



*Advocacy. Assistance. Answers on Aging.*

## ***OLDER AMERICANS ACT PROGRAMS***

### **Consent / Disclosure Statement**

The Ohio Department of Aging and the Western Reserve Area Agency on Aging require that select information and data be collected on program participants in order to determine eligibility and monitor programs under the Older Americans Act. All personal information will be safeguarded. While you will not be denied services based on refusal to provide information, lack of demographic data can adversely affect future funding. Eligible seniors cannot be denied services based on Race, Color, Age, Sex, Disability, Religion, National Origin, ability to pay or donate.

### **Voluntary Participation**

I wish to participate in the following program(s):

\_\_\_\_\_

I agree to abide by the rules and regulations associated with my program participation.

I have been provided with program information and my questions have been answered.

I have received a Statement of my Rights \_\_\_\_\_

I have been advised of Cost Sharing (*if applicable*) \_\_\_\_\_

\_\_\_\_\_  
*Program Participant/Designee Signature & Date*

\_\_\_\_\_  
*Agency Staff Signature & Date*



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## **STATEMENT OF CLIENT RIGHTS**

### ***Older American Act program participants have the right:***

- To be treated with dignity and respect without regard to Race, Color, Age, Sex, Disability, Religion, or National Origin.
- To receive eligible services regardless of ones ability to make a donation or co-pay for these services.
- To know (family or designee to know) the name and title of staff persons with whom contact is made.
- To be informed of services and agency/program expectations in reasonable terms that can be understood.
- To received an explanation of the program and participate in decision-making related to services.
- To be assisted by professional and competent staff.
- To be kept informed of changes to the agency and programming as it relates to eligible services.
- To received appropriate services in a safe and sanitary environment.
- To received nutritious and sanitary food (nutrition program).
- To feel free from threats to personal safety and the loss of personal possessions.
- To have ones privacy respected and the confidentiality of personal records safeguarded.
- To be provided with an opportunity to authorize in writing, the release of records and/or health information.
- To file a grievance if necessary without fear of retribution or retaliation.



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## **CODE OF CONDUCT / EXPECTATIONS**

### ***Older Americans Act program participants will:***

- Treat agency staff and other program participants with courtesy and respect without regard to Race, Color, Age, Sex, Disability, Religion, or National Origin.
- Cooperate with agency directions, rules and regulations to the best of ones ability.
- Provide necessary information to document eligibility for funded services.
- Adhere to the specific guidelines related to each program in which you are enrolled to ensure the agency gets continued funding.
- Keep the agency informed of changes in status effecting program participation and/or continued eligibility.
- Refrain from swearing or abusive language.
- Avoid initiation of, or participation in, any situations involving violent, harmful, threatening or abusive behaviors.
- Respect and safeguard agency property, equipment and supplies.
- Not offer gifts, tips or bribes to program staff because they are not permitted to accept them.
- Communicate problems or areas of concern to appropriate staff.