



Self Determination

Application Instructions

1. The application for services is four (4) pages long and includes the sections indicated below. Please complete all sections and answer all questions prior to submitting information.
 - a. Application instructions
 - b. Application for Self-Determination
 - c. Philosophy of Self-Determination
 - d. Authorization for Release of Information
2. Please attach copies of the following with your application:
 - a. Letters of Guardianship, if applicable.
 - b. Most recent Person-Centered Support Plan (PCSP).
 - c. Most recent BASIS Assessment.
 - d. Current Integrated Service Plan (ISP).
3. Please note, we **MUST** have the Applicant and/or Guardian's signature.
4. Once your application and attachments are in order, please send or deliver to:

TARC Self-Determination
2701 Randolph
Topeka, KS 66611
(785) 232-0597

5. Once your application has been received, the Self-Determination team will review the information submitted. You will be contacted to schedule an introductory meeting to determine if managing your supports through the Self-Determination is right for you. We request that you, your Guardian (if applicable), and your Case Manager be in attendance.
6. Please notify Self-Determination if an interpreter or alternative format is required.



Service. Support. Advocacy.

APPLICATION FOR Self-Determination

Legal Name: _____ Date of Birth: _____

Nickname: _____ Social Security Number: _____

Address: _____ City _____ State _____ Zip _____

Day Phone # () _____ Gender _____ Marital Status _____

Type of Service Funding (please circle) **HCBS I/DD Waiver** **State Aid** **Other** _____

Current Living arrangement (please circle) **On my own** **With Family** **Other** _____

Please complete the following if applicable:

Guardian Name: _____ Day phone () _____

Address: _____ City _____ State _____ Zip _____

Cell phone () _____ Email Address: _____

Case Manager Name: _____ Day phone () _____

Referred to Self-Determination by: _____

Program services requesting (Please circle all that apply) **Day Services** **Residential Services**

Why are you interested in accessing your services through Self-Determination?

This application and eligibility criteria have been explained to me and I am interested in applying for Self-Determination services.

Applicant's Signature		Date	
Print name of person assisting applicant			
Signature of person assisting applicant		Date	



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 the preferred lifestyle of the individual. Through Self-Determination, there is more flexibility in how support dollars can be used outside of traditional services. People gain more control over how funds are spent, enabling them to be full participants in the community.

Values of Self-Determination:

- Freedom to choose a personal and meaningful lifestyle
- Authority to direct your services and supports
- Support flexibility and creativity in finding supports and meeting your needs
- Responsibility to share and contribute to the world and your community.

How Self-Determination Works:

1. Circle of Support- to be a participant in the Self-Determination program, you must have a strong and committed circle of support. Members include individuals who are involved in your life who must be willing to commit to be there when 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.
2. Person-Centered Support Plan- The PCSP involved finding out your goals and needs to answer the following questions:
 - a. Where do I want to live and with whom?
 - b. What work and/or valued activity do I want to do?
 - c. What do I want to do in my free time?
 - d. Who do I want to provide my supports?
 - e. Where and when do I want supports?
 - f. Other personal and employee information
3. Individual Budget- Based on your funding, and individualized budget is created to achieve your PCSP. Certain guidelines must be followed when utilizing your funding, however, through Self-Determination, there is more creativity and flexibility.

Authorization for Release of Information

I, _____, hereby authorize TARC Inc. Self-Determination to disclose information to, obtain information from, and exchange information with _____

- Case Manager _____
- Community Provider _____
- CDDO
- Other _____

Regarding: _____ DOB: _____ SS# _____
 (Person Supported)

The information to be disclosed, obtained or exchanged is:

- Referral Information
- Psychological
- Release of Medical Records
- Evaluation/Assessment
- Services Rendered
- Home Placement
- Social History
- Other _____

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.

This consent expires one year from the date of authorization.

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

Person Supported		Date	
Guardian		Date	
Witness		Date	