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Independent Living Rehabilitation Program  
245 Winkler's Creek Road, Suite A • Boone, NC 28607

### Income Verification

Income may be verified by using any of the following methods:

- Social Security Benefit Statement
- Bank Statement
- Photo copies of SS, SSI, or retirement checks
- Recent pay check stubs
- Recent income tax return

### Allowed Deductions

Deductions for the following expenses are calculated on a monthly basis and verified with receipts. These deductions may be used by persons who exceed the allowable income guideline.

1. Monthly Medical Expenses (prescription medications, doctor bills, supplemental health insurance premiums)
2. Equipment Expenses (oxygen, assistive devices, etc).
3. Personal Assistant Expenses
4. Child Care Expenses
5. Home or Vehicle modifications
6. College or Training Expenses
7. Legally mandated payment expenses (child support etc.)

### Allowable Net Monthly Income Guidelines

Number of Family Members	Allowable Net Monthly Income
1	\$1216
2	\$1639
3	\$2061
4	\$2484
5	\$2907
6	\$3330
7	\$3753
8	\$4176
For each additional family member add \$423	