

**NEW JERSEY DEPARTMENT OF HUMAN SERVICES**  
**Division of Developmental Disabilities**

<b>PARTICIPANT STATEMENT OF RIGHTS AND RESPONSIBILITIES</b>
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The rights and responsibilities of an individual with an intellectual or developmental disability receiving supports and services through the New Jersey Division of Developmental Disabilities (Division) include, but are not limited to, the following:

**RIGHTS**

I have the right to exercise my rights as a citizen.

I have the right to be treated with dignity and respect.

I have the right to be believed to have the ability to make my own decisions.

I have the right to live as I choose, free from judgment or interference.

I have the right to protection from physical, verbal, psychological, or sexual abuse or punishment.

I have the right to equal employment opportunities and fair payment for my work.

I have the right to own, rent, or lease property

I have the right to live and receive services/supports in the least restrictive environment.

I have the right to express human sexuality and receive appropriate training/education.

I have the right to marry and have children.

I have the right to presumption of legal competency in guardianship proceedings.

I have the right to be free from unnecessary and excessive medication.

I have the right to privacy during treatment and care of my personal needs.

I have the right to confidentiality/privacy of my information and medical records.

I have the right to be free from personal and financial misuse/abuse.

I have the right to utilize my New Jersey Individualized Service Plan (NJISP) and budget to meet my needs within Waiver program guidelines.

I have the right to decide how to choose my services or to have someone I choose help me with decisions within the guidelines of the Waiver program.

I have the right to identify and invite who I want to participate in my service plan meetings.

I have the right to a fair hearing if, for any reason my waiver services are denied, reduced, suspended or terminated. An initial appeal shall be made in writing to:

Division of Medical Assistance and Health Services (DMAHS)  
Fair Hearing Unit  
PO Box 712  
Trenton, NJ 08625

### **RESPONSIBILITIES**

I am responsible for maintaining/keeping Medicaid coverage to continue services on my Waiver program.

I am responsible for making sure that I can meet with my support coordinator and provide all information necessary to ensure that my NJISP can be created within 30 days of my support coordination agency selection.

I am responsible for participating in the development of my NJISP and sharing in any decision making associated with the plan.

I am responsible for what is included in my NJISP and for following my budget according to Waiver guidelines.

I am responsible for all required paperwork and following all Waiver program policies and procedures.

I am responsible to contact my support coordinator in the event that I want to change any of the service providers listed in my NJISP.

I am responsible to contact my support coordinator if anything changes in my life that may require a change to my NJISP or services that I receive.

I am responsible for participating in monthly phone contacts and quarterly visits with my support coordinator. I understand these visits are mandatory and may occur in my home, day program or place of employment as agreed upon with my support coordinator. I understand that at least one of these quarterly visits per year must take place inside my home.

I have read and /or understand these rights and responsibilities.

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Participant/Representative Signature

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Date

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Support Coordinator Signature

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Date