SELF-DETERMINATION
Application Instructions

1. The application for services is four (4) pages long and includes the sections indicated below. Please complete all sections prior to submitting information.
   - Application Instructions
   - Application for Self-determination
   - Philosophy of Self-determination
   - Authorization for Release of Information

2. If you have a Guardian, please attach copies of the Letters of Guardianship.

3. Attach a copy of your most recent PCSP and/or school IEP if available.

4. Attach a copy of your most recent BASIS Assessment.

5. Attach a copy of your present ISP (Integrated Service Plan).

6. Please be sure to answer all questions listed on the application and we MUST HAVE APPLICANT'S SIGNATURE!!!

7. Once your application and attachments are in order, please send or deliver to:

   TARC Self-determination Division
   2701 SW Randolph Ave
   Topeka KS 66611
   785.232.0597

8. Once the Self-determination division has received your packet, we will contact you to set up an introductory meeting to determine if managing your supports through Self-determination is right for you. We would like attendance by you, your guardian(s) and/or your family member(s), and your case manager to the introductory meeting.

9. Please notify Self-determination if interpreter or alternative format is required.
APPLICATION FOR SELF-DETERMINATION

LEGAL NAME ___________________________________________ DATE OF BIRTH ____________________________

ALIAS ________________________________________________

ADDRESS __________________________ CITY ______________ ST _______ ZIP _______

DAY PHONE ( ) __________________ GENDER __________ MARITAL STATUS ____________

LEGAL STATUS (Please Check) ☐ Guardian ☐ Self ☐ Conservator ☐ Payee

FINANCIAL RESOURCES (Please Check) ☐ SSDI ☐ SSI ☐ VA ☐ VR ☐ Other ________________

WHAT TYPE OF FUNDING DO YOU HAVE? ________________

CURRENT LIVING ARRANGEMENT (Please Check) ☐ On My Own ☐ Family ☐ Other _______________

EMPLOYMENT EXPERIENCE (Please Check) ☐ Competitive ☐ Sheltered Workshop ☐ None

--------------------------------------------------------------------------------------------------------

PLEASE COMPLETE THE FOLLOWING IF APPLICABLE:

GUARDIAN NAME ___________________________ DAY PHONE ( )

ADDRESS __________________________ CITY ______________ ST _______ ZIP _______

CELL PHONE ( ) ___________________ EMAIL ADDRESS __________________________

--------------------------------------------------------------------------------------------------------

CASE MANAGER'S NAME ___________________________ DAY PHONE ( )

REFERRED TO SELF-DETERMINATION BY: ____________________________

NEEDING DAY or RESIDENTIAL SERVICES BY (please circle both if requesting Day and Res): ________________

WHY ARE YOU INTERESTED IN ACCESSING YOUR SERVICES THROUGH SELF-DETERMINATION?

__________________________________________________________

This application and eligibility criteria has been explained to me and I am interested in applying for Self-determination Services.

<table>
<thead>
<tr>
<th>Applicant's Signature</th>
<th>Date Signed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Print Name of Person Assisting Applicant</td>
<td></td>
</tr>
<tr>
<td>Signature of Person Assisting Applicant</td>
<td>Date Signed</td>
</tr>
</tbody>
</table>
PHILOSOPHY OF SELF-DETERMINATION

The TARC Self-determination program seeks to give persons with developmental disabilities, their guardians and/or their families, the opportunity to choose or create the supports that will meet their preferred lifestyle. This program allows for more direct control over the funds that an individual is deemed eligible to receive. There is greater flexibility in how the money can be spent and allows for an individual to decide how and where the services will be provided.

Values of Self-determination:

- **Freedom** – to choose a personal and meaningful lifestyle through non-traditional and traditional sources.
- **Authority** – to have control over your own life, with meaningful choices to direct your services and supports.
- **Support** – allows flexibility and creativity in finding supports to meet your needs and desires.
- **Responsibility** – to share and contribute to the world and your community.

How Self-determination works:

A. **Circle of Support** – to be a participant in the Self-determination program, you must have a strong committed Circle of Support. The Circle members include individuals who are involved in your life: family, friends, neighbors, church members, etc. Circle members must be willing to commit the time and energy to help you make your life what you want. These members must be willing to be there when changes happen to put another plan into action. One person from your Circle of Support will need to become the Personal Administrator of your plan.

B. **Person Centered Support Plan (PCSP)** – the PCSP involves finding out your dreams and goals and needs to answer the following questions:
   1. Where do I want to live and with whom?
   2. What work and/or valued activity do I want to do?
   3. What do I want to do in my free time?
   4. Who do I want to provide my supports?
   5. Where and when do I want supports?
   6. Other personal and employee information

C. **Individual Budget** – based on your funding, an individualized budget is created to achieve your Person Centered Support Plan (PCSP). Certain guidelines must be followed when utilizing HCBS funding, however through Self-determination, there is more creativity and flexibility.
I, ____________________________, hereby authorize TARC Inc Self-determination Division to disclose information to, obtain information from, and exchange information with:

☐ CSP ____________________________
☐ CSP ____________________________
☐ CSP ____________________________
✓ Other  TARC, Self-determination Coordinators

Regarding: ____________________________ DOB: ___________ SS#: ____________________________
(Person Supported)

The information to be disclosed, obtained or exchanged is:

☐ Referral Information
☐ Psychological
☐ Medical
☐ Social History
☐ Services Rendered
☐ Release of Records
☐ Education Records
☐ Other (specify) ____________________________

Such information can be (check all that apply):  ☐ Written  ☐ Verbal  ☐ Electronic

The purpose of this disclosure is for providing Self-determination services.

This consent shall remain effective for 90 days after the termination of services unless otherwise specified below. I understand that I may revoke this request in writing at any time except for action already taken.

Specify date, event, or condition upon which the consent will expire: ____________________________

This consent authorizes a copy be considered as valid as the original.

<table>
<thead>
<tr>
<th>Person Supported</th>
<th>Date Signed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent/Guardian/ Representative</td>
<td>Date Signed</td>
</tr>
<tr>
<td>Witness</td>
<td>Date Signed</td>
</tr>
</tbody>
</table>