

**COMMONWEALTH OF VIRGINIA
DEPARTMENT FOR AGING AND
REHABILITATIVE SERVICES
ADULT PROTECTIVE SERVICES
DIVISION**

OFFICE USE ONLY:
DATE APPLICATION RECEIVED IN

LDSS _____
CASE# _____

APPLICATION FOR ADULT SERVICES

NAME:

DATE OF BIRTH (MM/DD/YYYY):

STREET ADDRESS:

CITY, STATE, ZIP:

TELEPHONE:

MAILING ADDRESS (IF DIFFERENT):

DIRECTIONS TO HOME (IF NEEDED)

I AM APPLYING FOR THE FOLLOWING SERVICE OR SERVICES (List all):

- My rights and responsibilities have been explained and I have received a written copy.
- I certify that the information I am giving is correct. I realize that if I give incorrect information, I could be prosecuted under the law.
- I hereby give the local department permission to contact the persons or agencies listed below. I understand that without this, the local department may not be able to determine my eligibility.

PERSON/AGENCY	REASON	CLIENT INITIALS	DATE

APPLICANT'S SIGNATURE

DATE

REPRESENTATIVE OR WITNESS IF SIGNED BY MARK

RIGHTS OF APPLICANTS

Anyone may apply for services. You do not have to have lived in the county or city for any specific length of time. There are no citizenship requirements for services.

You have the right to equal treatment regardless of race, color, religion, sex, national origin, or handicap.

You have a right to receive and complete an application on the day you request services. If you need help filling out the application, someone will assist you.

The process of determining eligibility must be explained to you.

The local department will decide on your application within 45 days. If this is impossible, you must be told why. The local department must write you if you are not eligible or if there is a delay.

If you are determined eligible, you have a right for services to begin within 45 days after the local department gets your application.

You have a right to mandated services for which you meet eligibility requirements. Your right to optional services depends on meeting eligibility requirements and on whether or not the local department offers the service.

You have a right to see the information about you, which the local department has in your service record.

The local department may not release information about you without your written consent except for purposes directly connected with the administration of social service programs.

These rights are based on Federal and State laws but there are certain exceptions. If you have any questions or want to see the information in your record, please contact your worker.

APPEAL INSTRUCTIONS

Section 51.5-147 of the Code of Virginia allows an applicant for or recipient of **home-based services (homemaker, chore or companion)** and **adult foster care services** to appeal any decision of a local board in granting, denying, changing or discontinuing services. Any applicant or recipient can ask for a review by the Commissioner of the local board's failure to make a decision within a reasonable time.

If you are not satisfied with the local department decision you may appeal the decision. This must be done not more than 30 days from the date you received the Notice of Action. You may appeal by writing directly to or faxing the appeal to:

Attn: Control
Virginia Department for Aging and Rehabilitative Services
9960 Mayland Drive, Suite 200
Richmond, Virginia 23233
804-527-4524 (FAX)

The following information must appear on the request for an appeal: "Case Code 35" and "Case Type APA."

If you ask for a Hearing within 10 days, your service or service payment will continue until a decision is made.

If you feel you were discriminated against at any time, you may file a complaint with the Commissioner of the Department of Social Services or the U.S Department of Health and Human Services, Office of Civil Rights. This must be done within 180 days of the alleged discriminatory act. Additional information is available at http://www.dss.virginia.gov/about/civil_rights/index.cgi

RESPONSIBILITIES OF APPLICANTS

You must give complete and accurate information needed for determining eligibility. The local department may have to ask you for pay stubs or other types of documents or permission to contact agencies or individuals to get proof of your income. If you give incorrect information you could be prosecuted under the law.

You must notify the local department within 10 days of any changes, which could affect your eligibility for services.