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Client Handbook Review Committee

The Arc of Alameda County would like to thank the following individuals for their participation and teamwork involved in reviewing the Client Handbook.

Team Members:

San Leandro VDC Clients
Mei Liu
John Bennet
Robin Doss
Cesare Dimas

San Leandro AVP Client
Dania Leyva

Dublin VDC Clients
Victor Almeida
Holly Andersen

San Leandro Campus Staff:
Elynne Slade, VDC Habilitation Coordinator
Cecilia Chau-Connelly, AVP/VDC Program Director
Judy Vierra: Executive Coordinator/Customer Service Manager

Dublin Staff:
Michelle Modesitt Arnett, VDC Habilitation Coordinator

Facilitated By:
Shannon M E Jurich, Ph.D., CCO
Welcome to The Arc of Alameda County

Introduction

Thank you for choosing The Arc of Alameda County as your service provider. We are proud to be serving you and your circle of support. Our vision is that every individual and family affected by intellectual and developmental disabilities in Alameda County will have access to the information, advocacy, and skills they need to participate as active citizens of our democracy and active members of your community.

Your needs, choices and expectations are very important to us and we encourage you to fully participate in expressing your preferences with your staff, be it in your Initial, Annual or Semi-Annual Review Meetings, through your Annual Satisfaction Surveys, at your Council Meetings, as a Client Representative of the Board of Directors, and/or at any other time.

The following Handbook is given to you and/or your representative for review. Portions of this handbook are reviewed during your annual meetings. Please contact any staff member at the program with any questions you may have.

The Arc of Alameda County
Program and Services Handbook for Clients

The Mission, Vision, and Core Values of The Arc of Alameda County

Mission:
The Mission of The Arc of Alameda County is to provide advocacy, support, and education to persons with intellectual and developmental disabilities and their families throughout Alameda County.

We will achieve this by promoting our Vision and Core Values.

Vision:
Our vision is that every individual and family affected by intellectual and developmental disabilities in Alameda County will have access to the information, advocacy, and skills they need to participate as active citizens of our democracy and active members of their communities.

People with intellectual and developmental disabilities and their families shall have access to the supports they need to live a decent American life.

- By assuring they are valued, respected, and included in all communities.
- By assisting them in choosing their services and supports from many available sources.
- By empowering them through nonprofit advocacy, and assuring that State and Federal governments administer programs and set budgets that meet everyone’s needs.

Core Values:

1. People First. The Arc of Alameda County works toward ensuring that all people have the fundamental moral, civil, and constitutional rights and opportunities to live, learn, work, play, and worship in communities of their choosing.

2. Democracy. The Arc of Alameda County is an organization of, by, and for people with intellectual and developmental disabilities and their families. Our policy decisions are made by informed voting members.

3. Visionary Leadership. The Arc of Alameda County leads by promoting its Mission and Core Values. We lead with integrity and accountability through open, honest, and timely communication. We work with individuals, organizations, and coalitions in a collaborative fashion. There is a valued partnership with volunteer and staffing leadership at all levels of the organization that provides mutual support for their respective roles.

4. Community Participation. The Arc of Alameda County works toward and believes in the Community Imperative: that all people have the fundamental moral, civil, and constitutional rights to live, learn, work, play, and worship in safe and healthy communities of their choosing.
Mission, Vision and Core Values Continued:

5. **Diversity.** The Arc of Alameda County seeks and supports diverse leadership and membership. Our concept of diversity includes but is not limited to race, ethnicity, religion, age, socio-economic status, geographic location, sexual orientation, gender, family status, and level of disability.

6. **Integrity and Excellence.** Members and leaders of The Arc of Alameda County promote our Mission and Core Values with integrity and accountability. We conduct our business according to the highest ethical standards.

**Staff and Leadership Expectations**

The Arc of Alameda County strives to reflect its Core Values in the day-to-day activities and performance of all staff and leadership. This is demonstrated by the recognition by all employees and volunteers that:

Persons with intellectual and developmental disabilities...

...Have the right to be included as members of communities in which they choose to live and shall receive the supports they need from people committed and skillful in supporting their inclusion and community memberships.

...Shall enjoy the rights and respect of their status as citizens and human beings, and shall be supported by people who respect their citizenship and rights, support them in exercising their rights, and assist them in the knowledge and skills of active and effective civic participation.

...Deserve opportunities and support to live their lives as independently and productively as they are able and to be supported and taught in a manner that continually expands their skills and opportunities for independent and productive living, using person-centered principles and positive behavior practices and approaches.

...deserve access to safe and healthy environments, to information that assists them in making safe and healthy decisions, and to medical, dental, and mental health services they need, and to be supported in a manner that maximizes the benefits they derive from safety and health-oriented environments, information, and services.

...Have the right to live self-directed in which their preferences and choices are the primary factors in determining the direction and activities of their daily lives, the settings in which those lives are lived, and the people with whom they share their lives, including those from whom they receive direct support and other services.

...Have the same basic needs for family, social, spiritual, and intimate relationships as do other human beings, and deserve the supports that recognize and facilitate response to such needs.
Family/Medical Leave Act Policy (For Clients)

State and federal family and medical leave laws provide up to 12 work weeks of unpaid family/medical leave within a 12-month period, under the following conditions:

♦ The employee has more than 12 months of service
♦ The employee has worked at least 1,250 hours during the previous 12-month period before the need for leave
♦ The employee is employed at a work site where there are 50 or more employees within a 75-mile radius.

Leave may be taken for one or more of the following reasons:

♦ The birth of the employee’s child, or placement of a child with the employee for adoption or foster care
♦ To care for the employee’s spouse, registered domestic partner, child, or parent who has a serious health condition
♦ For a serious health condition that makes the employee unable to perform his or her job.

FOR MORE INFORMATION, PLEASE CONTACT YOUR HABILITATION COORDINATOR, SUPERVISOR, JOB COORDINATOR, OR INSTRUCTOR.

Mission, Vision and Core Values Continued:

…Who require direct support to fulfill basic rights, needs, preferences, and responsibilities, deserve to receive those supports from people who have the necessary knowledge, skills, and attitudes to do so competently and effectively.

…Who require direct support deserve to receive that support from people who do so from an ethical and value-based foundation of recognition and commitment to the rights and inherent value of all people, and to protect individual, civil, and religious freedoms, privacy, autonomy, and equality.

Persons with intellectual and developmental disabilities and those persons who support them must experience opportunities for leadership with encouragement, education, mentorship, and favorable circumstances to develop their leadership skills, and to advance in roles and careers in which their leadership can be exercised.
Important Names and Numbers

This booklet has been issued to: ____________________________

Date: __/__/____

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ronald Luter</td>
<td>President/CEO</td>
<td>510-394-9880</td>
</tr>
<tr>
<td>Judy Vierra</td>
<td>Executive Coordinator/Customer Service Manager</td>
<td>510-394-9881</td>
</tr>
<tr>
<td>Cecilia Chau-Connolly</td>
<td>Program Director, San Leandro AVP &amp; VD Programs</td>
<td>510-394-9886</td>
</tr>
<tr>
<td>Renee Tuttle</td>
<td>Campus Director, Hayward</td>
<td>510-582-8151</td>
</tr>
<tr>
<td>Rosie Llamado</td>
<td>Campus Director, Livermore</td>
<td>925-294-8931</td>
</tr>
<tr>
<td>Phyllis Pippins-Roberson</td>
<td>Program Director, San Leandro SCOPE</td>
<td>510-477-0896</td>
</tr>
</tbody>
</table>

You are an important part of our program. Good attendance is necessary.

If you will be absent or late, please call:

Important Contacts

**CHARTER OF RIGHTS FOR ADULTS WITH DEVELOPMENTAL DISABILITIES**

**TO BE TREATED AS AN ADULT HUMAN BEING**
- Be treated in a fair way
- Be treated with respect
- Not to be teased, called names, or hurt in other ways
- Have friends
- Go out and have fun
- Have someone to love
- Get married
- Have children
- Take care of my own money
- Have control in my own home

**LAWS THAT PROTECT ME**
- Not to be discriminated against for things like being female or male, the country my family comes from, my skin color, my religious beliefs, who I choose to love or my disability.
- Get the same medical care as other people.
- Be treated gently if I get medical care.
- Be given enough things to help me decide (make informed choices).

**MAKE INFORMED CHOICES & DECISIONS IN MY LIFE**
- Make decisions & choices based on my feelings, beliefs & what is important to me.
- Decide what I want & what will happen to me in the future.
- Choose where I want to live.
- Decide who comes into my home.
- Choose the services I use.
- Have choices when I use services, including where I live, what I eat, what changes happen in my home, what I do, when I go to the bathroom, what my doctor says, what my doctor does to me, and many other things.

**ACCESS**
- Get services in my community
- Have good (accessible) transportation if I need it.
- Use seating for people with a disability on regular transportation, if I need it.
- Be around easier if I use a wheelchair (for example, ramps, curb cuts, etc.)
- Be part of & have access to the community (things like jobs & recreation).

**PRIVACY**
- Spend time alone, if I want.
- Get help with taking care of money (from my trustee & others)
- Get help with making decisions (from my guardian & others)
- Get the same medical services & care as other people.
- Get the same things as everyone else who does the same job (for example: coffee and lunch breaks, medical benefits, vacation time and maternity leave.
- Get the same medical services & care as other people.
- Get help with making decisions (from my guardian & others)
- Get the same medical services & care as other people.

**SUPPORT**
- Get help, if I need it, with things like finding a place to live, making a budget & learning what I need to learn.
- Have staff & other supports (like family & friends) who treat me nice (kind, polite & with respect).
- Have supports who are helpful
- Not to be told off by supporters.
- Have enough money from the government to buy the services & support I need.
- Get help with making decisions (from my guardian & others) if I need it.
- Get help with taking care of money (from my trustee & others) if I need it.
- Have a say even if I need help making decision.

**SPEAK FOR MYSELF & BE LISTENED TO**
- Speak my mind & give my opinion
- Talk about my rights
- Not to be told off by supporters.
- Make complaints if I am not happy.
- Say “No”.
- Disagree with people.

**GOOD SERVICES**
- Have service providers I can count on.
- Be helped when it’s my time in line.
- Use the telephone without someone listening to what I say.
- Be part of & have access to the community (things like jobs & recreation).

**BAD SEXUAL PRACTICES**
- Have service providers I can count on.
- Be helped when it’s my time in line.
- Be given the same service as everyone else.
- Have doctors & dentists explain to me (not just to my parents, staff or others) when I need to have a second opinion.
- Have doctors & dentists explain to me (not just to my parents, staff or others) when I need to have something done, what it will cost & what will happen if I get it done.
- Be treated gently if I get medical care.
- Say “No” to medical care once I know what will happen if I say “No”.
- Be treated gently if I get medical care.
- Tell other people what I want to be treated.
- Be a responsible adult.
PERSONAL RIGHTS ADULT COMMUNITY CARE FACILITIES

Each client shall have rights, which include, but are not limited to the following:

1. A right to be treated with dignity, to have privacy and to be given humane care.
2. A right to have safe, healthful and comfortable accommodations, including furnishings and equipment to meet your needs.
3. A right to be free from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse, or other actions of a punitive nature. To be free from restraining devices, neglect or excessive medication.
4. A right to be informed by the licensee of provisions in the law regarding complaints, including the address and telephone number of the licensing agency, and of information regarding confidentiality.
5. A right to attend religious services and activities. Participation in religious services and other religious functions shall be on a completely voluntary basis.
6. A right to leave or depart the facility at any time, and to not be locked into any room or building, day or night. This does not prohibit the development of house rules, such as the locking exterior doors or windows, for the protection of the consumer.
7. A right to visit a facility with a relative or authorized representative prior to admission.
8. A right to have communications between the facility and your relatives or authorized representative answered promptly and completely, including any changes to the needs and services plan or individual program plan.
9. A right to be informed of the facility’s policy concerning family visits. This policy shall encourage regular family involvement and provide ample opportunities for family participation in activities at the facility.
10. A right to have visitors, including advocacy representatives, visit privately during waking hours provided the visits do not infringe upon the rights of other consumers.
11. A right to possess and control your own cash resources.
12. A right to wear your own clothes, to possess and use your own personal items, including your own toilet articles.
13. A right to have access to individual storage space for your private use.
14. A right to have access to telephones, to make and receive confidential calls, provided such calls do not infringe on the rights of other clients and do not restrict availability of the telephone in emergencies.
15. A right to promptly receive your unopened mail.
16. A right to receive assistance in exercising your right to vote.
17. A right to receive or reject medical care or health-related services, except for those whom legal authority has been established.
18. A right to move from a facility in accordance with the terms of the admission agreement.

Reference:
California Code of Regulations, Title 22, Division 6 - General Licensing Regulations, Section 80072; Section 81072, Social Rehabilitation Facilities; Section 87872, Residential Care Facilities for the Chronically Ill.
Program Descriptions Continued:

Alternative Ventures Program (AVP)
The Arc of Alameda County Alternative Ventures Program (AVP), is a person-centered program for individuals who wish to be in a creative life skills program that included community outings (volunteering, some paid work in the community, Life Links golf program, etc. as well as in program training and goal setting

Levels of Contact for this program are:

⇒ Instructor
⇒ Program Director/Campus Director
⇒ President/CEO

Community Services (CS) - Community Employment (CES), Group (GP) and Individual Placements (IP)
The Arc of Alameda County provides extensive job-related support, either in a one-on-one or in a group setting in community employment services. There is ongoing follow-up support as needed to ensure continued success. Arc identifies and develops employment opportunities for individuals and group placements.

Levels of Contact for this program are:

⇒ Immediate Supervisor for GP
⇒ Job Coordinator for IP
⇒ Program Director
⇒ President/CEO

Program Options

Options for growth beyond your current program to other Arc programs, like the vocational development centers, also include off-site groups and or substituting at group placements.

Clients have the right to request transfers within programs once they have completed their probationary period (3-6 months) and are screened and deemed eligible and appropriate for the transfer program. If you’re placed in a community employment service job that results in a job loss, you may return or transfer to a Vocational Development Center without being on a waiting list. You will have priority for appropriate job openings in the community. However, if you have a job loss in the community and want an immediate new employment opportunity, you will be placed on a waiting list until an appropriate job opening in the community becomes available. You will have the choice of staying with The Arc of Alameda County or being referred to another supported employment agency.

Transferring From Program To Program

Clients have the right to request transfers within programs once they have completed their probationary period (3-6 months) and are screened and deemed eligible and appropriate for the transfer program. If you’re placed in a community employment service job that results in a job loss, you may return or transfer to a Vocational Development Center without being on a waiting list. You will have priority for appropriate job openings in the community. However, if you have a job loss in the community and want an immediate new employment opportunity, you will be placed on a waiting list until an appropriate job opening in the community becomes available. You will have the choice of staying with The Arc of Alameda County or being referred to another supported employment agency.
Checklist For VDC Client To Participate In An In-House And/Or Job/Offsite

✓ Monthly Attendance 95%+
✓ Adherence to all health & safety rules
✓ Adherence to all program rules
✓ Adherence to client code of conduct
✓ Adherence to client orientation
✓ Participates to highest levels in IHSP/ISP Meetings
✓ Does not cause inappropriate behaviors
✓ Has motivation and interest must enjoy work, follow safety rules, participate in other services as needed

✓ Meets physical requirements, strength, stamina, coordination of job and deal with reasonable accommodations
✓ No threats to self or others
✓ Willing to improve grooming/hygiene for work
✓ Arrives clean and presentable
✓ Arrives timely
✓ Independent for personal care and activities of daily living
✓ Can perform sequence of tasks with good quality
✓ Follows instructions and directives
✓ Can attend program 5 days per week, six hours per day
✓ Can pass the required physical and essential job description

Checklist For VDC Client To Obtain CES Job

GROUP

✓ Can work with 1:3-4 with supervisor
✓ Fosters independence and adaptive behaviors
✓ Assists with changes in work schedule
✓ Attends required meetings
✓ Strives to meet employer’s standards
✓ Makes necessary changes
✓ Partially realistic view of work
✓ Meets physical requirements (strength, stamina, coordination of job-some reasonable accommodations)
✓ Meets employee requirements for socialization, communication, grooming hygiene, and health & safety rules and requirements
✓ Able to interact positively
✓ Behaviors don’t interfere with work
✓ Meets minimum 95%+ regular attendance and punctuality required based on

Employers’ requirements 5-8 hours per day depends on schedule and work load

No Department of Developmental Services funds will be in accordance for the Employers assigned. Must be competitive offers.

No housing services are provided by law or regulations. This may differ in certain cases.
Checklist For VDC Client To Get CES Job Continued:

CREW
✓ Arrives clean and presentable
✓ Arrives timely
✓ Independent for personal care and activities of daily living
✓ Can perform sequence of tasks with good quality
✓ Follows instructions and directives

INDIVIDUAL PLACEMENT
✓ Staffing is 1:1 with Job Coordinator intensives—may decline to natural support or end in competitive employment
✓ Fosters independence and adaptive behaviors
✓ Assists with changes in work schedule
✓ Attends meetings
✓ Strives to meet employers standards or makes necessary changes
✓ Realistic view of work
✓ Meets physical requirements (strength, stamina, coordination) of job—some reasonable accommodations may be available
✓ Meets employer’s requirements
✓ Able to interact positively
✓ Behaviors don’t interfere with work
✓ Independent for all personal care
✓ Meets job requirements with good quality and pace
✓ Sequence steps with minimal prompts
✓ Retains instructions
✓ Follows supervisor’s directions
✓ Meets employer’s attendance and punctuality standards

Civil Rights And Advocacy Assistance

In compliance with Title IX of the Civil Rights Act of 1964, it is the policy of The Arc of Alameda County to ensure that no person shall be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination in the provision of services on the grounds of race, color, religion, national origin, age, gender, sexual orientation or disabling condition.

What is Advocacy?
Support—giving aid to cause; active verbal support for a cause or a person
Encouragement—providing support that inspires confidence.

If you or your conservatee/ward is dissatisfied with the decision reached by RCEB, you then have the right to appeal such decisions. The following is a list of agencies and advocates who may be able to assist you if you feel you have been denied your civil rights.

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<tr>
<th>Clients Right Advocate (CRA)</th>
<th>Youth Law Center</th>
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<tbody>
<tr>
<td>Regional Center of the East Bay (RCEB)</td>
<td>200 Pine Street, Suite 200</td>
</tr>
<tr>
<td>500 Davis Street, Suite 100</td>
<td>San Francisco, California 94104</td>
</tr>
<tr>
<td>San Leandro, CA 94577</td>
<td>(415) 543-3379</td>
</tr>
<tr>
<td>(510) 618-6100</td>
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<tr>
<th>Area Board V</th>
<th>Community Care Licensing Adult Division</th>
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<tbody>
<tr>
<td>1515 Clay Street Suite 300</td>
<td>Department of Developmental Services</td>
</tr>
<tr>
<td>Oakland, California 94612</td>
<td>1515 Clay Street, Suite 310</td>
</tr>
<tr>
<td>(510) 286-0439</td>
<td>Oakland, CA 94612</td>
</tr>
<tr>
<td></td>
<td>(510) 286-4201</td>
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<thead>
<tr>
<th>Protection and Advocacy, Inc. (PAI)</th>
<th>Disability Rights Education and Defense Fund (DREDF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>100 Howe Avenue, Suite 255N</td>
<td>3075 Adeline St. #210</td>
</tr>
<tr>
<td>Sacramento, California 95825</td>
<td>Berkeley, California 94710 (510)</td>
</tr>
<tr>
<td>(916) 488-9950</td>
<td>644-2555</td>
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<tr>
<th>PSA-9-Alameda County Ombudsman, Inc.</th>
<th>Adult Protective Services</th>
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</thead>
<tbody>
<tr>
<td>7901 Oakport Street, Suite 3200</td>
<td>6955 Foothill Blvd. Suite 300</td>
</tr>
<tr>
<td>Oakland CA 94621</td>
<td>Oakland CA 94605</td>
</tr>
<tr>
<td>(510) 638-6878</td>
<td>(510) 577-1900</td>
</tr>
</tbody>
</table>

Area Board is a regional, state-funded organization which monitors activities affecting the legal, civil, and service rights of individuals with developmental disabilities.
Affirmative Action

The Arc of Alameda County gives equal employment opportunities to all persons without regard to race, color, religion, gender, age, national origin, disability, or sexual orientation.

Advocacy And Integration

It is our belief that decisions about where people work and the type of work they pursue should be based on personal values and preferences. Our services will focus on the needs and wants of individuals.

The focus of The Arc of Alameda County is to actively encourage and support the development of opportunities that provide the maximum integration of individuals who have intellectual and developmental disabilities into integrated community settings for employment, housing, education, recreation, and other experiences that enhance life. The Arc of Alameda County is committed to advocating for those we provide services to, and to assisting and supporting full participation in community life.

Policies on the Rights of Clients

What Is A Policy?
A policy is a rule that all staff and clients must follow when they work at The Arc of Alameda County. All these policies are in a book titled “The Arc Policy and Procedures Manual”. You can ask anyone at the program and they can show you that book. The following are policies or rules on how staff and anyone who works with you should treat you and your families.

Confidentiality—What Is For Your Eyes And Ears Only.
Confidentiality is about:
- Things that are written in your file.
- Things that you tell The Arc staff.
- Things that are said in meetings.
- Things you do when at The Arc.

Privacy—you Have The Right To Keep Information About You And Any Services That You Receive To Yourself.
Privacy is about:
- Getting phone calls without anyone listening to your conversations.
- Getting your permission to look in your work locker or backpack.
- Spending your money without asking if it’s okay.
- Keeping your own things, such as: in your locker or backpack that you can get into when you want.
Policies on the Rights of Clients Continued:

As An Individual Receiving Services, You Shall Have Freedom From:

Abuse
While you are receiving services from us, you will be safe from any physical, verbal, emotional/mental or financial abuse. No one can hit you, yell at you, and make you feel bad or borrow or take money from you. If any of these things happen to you, tell your staff person immediately.

Financial or Other Exploitation
The money you make or bring from home is for you to spend. No one can tell you to give them money or tell you how to spend your money. No one can make you do something you know is wrong or makes you feel bad. You have the right to say “no” to anything that makes you feel bad, sad, or puts you in danger.

Retaliation
If you see something wrong and you tell a staff person, you will not get in trouble for speaking out. No one can “get back at you” for speaking the truth or showing a staff that something is wrong.

Humiliation
You have the right to be treated well and with respect. No one should make you feel bad on purpose. No one can make fun or tease you about choices you make. No one can make fun or tease you about your disability, your race, your sexual orientation, your spiritual beliefs, the way you talk, or the things you like to do.

Neglect
You have the right to have a safe, healthful and comfortable place to live, work, and/or attend program. You have the right to be treated with humane care. You have the right to be listened to and have the help of others to get what you need. If you feel people are not listening to you or ignoring your needs, tell a staff person.

Your Rights According To The Lanterman Act

1. To be accorded dignity in personal relationships with staff and other persons.
2. To be accorded safe, healthful and comfortable accommodations, furnishings and equipment.
3. Not to be subjected to corporal or unusual punishment, humiliation, mental abuse, withholding of monetary allowances or punitive interference connected with the daily functions of living, such as eating or sleeping.
4. To be informed by the licensee of the provision of law regarding complaints and of procedures of registering complaints confidentially, including, but not limited to, the address and telephone number of the complaint receiving unit of the Department of Social Services, Community Care Licensing.
5. To leave or depart the facility at any time, except for minors and others from whom legal authority has been established. It is vital and very important you inform your Director, Habilitation Coordinator, Supervisor, Manager, Coordinator or Instructor before leaving so they can mark you absent and know you’ve left the building and are not missing!

Each program site has a posted Rights of Individuals Who Have Intellectual and Developmental Disabilities sign from the California State Department of Development Services. Your rights also include the following:

- You have the right to take a leadership role in planning your future.
- You have the right to say ‘NO’ to something that you do not want for yourself.
- You have the right to make your own decisions.
- You have the right to receive the support and assistance needed so that you can make informed choices.
- You have the right to succeed and to make mistakes.
- You have the right to receive information in your own language.
- You have the right to give input regarding your level of satisfaction with your program.
- You have the right to positive interventions before restrictive measures are used.
- You have the right to invite people that you choose to your meetings.
- You have the right to advocacy services if you need them.

Note: You may apply to be a member of The Arc of Alameda County’s Board of Directors. Let your Director, Manager, Habilitation Coordinator, Supervisor, Job Coordinator or Instructor know that you are interested. The Board Nominating Committee will interview you. Participation involves evening meetings once every two months and service on a committee.
**Important Legislation**

**Rehabilitation Act 504**
Landmark legislation that mandated priority services to persons with severe disabilities and required individualized written rehabilitation plans. It is commonly referred to as the Rehabilitation Act of 1973. Through section 503 of the Act, government contractors were required to develop affirmative action plans and further recruit and employ persons with disabilities. Section 504 prohibited discrimination because of one’s disability. In 1986, amendments to the Act defined Supported Employment as a service delivery option funded through vocational rehabilitation.

**Americans with Disabilities Act (ADA)**
The Americans with Disabilities Act of 1990 (ADA) makes it unlawful to discriminate in employment against a qualified individual with a disability. The ADA also outlaws discrimination against individuals with disabilities in state and local government services, public accommodations, transportation and telecommunications.

If you have a disability and are qualified to do a job, the ADA protects you from job discrimination based on your disability. Under the ADA, you have a disability if you have a physical or mental impairment that substantially limits a major life activity. The ADA also protects you if you have a history of such a disability, or if an employer believes that you have such a disability, even if you don’t.

If you have a disability, you must also be qualified to perform the essential function or duties of the job, with or without reasonable accommodations, in order to be protected from job discrimination by the ADA. This means two things: First, you must have the essential qualifications—such as education, employment experience, skills, or licenses, to perform the functions or duties of a job. Second, you must be able to perform the essential functions of the job with or without accommodation.

Essential functions are the fundamental job duties that you must be able to perform on your own or with the help of a reasonable accommodation. An employer cannot refuse to hire you because your disability prevents you from performing duties that are not essential to the job.

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**Rules and Regulations**

**Starting Your Program**
When you start your new Arc facility program, you will be shown around and will meet other program participants and staff. When you start your new job out in the community, you will be shown around and will meet other co-workers. A staff person will explain what your responsibilities will be before you start your training and/or work. You will also be given a Health & Safety orientation. If you have any questions and need more information, please ask us.

**Personal Information**
We need your help to keep your records up-to-date. If you move, change your name, telephone number, or change your medication, report the new information immediately. The staff will be requesting current information and completion of forms from time to time. Please complete, sign, and return all forms that you receive as quickly as possible. Any information about you is considered confidential. **YOU HAVE THE RIGHT TO REVIEW YOUR FILE UPON REQUEST.**

**Individual Planning And Evaluations**
We will work with your Support Team to develop an Individual Habilitation Service Plan or an Individual Service Plan (IHSP/ISP), from the day you start your program. After the first three to four months of enrollment, your performance will be evaluated. You will be asked to participate to the best of your ability to set your individual goals, but staff will be there to help out. Afterwards, regular evaluation meetings will occur every six months. A Support Team meeting will also be called, if necessary, for problem solving. Family members, care providers, case managers, and anyone else you want may attend your meetings.

At all times, you are encouraged to fully participate in meetings and share your true feelings, whether positive or negative. Our aim is to plan our services based on your choices and needs. Your input will help us serve you better.

**Client Code Of Conduct**
All participants are expected to adhere to the “Client Code of Conduct”. The Code must be reviewed and signed on date of entry into program and annually thereafter. Signatures are acknowledged on the annual sign off form, which includes the Client Code of Conduct, Informed Consent, and Titles 17, 22, and Charter of Rights. (See a copy of the full code following the Rules and Regulations Section).
Rules and Regulations Continued:

Safety In Program And Out In The Community
The Arc of Alameda County is dedicated to providing a healthy and safe work environment to all clients, employees, visitors, and volunteers.

Smoking
The Arc of Alameda County is a smoke-free environment. NO SMOKING is allowed in any of our buildings. Please obey the rules and smoke only in designated areas.

Drug-Free Workplace
The Arc of Alameda County is a drug-free environment. Anyone under the influence, possessing, using, selling alcohol, or any illegal, over-the-counter or non-prescribed drug is not allowed on the premises. Any violation is subject to termination.

Safety Checklist
A safety checklist and orientation will be given to you on your first day in the program. Your Habilitation Coordinator, Supervisor, Job Coordinator, or Instructor must go over it with you before you start. You have the right to ask questions regarding your safety, or the safety of others.

Lifting
It is important to protect your back! Your Habilitation Coordinator, Supervisor, Job Coordinator, or Instructor will train you on proper lifting.

Housekeeping And Safety
Equipment and materials must be stored away properly at the end of the program day. Burnable materials and trash must be properly stored or put/place in the trash bin. Everyone is responsible for keeping their program environment clean and hazard free.

Emergency Preparedness and Safety Drills
The Arc of Alameda County has safety drills throughout the year. No one will tell you when the drills will happen. When a safety drill is conducted, you are to follow the rules and do what staff tells you to do. Please remember to take each drill seriously. KNOW WHERE YOU ARE & WHICH SAFEST EXIT IS CLOSEST TO YOU.

Reasonable Accommodations Procedures For Clients
The Arc of Alameda County will consider all requests for reasonable accommodations. When reasonable accommodation cannot be made, The Arc will assist the client in finding resources that are accessible. If you need special accommodations you must fill out a request form and submit it to the appropriate person. (See a copy of the request forms at the end of the Rules and Regulations Section). rules for your program site.

The Arc of Alameda County Appeals/Complaint Form

FROM
Your Full Name_________________________________________________________________
Your Address __________________________________________________________________
Your Phone Numbers (home, cell) ________________________________________________

TO
The Arc of Alameda County
Attention: Campus Director, Program Manager, Center Coordinator, or Program Manager:
Address of the program where the person receives services
______________________________________________________________________________

A copy of this appeals/complaint should also be sent to the Quality Specialist at 14700 Doolittle Dr., San Leandro, CA 94577

The name of the individual receiving services _________________________________________
This letter is to appeal/complain about services that were received on ________________ (date) at ________________________________ (name of program/city/location).
Specifically, this is the appeal/complaint:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
(use other side of paper if needed)

By signing and dating this document, I acknowledge that I will receive a written response to this within three working days of receipt of the complaint form.

Signature _______________________________________________________________________
Date __________________________________________________________________________

Print Name _____________________________________________________________________
Relationship to Client

Issued: 9.95 Revised: 3.1.98 Revised 3.4.08
Grievances, Complaints, Appeals Continued

Your Complaint Should Include:
1. What the problem is.
2. Who is involved?
3. When did it happen?
4. Where did it happen?
5. What you want done about it.

Be sure to date your written complaint. Action will be taken within ten (10) working days. If you wish, you may request that the response to your grievance be in writing. “Actions” can consist of, written notice of your complaint, investigation of the complaint, and written decisions, such as: return to program or entrance to program, conditional return, temporary leave of absence, suspension, termination, etc.

Appeals Process
Any decision regarding your continuation, suspension, non-admission, or termination from The Arc of Alameda County can be appealed. Your first level of appeal should be to the first person listed under Program Descriptions, “Levels of Contact For This Program Are”. If you disagree with their decision, you can appeal to the President/CEO in writing within thirty (30) days. The address is 14700 Doolittle Drive, San Leandro, California 94577. The phone number is (510) 357-6619. The phone number is (510) 357-3569.

There will be no retaliation or retribution action against you, which means—no staff will get angry or take action against you or say anything bad about you concerning your appeals process. It also means the action will not result in barriers to your services as this is part of your appeals process.

If you still disagree, the President/CEO will give you the name of the Chairperson of the Board of Directors Board Program & Service Diversity Committee and advise you how to arrange to be placed on the agenda to further appeal the decision. If the Board Program & Service Diversity Committee upholds the decision of The Arc of Alameda County and the President/CEO, there are still additional options available to you to continue your appeal. The Arc of Alameda County Board Program and Service Diversity Committee Chairperson can inform you of these options. Management will conduct a formal annual review of complaints to determine any emerging trends or areas for performance improvement and activities/actions to be taken to minimize further complaints and issues. (see copy of Appeals/Complaint Form following)

Rules and Regulations Continued:

Dress Code And Hygiene
Program participants are expected to come to program clean and neat (bathed daily washed and combed hair, brushed teeth, and clean clothes without holes).

Program participants who come to program inappropriately dressed may be sent home to change or if they have a change of clothes with them will be asked to change.

Anyone entering the Vocational Development Center (VDC) work area is required to wear closed toe and heel shoes. Individuals working at a VDC or other programs where paid work/volunteer services are offered, may be required to wear hairnets, gloves or other forms of personal protective equipment (examples are lab coats, face masks, hearing protection, safety glasses, etc.), depending on the work. Individuals working in the community need to follow dress code and hygiene requirements established by their employer

No Client Shall Wear
- Mini-Skirts, Tank Tops, or Spaghetti Straps
- “See-Through” clothing, including tops that expose the mid-section
- Visible derogatory statements whether in clothing, apparel or tattoos
- Open-toe or open heel shoes, such as sandals or mules
- Loose clothing/jewelry that could be caught in wheelchairs, machinery
- or that can be grabbed
- Lanyards or other hanging/dangling items are not allowed.

Health Requirements
You will be requested to have a physical and TB clearance examination prior admission and annually thereafter. We encourage you to have a Tetanus shot for safety reasons. It is important that you continue to have yearly medical check-ups. You are required to send us annually, copies of your physical examinations. Please make sure your medication and immunization records are also up to date. Emergency and medical examination forms are available at your program, which also includes the medical consent release. All medical, dental and related appointments should be made either before or after program on your program day so it won’t affect your attendance.

Medications
When your doctor changes your medication in any way (which means the doctor starts you on a new medicine, changes the medicine, or increases or decreases the medicine that you’re taking), this needs to be reported to your Habilitation Coordinator, Supervisor, Job Coordinator, or Instructor.
**Rules and Regulations Continued:**

**Gifts To Staff Or Other Clients**  
It is against Arc policy for clients to give a gift to any staff member or for any staff member to accept a gift from any client.

**Bringing Personal Items to Program**  
Clients are discouraged from bringing valuable personal items from home to their program or job site. The Arc is not responsible for any loss, theft, or damage to personal items. All items, including such things as your backpack, lunch, etc., must fit into the size of your locker or cubby. If you cannot close your locker, this is a health & safety issue. Your phones should be in your locker but available to you for breaks and lunch. Bluetooth and other similar appliances also apply to this rule.

**Attendance and Absences**  
Regular attendance at program is very important. You are expected to be at program on time every day. If for an appropriate reason, such as illness or family emergency, you must be absent or late, you must call your Habilitation Coordinator, Center Coordinator, Supervisor, Job Coordinator, or Instructor before program starts. Please note The Arc does not pay clients for any time off from program. You are expected to maintain monthly a 95%+ attendance rating.

**SCOPE/Vocational Centers/Alternative Ventures Program/Group Placements**  
Leave or absence for medical or other necessary reasons may be granted if it is requested in writing and in advance of the time you will be gone. Please see your Program Director, Manager, Habilitation Coordinator, Supervisor, Job Coordinator, or Instructor, to request a leave of absence.

**Individual Placements/Direct Hire Group Placements**  
To request a leave from your job, contact your employer. However, if you need assistance with the request, please see your Job Coordinator or Supervisor before approaching your employer. Company policies vary for leave requests.

**Performance Requirements**  
Correct behavior at program or work means:

- Attend every day that you are scheduled to work
- Arrive on time
- Cooperate with your Habilitation Coordinator, Program/Campus Director, Supervisor, Job Coordinator or Instructor
- Respect the rights of others

You are also expected to help yourself by participating in your program plan and working to meet your goals. A staff person will go over specific rules for your program site.

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**Grievances, Complaints, And Appeals**

**What Is A GRIEVANCE?**  
A grievance is like a complaint. If you think that at any time you are not being treated fairly or with respect, you have the right to say something about it. The grievance could be about a report that was written about you and your work performance. It could be about a discipline that you got from your supervisor. It could be about wanting a change in your program and not getting it. We always want you to feel comfortable talking with your Habilitation Coordinator, work supervisor, or instructor. But sometimes you may not be happy with what they are saying and you want to talk with someone besides them. **That is your right!** However there are steps that you have to go through, so that your concerns are heard by the right people.

**Steps to follow for your grievance:**

1. Write down your grievance. If you are not comfortable with writing, ask a person that you trust to help you. It could be someone from your home, your parent, another Arc staff person, or your RCEB case manager.
2. As clearly as you can, write what happened; who is involved; the date it happened; where it happened; and what you want done.
3. See list of important names and numbers to determine whom to contact
4. You should hear back from each person within 3 business days. If you don’t or you are not okay with their response, send it to the next person on the list. If no one’s response is okay with you, your last person to write to is the President/CEO. He/she has 10 business days to respond.
5. You will receive a final answer no more than 10 business days from your original grievance.
6. We will make every effort to resolve the grievance.
7. If you are still not satisfied, you can look to the Client Advocates' Office, or the Area Boards. Their numbers are in your client handbook under Civil Rights and Advocacy Assistance. Or you can ask a staff person to help you find the names and numbers.

**If You Do Not Understand Any Of The Steps, Or What To Do, Ask Any Arc Staff And They Will Help You.**

**THIS PROCESS IS YOUR RIGHT. AT NO TIME CAN ANYONE STOP YOU FROM DOING THIS OR CAUSE YOU ANY PROBLEMS FOR WANTING TO SPEAK UP. NO ONE IS ALLOWED TO BOTHER YOU BECAUSE YOU HAVE A GRIEVANCE. YOU WILL NOT GET IN TROUBLE.**
Informed Consent

What “Informed Consent” Means:

Any time anyone asks you to make a decision about your daily life, program activities, where you want to live, who you want to live with, how you will spend your money or anything similar to those questions, you have the right to get all the information you need to make your decision. You should always get as much information as you can, from different people, so you have the facts before you agree to something or sign something or make a decision. You should be told if there are any risks or special concerns you need to think about before making an informed decision. That’s the “informed” part.

No one can make a decision for you without your okay. No one can sign you name to something without your okay*. That’s the “consent” part.

The Arc of Alameda County is committed to help you make informed decisions with your consent. If you want us to help you, we will:

1. Make sure you completely understand the decision you have to make.
2. Give you as many healthy choices that can help you.
3. Give you examples of what might happen if you make one choice over another.
4. Help you get information from other places.
5. Support you in the choices you make, as long as it will not hurt you or others.
6. To the best of our ability, make sure the choice you make happens the way you want it.

If at any time you feel that you are not being told everything that you need to know or you feel that you are being made to do something that you do not want to do, you should tell your staff person or the program manager right away and let your RCEB case manager know.

If you do not understand any of the steps, or what to do, ask any Arc staff and they will help you.

*The exception would be if you are conserved

The Arc of Alameda County

Client Code Of Conduct

I Will:

- Be responsible for my behavior.
- Act in ways that bring respect to me, my family and friends and other participants within the program.
- Not use bad/foul language, swear, insult or fight with other people. I will refrain from any form of personal abuse towards others, including verbal, physical, sexual, financial, and mental/emotional abuse.
- Not engage in any inappropriate contact or relationship with any other participant in the organization's programs.
- Participate actively in the program.
- Try new activities and learn new skills to the best of my ability.
- Have the choice to include my friends, brothers, sisters, or other family members in program activities unless they are so invited.
- Have the choice to inform my family or caregivers of my program activities. I will report any abuse or hurtful experiences.
- Be on time and dressed appropriately for all program activities.
- Let the organization know if my plans change and I am unable to keep an appointment or participate in an activity.
- Not expect the staff to buy me gifts, give me money or take me on expensive outings.
- Ask any staff or other participants if I may call him or her. If he/she agrees, I will be reasonable and responsible about the time of day and how often I call.
- Keep contact with the organization’ staff by responding to phone calls, letters and other means of communicating promptly.
- If a problem develops, I will immediately talk to my family or caregiver and/or a representative from the organization about any problem which develops.
- If a problem develops within my family or other circumstances occur that affects my participation in the program, I will contact the organization.
- I agree to follow all established rules and guidelines of the organization.
- I have read and agree to abide by The Arc of Alameda County’s Code of Conduct. I understand that if I violate this Code of Conduct I will subject to a range of consequences, up to and including termination from the agency.

Client’s Signature

Date

Legal Conservator/Guardian (if client is conserved)

Date
REQUEST FOR MEDICAL INFORMATION FOR REASONABLE ACCOMMODATION

Date: ________________________

To: ________________________________________________________________________________

Physician or Medical Provider

From: ________________________________________________________________________________

The Arc of Alameda County HR/ADA Coordinator

RE: REQUEST FOR MEDICAL INFORMATION NEEDED TO ASSIST IN PROVIDING A REASONABLE ACCOMMODATION FOR:

________________________________________________________________________________

Applicant/Employee/Client/Volunteer

Medical Record #

Social Security Number (last 4 digits ending in __ __ __ __)

The Arc of Alameda County is attempting to provide reasonable accommodations to the Employee/Client/Volunteer indicated above to assist in providing employment or participation in a program, activity, or service. The information requested below is confidential and will only be used to determine the specific equipment and/or services necessary to accommodate the identified limitation due to the verified disability.

Please take the above definition into consideration and answer the following questions with respect to Applicant/Employee/Client/Volunteer’s request for reasonable accommodation.

Participant’s request for reasonable accommodation:

1. Does the individual have an impairment that limits a major life activity?  Yes  No

If yes, please see and check the reverse side of this form to describe the limitation

2. Is the disability permanent?  Yes  No Length of anticipated duration __________

3. From the enclosed job description, please specify the job duty(ies) that the employee cannot perform

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

4. How does the limitation(s) impair the ability of the Applicant/Employee/Client/Volunteer to perform the job duty described above?

________________________________________________________________________________

________________________________________________________________________________

Physician’s Name, Signature

Under the Americans With Disabilities Act, An Individual With A Disability is a person who:

• Has a physical or mental impairment that substantially limits one or more major life activities (major life activity may include walking, breathing, speaking, performing a manual task, seeing, hearing, learning, caring for oneself, sitting, standing, lifting or reading)

• Has a record of such an impairment or

• Is regarded as having such an impairment

Group Placements

You will be paid minimum wage.

Individual Placements/Direct Hire Groups

You will be paid an hourly wage set and determined by your employer. Depending upon your employer, raises may occur based on the policy of the company and the level of performance. Your employer may have pay schedules to show the different pay levels that can be reached during employment. Your employer determines paydays.

Your employer will determine your benefits. Every employer’s benefit package is different. You will either be given a benefit package or told verbally about the benefits/union membership available at that particular job.

If you are receiving SSI benefits, the Social Security Office requires a monthly report of your earnings. Every month you should mail a copy of your pay stub to your local Social Security Office. If you need assistance with this procedure, we will work out a system with you that best suits your needs.

Social Security Information

SSI means Supplemental Security Income. It is a cash benefit program for persons of any age with disabilities. SSDI means Social Security Disability Insurance and is a cash benefit program for persons, under age 65, who become disabled or has a disabled adult child of an insured person. It is an insurance taken out by employers. You need to contact your local Social Security Office to see if you are eligible for these benefits.

For those individuals who are receiving SSI or SSDI benefits: When you begin a new job, it is necessary to report your earnings to the Social Security Office. It will be determined who will be responsible for reporting your earnings. You must tell us if you want The Arc of Alameda County to report your earnings. Even if The Arc of Alameda County reports your earnings, you and/or your representative payee are ultimately responsible. The Arc reports only upon your request and as a courtesy.
Program Benefits

Pay And Benefits

The Arc of Alameda County complies with all applicable federal and state laws and Department of Labor regulations concerning rights in pay. Specifics vary depending on where you work and what type of work you perform.

Individuals employed by The Arc of Alameda County will be paid twice a month. Pay periods end on the 15th and the last working day of each month. Paydays occur on the 6th and 21st of each month unless that date is on a weekend or holiday, in which case, the payday would be the day before or Friday.

Worker’s Compensation Insurance covers individuals of The Arc of Alameda County who receive pay for work performed. This is medical insurance for any client who gets hurt on the job.

Rights For Individuals With Disabilities Paid At Special Minimum Wages

It is important to know your rights which include the poster on Workers with Disabilities Paid at Special Minimum Wages. You will find these rights posted on the wall, either next to the State and Federal Posters, in your lunchroom, or in the front lobby. Please make sure you understand your rights. If you do not understand them, you may ask for a copy to be read either by staff or, if you prefer, to take a copy home and have a family member read them to you.

Vocational Development Centers

You will be paid “piece rate” based on non-disabled worker standards (established by a time study for that job). Each job is broken down into steps necessary to complete each piece. Time studies are done for each step to determine an Industrial Standard (an Industrial Standard is how many pieces a non-disabled worker can produce in an hour). A prevailing wage is set. (The wage paid to experienced workers who are not disabled, for the same or similar work, and who are performing such work in the area). The prevailing wage rate is then divided by this standard to calculate the “piece rate.” Next, the productivity of the client is evaluated and monitored. You are then paid the piece rate (how many pieces produced and the quality of each piece). The more quality pieces you produce, the more pay you will receive. Prevailing wage surveys are conducted once a year.

We will notify Social Security Office if you sign the document requesting us to report your income.

Request for Medical Information for Reasonable Accommodations continued

Instructions: Complete this side of the form ONLY if the answer to question # 1 is Yes

Work Restrictions

Client is restricted from or limited in performing the following functions (check activity level and enter limitation) i.e., 0 hours, 1-2 hours, 2-5 hours, or other notation.

<table>
<thead>
<tr>
<th>KEYBOARD USE/REPETITIVE USE OF HANDS</th>
<th>GRASP/FINE FINGER MOTIONS</th>
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<tbody>
<tr>
<td>SIT</td>
<td>REPETITIVE USE OF FOOT CONTROLS</td>
</tr>
<tr>
<td>STAND</td>
<td>WALK</td>
</tr>
<tr>
<td>SQUAT/KNEEL</td>
<td>TWISTING (NECK/WAIST)</td>
</tr>
<tr>
<td>BEND/STOOP</td>
<td>CLIMB LADDERS/CLIMB STAIRS</td>
</tr>
<tr>
<td>PUSH/PULL</td>
<td>REACHING (ABOVE &amp; BELOW SHOULDERS)</td>
</tr>
<tr>
<td>LIFT (PLEASE SPECIFIC LIFTING RESTRICTIONS)</td>
<td>CARRY (PLEASE SPECIFIC CARRYING RESTRICTIONS)</td>
</tr>
</tbody>
</table>

LIFTING RESTRICTIONS

CARRYING RESTRICTIONS

OTHER RESTRICTIONS

Describe any restrictions which may apply to the following:

<table>
<thead>
<tr>
<th>VISION</th>
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</thead>
<tbody>
<tr>
<td>HEARING</td>
</tr>
<tr>
<td>MENTAL/EMOTIONAL</td>
</tr>
<tr>
<td>OTHER (SLEEPING/SPEAKING, ETC.)</td>
</tr>
</tbody>
</table>
CLIENT REASONABLE ACCOMMODATION REQUEST FORM

Requester:

Name

Street Address

City, State, Zip Code

Phone, Cell #, Fax Numbers, TDD, Video Phone #

Email

This is a request for reasonable accommodation, which is needed because of my disability.

I am applying for services provided by The Arc of Alameda County’s _________________________ (Name of Program)

The accommodation I am requesting will allow me to participate in the following activity and/or service:

________________________________________________________________________________

________________________________________________________________________________

☐ I am  ☐ I am not currently receiving services at the following location:

________________________________________________________________________________

My specific functional limitation is:

________________________________________________________________________________

________________________________________________________________________________

The following reasonable accommodation will allow me to perform the essential requirements, and/or help me meet the eligibility requirements to seek equal participation in the services provided:

(Please describe the type of accommodation, how it will assist you, and details of where it can be obtained, it’s cost, model number, etc.)

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

Requester’s Signature   Date

CLIENT AUTHORIZATION FOR THE RELEASE OF MEDICAL INFORMATION FOR REASONABLE ACCOMMODATIONS

Additional Medical Information is needed to provide the accommodation I have requested.

Therefore, I hereby authorize:

Physician’s Name

Street Address

City, State, Zip Code

Phone, Fax Numbers

Web Site Email

To release only that medical information pertinent to the accommodation needed as described on the first page

Client Name

Program Attending/Program Applied For

Conservator/Guardian’s Name (if person is conserved)

Relationship to Client