



Information for Applicant (Please read this page first!)

We know that completing paperwork for disability services can be overwhelming! Please use this page to guide you through the process.

✓	Step 1
	Complete the 2-page <u>Application for Intellectual Disabilities or Developmental Disabilities Services</u> .
	Call 706-792-7741 if you need assistance with the application.
	Return the application and Psychological reports in the self-addressed stamped envelope to: Department of Behavioral Health and Developmental Disabilities Region Two Office Attn: Intake and Evaluation Unit 3405 Mike Padgett Highway, Bldg 3 Augusta, GA 30906
<i>If all requested</i> paperwork is submitted, our regional office will contact you within 14 days to schedule a screening assessment meeting. The individual with the disability must be present at the screening assessment meeting.	

✓	Step 2- Please submit copies of the following information along with the application:
	Proof of Citizenship – birth certificate, passport, permanent resident card
	Copy of Social Security card or Social Security number
	Copy of Medicaid and/or Medicare card
	Copy of Social Security Benefit information
	Current doctors' names, addresses, and phone numbers
	Psychological that includes IQ score and adaptive skills testing– Example: School psychological Report
The items below maybe helpful in addition to the above-mentioned items:	
	Copy of reports describing the disability completed by schools attended or by other service agencies (i.e. copies of IEP)
	Copy of guardianship documents (if applicable)

Step 3: Review the following documents included in this packet prior to your screening assessment meeting:	
	Authorization for Release of Information (requires signature)
	Notice of Privacy Practices (requires signature)

Additional information provided to assist you:	
	Unlock the Waiting Lists! Fact Sheet
	Parent to Parent of Georgia

Developmental Disabilities

Services

Georgia Department of Behavior Health and
DEVELOPMENTAL DISABILITIES

APPLICATION FOR DEVELOPMENTAL DISABILITIES/ INTELLECTUAL DISABILITIES SERVICES

IF YOU NEED ASSISTANCE COMPLETING THIS APPLICATION, PLEASE CONTACT THE LOCAL INTAKE AND EVALUATION OFFICE BY CONTACTING: **3405 Mike Padgett Highway • Building 3 • Augusta, Georgia, 30906 • 706-792-7741**

I. GENERAL INFORMATION (APPLICANT)

Name: _____
First Middle Last

Address: _____
Street Address (Apartment Number if Applicable)

City County State Zip Code

Mailing Address (if different) _____

Telephone Number: _____ Marital Status: S M D W Sex: _____
Area Code

Birthdate: ____/____/____ Medicare # _____

Social Security # ____-____-____ Medicaid # _____

PRIMARY CONTACT: _____

Address: _____

City County State Zip Code

Relationship to Applicant: _____ Telephone Number: _____
Area Code

Email: _____

LEGAL STATUS OF APPLICANT: __Minor__ Competent __Legally Incompetent (Documentation Required)

Name of Legal guardian, if applicable: _____

Address: _____
Street Address (Apartment Number if Applicable)

City County State Zip Code

Relationship to Applicant: _____ Telephone Number: _____
Area Code

Email: _____

II. ASSESSMENT OF DEVELOPMENTAL DISABILITY AND ELIGIBILITY

To be eligible for Georgia's Developmental Disabilities services, you must be:

- a. Medicaid eligible
- b. Have Intellectual Disability since birth or before age 18, or another developmental disability since birth or before age 22, which requires similar services to those needed by people with mental retardation.
- c. Be at risk for going into an institution for people with Intellectual Disability if you do not get the services you need in your community.

During your initial screening appointment, specific medical information will be collected to confirm the disability. Please read the *Information for Applicant* checklist at the front of this application, and send items and/or copies along with your application.

III. SERVICE NEEDS

Describe the type of services you believe you need. For example do you need help with getting a job, do you need assistance to get dressed, do you need family support or do you need some place to live.

IV. COMPLETED BY:

Name: _____ Date: _____

Relationship: ___ Applicant ___ Guardian ___ Other: _____

Printed Name: _____

What is the best way to contact you?

When this application is received, it will be stamped with a date. Once all requested documentation is received, a screening appointment will occur within 14 days. If this does not occur, please call the Intake and Evaluation listed above.

Return this application in the envelope provided.

Georgia Department of Behavioral Health
& Developmental Disabilities

NOTICE OF PRIVACY PRACTICES FORM

Per DBHDD Policies 23-100 and 23-101

Facility/Program/Hospital Name: _____

Address, City, State, Zip: _____

Contact numbers: _____

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED BY THE DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL DISABILITIES (DBHDD) AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. This notice is effective November 10, 2015. It is provided to you under the Health Insurance Portability and Accountability Act of 1996 and related federal regulations (together referred to as "HIPAA") and provides some additional information about other federal and state confidentiality protections. If you have questions about this Notice please contact the facility where you receive services (your treatment provider or services provider) or DBHDD's Privacy Officer at the address below.

DBHDD is an agency of the State of Georgia responsible for certain programs which deal with medical, mental health, developmental disabilities, addictive disease, and other confidential information. DBHDD must comply with strict requirements of federal and state laws regarding confidential information. For situations where stricter disclosure requirements do not apply, this Notice of Privacy Practices describes how DBHDD may use and disclose your "protected health information" for treatment, payment, health care operations, and certain other purposes. This notice also describes your rights regarding your protected health information. **Protected health information** is information that may personally identify you and relates to your past, present or future physical or mental health or condition and related health care services, and payment for services. DBHDD is also required to provide you this Notice of Privacy Practices, and to abide by its terms. DBHDD may change the terms of this notice at any time. A new notice will be effective for all protected health information that DBHDD maintains at the time of issuance. DBHDD will provide you with any revised Notice of Privacy Practices by posting copies at its facilities, publication on DBHDD's website, in response to a telephone or facsimile request to the Privacy Officer, or in person at any facility where you receive services.

1. Your Rights: The following is a statement of your rights about your protected health information and how you may exercise these rights. If you have a court-appointed guardian, your guardian may exercise these rights for you; if you are a minor, your parent or court-appointed custodian may exercise these rights for you; your healthcare agent in a valid advance directive may exercise these rights for you if your advance directive says so. To exercise any of these rights, you may contact the staff person named in Section 7 below, at your treatment provider's location, or your treatment provider's HIPAA Coordinator.

a. You have the right to inspect and copy your protected health information: You may inspect and obtain a copy of protected health information about you for as long as DBHDD maintains the protected health information. This information includes medical and billing records and other records DBHDD uses for making medical and other decisions about you. A reasonable, cost-based fee for copying, postage and labor expense may apply. Under federal law you may not inspect or copy information compiled in anticipation of, or for use in, a civil, criminal, or administrative proceeding, or protected health information that is subject to a federal or state law prohibiting access to such information. While you are hospitalized, your physician may restrict your right to review your records if it may endanger your life or physical safety. If your protected health information was obtained or created in the course of research that includes treatment, your right to access that protected health information may be restricted while the research is in progress, if you agreed to this restriction in advance.

b. You have the right to request restriction of your protected health information: You may ask DBHDD not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations, and not to disclose protected health information to family members or friends who may be involved in your care. Your request must be in writing, and it must state the specific restriction you are requesting and to whom you want the restriction to apply. DBHDD is not required to agree to a restriction you request, and DBHDD may not prevent disclosures to the Secretary of Health and Human Services or any disclosure that is required by law. If DBHDD believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted, except as required by

law. If DBHDD does agree to your request, DBHDD may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. DBHDD must agree to a restriction if you request to restrict disclosure of your protected health information to a health plan when: (1) the disclosure is for the purpose of payment or health care operations and is not otherwise required by law; AND (2) the protected health information is about only a health care item or service for which you, or a person other than a health plan on your behalf, have paid DBHDD in full.

c. You have the right to request to receive confidential communications from us, including billing and payment information, by alternative means or at an alternative location: If you request it in writing, DBHDD will agree to reasonable requests for alternative means for sending confidential information to you. Your request must tell us how or where you wish to be contacted, or provide an alternative means of payment if necessary. DBHDD will not ask you the reason for your request.

d. You have the right to request amendment of your protected health information: If DBHDD created your protected health information; you may request an amendment of that information for as long as it is kept by or for DBHDD. DBHDD may deny your request, and if it does so will provide information as to any further rights you may have about the denial.

e. You have the right to receive an accounting of certain disclosures DBHDD has made of your protected health information: You have the right to receive legally specified information about disclosures of your protected health information that DBHDD made in the six (6) years before your request, with certain exceptions, restrictions and limitations. This right applies only to disclosures for purposes other than treatment, payment or healthcare operations, and does not apply to any disclosures DBHDD made to you; to family members or friends or representatives, as defined in the Georgia Mental Health Code, who are involved in your care; to anyone based on written authorization by you (or by your guardian, parent or court-appointed custodian, or healthcare agent as applicable); or for national security, intelligence or notification purposes.

f. Notice of Breach. DBHDD has put in place reasonable policies and procedures to protect the privacy and security of your protected health information. DBHDD will notify you, as required by law, if there is an unauthorized acquisition, access, use or disclosure of your protected health information. The law may not require notice to you in all cases.

f. You have the right to obtain a paper copy of this notice from DBHDD, upon request at any time. You can also find this Notice on our website, <http://dbhdd.georgia.gov/>.

2. Uses and Disclosures of Protected Health Information: DBHDD, its administrative and clinical staff and others involved in your care and treatment, may use and disclose your protected health information to provide health care services to you, and in obtaining payment of your health care bills.

a. Treatment: DBHDD may use and disclose your protected health information to provide, coordinate, or manage your health care and any related services, including coordination of your health care with a current, former, or identified future third party provider. For example, we may disclose your treatment or services plan to a health care professional who is treating you, or who is named in your Individualized Recovery Plan or Individualized Service Plan and will be your provider upon your discharge or transition; to a jail or corrections facility if you are under criminal charges and discharged to jail or corrections; or to another health care provider such as a specialist or laboratory.

b. Payment: DBHDD may use and disclose your protected health information to obtain payment for your health care services. For example, your health insurance plan may require protected health information about you to make a determination of eligibility or coverage, or to review services provided to you for medical necessity, before your health insurance plan approves or pays for your health care services. Your protected health information may be shared with third party "business associates" who perform various activities that assist us in obtaining payment; business associates and any subcontractors they may have are also required by law to keep your protected health information confidential.

c. Health Care Operations: DBHDD may use or disclose your protected health information for the business activities of DBHDD, including, for example, but not limited to, quality assessment activities, employee review activities, training, and licensing activities. We may also use your protected health information to contact you about appointments or for other operational reasons. DBHDD may also use or disclose your protected health information to third party "business associates" who perform various activities that assist us in providing services to you. Some examples of our business associates might include, but are not limited to, the Georgia Collaborative ASO for care management, the Georgia Crisis Access Line for access to crisis or non-crisis services and referrals, Beacon Health Operations for quality management and outcomes review, and the Delmarva Foundation for utilization management. Business associates and any subcontractors they may have are also required by law to keep your protected health information confidential.

d. Your Representatives: If you are in a DBHDD hospital, you are allowed to name a representative to receive certain protected health information about you, or DBHDD must name a representative for you if you do not name one. DBHDD will also name a second representative for you, according to Georgia law. DBHDD is not required to seek your authorization in order to inform your representatives of your admission to the hospital, and of your discharge. Unless there is an emergency,

you will have a chance to object to other disclosures to your representatives about the development of your Individualized Recovery Plan (IRP) for behavioral health treatment or services, your treatment under the IRP, and certain substantial changes to your IRP.

3. You may Authorize or Object to certain other Permitted or Required Uses and Disclosures of your protected health information: Your protected health information, including clinical records of treatment for mental illness or addictive disease or services relating to developmental disability, is protected by confidentiality under state law. DBHDD is permitted to make certain disclosures described in Section 2 above and in Sections 4 and 5 below, without your authorization or opportunity to object. Other uses and disclosures of your protected health information will be made only if DBHDD has written authorization signed by you (or if you have one, your guardian, parent or legal custodian if you are a minor, or your healthcare agent if you have an advance directive currently in effect). Your written authorization may be revoked at any time. DBHDD will not be able to retract any disclosures of your protected health information that were previously authorized. DBHDD may disclose all or part of your protected health information when authorized in writing.

a. Confidentiality of Alcohol and Drug Abuse Patient Records: The confidentiality of patient records which disclose any information identifying you as an alcohol or drug abuser is protected by federal law and regulations. This information generally will not be disclosed unless you consent in writing, the disclosure is allowed by a court order, or the disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation. Violation of these federal laws and regulations by the facility, treatment or service provider, or DBHDD, is a crime. You may report violations to appropriate authorities in accordance with the federal regulations. Federal regulations do not protect any information about a crime committed by you either at a facility or program or against any person who works at a facility or program, or information about any threat to commit such a crime. Federal regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State agency and local law enforcement authorities.

b. HIV/AIDS confidential information: Although HIV infection is required to be reported or disclosed in some circumstances under state law, AIDS confidential information, including HIV status or testing information is generally confidential under state law. Other than required disclosures listed at 4.d. below, DBHDD will not disclose AIDS confidential information without your authorization.

c. Psychotherapy notes: Authorization is required for use or disclosure of psychotherapy notes not maintained in your medical record. This authorization may not be required for disclosure of psychotherapy notes about you to the criminal court and attorneys if a DBHDD hospital or its outpatient team is evaluating your mental status to go to trial on criminal charges, or evaluating your mental status at the time you committed a criminal act.

c. Health Information Networks or Exchanges: Health information exchanges allow health care providers, including DBHDD, to share and receive health information about individuals receiving our services, which helps in the coordination of your care. DBHDD participates in health information networks that can make your protected health information available electronically to your other providers who are members of the networks. For individuals who have signed an authorization to allow sharing of their protected health information (including alcohol or drug treatment or services information they may have) with their other providers, DBHDD shares protected health information electronically with those other Health Information Exchange members through the Georgia Health Information Network (GaHIN).

d. Complaints about Your Treatment: If DBHDD receives a complaint about your treatment or services, such as from your representative or family member, DBHDD will not disclose your protected health information to that person in response to the complaint, unless you have signed an authorization for us to disclose your protected health information.

e. Marketing and Fundraising: If DBHDD wishes to use your protected health information for fundraising (for instance, to put your name on a mailing list for requesting a donation to patient benefit funds), or for marketing (for instance, to advertise our treatments and services by using your protected health information) we will first request your authorization.

4. Permitted or Required Uses and Disclosures without Your Authorization or Opportunity to Object: DBHDD may use or disclose your protected health information without your authorization when the law allows it or requires it.

a. Persons involved in your care: DBHDD can use or disclose your protected health information without your authorization, to your court-appointed guardian, if you have a guardian; to your parent or court-appointed custodian if you are a minor, or to your healthcare agent that you have named in an advance directive that is currently in effect.

b. Regarding your health care: DBHDD can use or disclose your protected health information without your authorization, to a health care professional or facility that is named in your Individualized Recovery Plan or Individualized Services Plan, for continuity of your care; to an emergency services provider when clinically required; and in hearings regarding your hospitalization or commitment to the hospital. If you were admitted to a DBHDD facility involuntarily, DBHDD can give notice to

the healthcare provider or court that referred you to the hospital, if you transfer to voluntary status or when you are discharged. DBHDD can disclose your protected health information to a health oversight agency, for instance, for audits, investigations, inspections and licensure of a DBHDD facility or program.

c. Legal requirements: DBHDD may use or disclose your protected health information without your authorization when required to do so by law, to a law enforcement authority or other state agency authorized to receive reports of abuse or neglect. DBHDD may be required by law to use or disclose your protected health information such as by court order in a lawsuit. If we receive a subpoena for your protected health information, we will either notify you of the subpoena, or we will ask the attorney seeking your records to get a protective order for the confidentiality of your protected health information. In the event of your death, DBHDD may use or disclose your protected health information to a coroner or medical examiner in Georgia, an organ or tissue donation organization, and to the legal representative of your estate.

d. HIV/AIDS confidential information and Other reportable diseases: Georgia law requires DBHDD to report to the Georgia Department of Public Health if you have a disease that is reportable for the protection of public health. This includes HIV infection and other diseases. If you are HIV-positive, DBHDD may also disclose this information in certain circumstances to protect persons at risk of infection by you, including your family and health care providers. DBHDD may also disclose HIV testing or diagnosis information in certain circumstances if we petition the court for an order committing you for involuntary hospitalization or in related legal proceedings. Otherwise, HIV/AIDS information is confidential. See also section 3.b., above.

5. Required Uses and Disclosures: Under the law, DBHDD must make certain disclosures to you, and to the Secretary of the United States Department of Health and Human Services when required to investigate or determine DBHDD's compliance with HIPAA requirements.

6. Practices not followed by DBHDD:

- a. DBHDD does not sell protected health information of any individual.
- b. DBHDD facilities do not maintain directories of admissions.

7. Complaints and Additional Information: You may complain to DBHDD and to the United States Secretary of Health and Human Services if you believe your privacy rights have been violated. You may file a complaint in writing with your DBHDD facility or program, or with your treatment provider or services provider under contract or agreement with DBHDD which maintains your protected health information at telephone _____, fax number _____, or by mail to _____. You must state the basis for your complaint. Neither the facility, the provider, nor DBHDD will retaliate against you for filing a complaint. You may also obtain additional information about privacy practices from this contact person.

You may also contact **DBHDD's Privacy Officer by telephone at (404) 657-2282, fax number (404) 657-2173, or by mail to 2 Peachtree Street NW, Room 22.240, Atlanta Georgia, 30303-3142**, for further information about the complaint process or about this notice.

Please sign a copy of this Notice of Privacy Practices for your provider's and DBHDD's records. I have received a copy of this Notice on the date indicated below.

Signature of Individual or Legally Authorized Person

Date



Name of Individual/Consumer/Patient/Applicant

Date of Birth AND/OR Social Security Number

AUTHORIZATION FOR RELEASE OF INFORMATION – STANDARD REQUEST

I hereby authorize the disclosure of records/information

From:

(Name of health care provider holding the information - releasing agency)

(Address)

(Phone/Fax)

To:

(Name of Person or Agency to whom information should be given - requesting agency)

(Address)

(Phone/Fax)

I authorize the following information from my records (and any specific portion thereof):

Initials

I authorize the disclosure of alcohol or drug abuse information, if any. (Please see paragraph 2 below). If I am a minor, my parent/guardian/court-ordered custodian and **I BOTH** must initial here in order for this information to be released.

Initials

I authorize the disclosure of information, if any, concerning testing for HIV (human immunodeficiency virus) and/or treatment for HIV or AIDS (acquired immune deficiency syndrome) and any related conditions.

Initials

Initials

The above disclosure of information is for the purpose of:

1. I understand that the information disclosed pursuant to this Authorization may be subject to re-disclosure by the recipient and no longer protected by federal privacy regulations or other applicable state or federal laws (except as set forth in paragraph 2 below).
2. I understand that, pursuant to 42 C.F.R Part 2, alcohol and drug abuse records that I authorize to be disclosed pursuant to this document may not be further re-disclosed without my written consent, except by a court order that complies with the preconditions set forth at 42 C.F.R. 2.61 et seq., or the other limited circumstances specifically permitted by 42 C.F.R. Part 2. Any individual that makes such a disclosure in violation of these provisions may be reported to the United States Attorney and be subject to criminal penalties.
3. I understand that the Department or my healthcare provider will not condition my treatment, payment, or eligibility for any applicable benefits on whether I provide authorization for the requested release of information.
4. I intend this document to be a valid authorization conforming to all requirements of the Privacy Rule and State law, and understand that my authorization will remain in effect for: (PLEASE CHECK ONE)

☐ one (1) year OR ☐ the period necessary to complete all transactions on matters related to services provided to me.

I understand that unless otherwise limited by state or federal regulation, and except to the extent that action has been taken based upon it, I may revoke this authorization at any time as shown in the space below.

Signature of Individual/Consumer/Patient/Applicant

Print Name

Date

OR Signature of other person authorized to sign for Individual (check one):

Print Name

Date

☐ Parent ☐ Guardian ☐ Court-appointed Custodian of Minor

☐ Agent designated by Individual's advance directive

Signature of Witness

Title

Print name

Date

USE THIS SPACE ONLY IF AUTHORIZATION IS WITHDRAWN

I hereby revoke this authorization, and will send written notice of my withdrawal of this authorization to the staff of the healthcare provider who is providing services to me, OR to the Department's Privacy Officer at 2 Peachtree St. NW, Suite 22.240 Atlanta, GA 30303-142.

Date this authorization is revoked

Signature of Individual or Legally Authorized Representative



Georgia Department of Behavioral Health & Developmental Disabilities
Frank W. Berry, Commissioner

Region 2 DBHDD Intake & Evaluation Office

3405 Mike Padgett Highway, Bldg. 3, Augusta, Georgia 30906

Phone: 706-792-7741 Fax: 706-792-7740
Toll Free: 1-877-551-4897

The NOW/COMP program provides the following services to participants:

- **Adult Occupational Therapy** – these services address the occupational therapy needs of the adult participant that result from his or her developmental disabilities.
- **Adult Physical Therapy** – these services address the physical therapy needs of the adult participant that result from his or her developmental disabilities.
- **Adult Speech and Language Therapy** – these services address the speech and language therapy needs of the adult participants that result from his or her developmental disabilities.
- **Behavioral Supports Consultation** – these services are the professional level services that assist the participant with significant, intensive challenging behaviors that interfere with activities of daily living, social interaction, work or similar situations.
- **Community Access** – these services are designed to assist the participant in acquiring, retaining, or improving self-help, socialization, and adaptive skills required for active participation and independent functioning outside the participant's home or family home.
- **Community Guide** – these services are only for participants who opt for participant direction and assist these participants with defining and directing their own services and supports and meeting the responsibilities of participant direction.
- **Community Living Support** – these services are individually tailored supports that assist with the acquisition, retention, or improvement in skills related to a participant's continued residence in his or her family home.
- **Community Residential Alternative** – these services are targeted for people who require intense levels of residential support in small group settings of four or less or in host home/life sharing arrangements and include a range of interventions with a particular focus on training and support in one or more of the following areas: eating and drinking, toileting, personal grooming and health care, dressing, communication, interpersonal relationships, mobility, home management, and use of leisure time.
- **Environmental Accessibility Adaptation** – these services consist of physical adaptations to the participant's or family's home which are necessary to ensure the health, welfare, and safety of the individual, or which enable the individual to function with greater independence in the home.
- **Financial Support Services** – these services are provided to assure that participant directed funds outlined in the Individual Service Plan are managed and distributed as intended.

- **Individual Directed Goods and Services** – these services are not otherwise provided through the NOW or Medicaid State Plan but are services, equipment or supplies identified by the participant who opts for participant direction and his or her Support Coordinator or interdisciplinary team.
- **Natural Support Training** – these services provide training and education to individuals who provide unpaid support, training, companionship or supervision to participants.
- **Prevocational Services** – these services prepare a participant for paid or unpaid employment and include teaching such concepts as compliance, attendance, task completion, problem solving and safety.
- **Respite** – these services provide brief periods of support or relief for caregivers or individuals with disabilities and include maintenance respite for planned or scheduled relief or emergency/crisis respite for a brief period of support for a participant experiencing a crisis (usually behavioral) or due to a family emergency.
- **Specialized Medical Equipment** – this equipment consists of devices, controls or appliances specified in the Individual Service plan, which enable participants to increase their abilities to perform activities of daily living and to interact more independently with their environment.
- **Specialized Medical Supplies** – these supplies consist of food supplements, special clothing, diapers, bed wetting protective chunks, and other authorized supplies that are specified in the Individual Service Plan.
- **Support Coordination** – these services are a set of interrelated activities for identifying, coordinating, and reviewing the delivery of appropriate services with the objective of protecting the health and safety of participants while ensuring access to needed waiver and other services.
- **Supported Employment** – these services are only supports that enable participants, for who competitive employment at or above the minimum wage, is unlikely absent the provision of supports, and who, because of their disabilities, need supports to work in a regular work setting.
- **Transportation** – these services enable participants to gain access to waiver and other community services, activities, resources, and organizations typically utilized by the general population but do not include transportation available through Medicaid non-emergency transportation or as an element of another waiver service; and
- **Vehicle Adaptation** – these services include adaptations to the participant's or family's vehicle approved in the Individual Service Plan, such as a hydraulic lift, ramps, special seats and other modifications to allow for access into and out of the vehicle as well as safety while moving.



What other parents say about



"Even without a diagnosis, Parent to Parent has been wonderful at hooking us up with other parents who have children with the same symptoms as our son's."

"When I was stressed, you were there for me."

"I'd hate to think about where my husband and I would be without having talked to another parent and read the provided information."

"You've provided me with the BEST possible resource...a parent going through life the same way we will. Sometime simple advice or direction, mixed with experience, makes a world of difference! Thank you!"

"I've been getting support from P2P for eight years! No other agency offers this type of help."

"It is a blessing for me to count on Parent to Parent's services. Your program is like a special gift to families."



How To Reach Us...

Parent to Parent serves ALL of Georgia, with offices in:

Metro Atlanta
Statesboro
Cochran
Rome
Augusta
Albany

To reach us from anywhere
in Georgia, just call

800.229.2038

e-mail

info@p2pga.org

web

www.p2pga.org

main office

3805 Presidential Parkway Suite 207 Atlanta, Georgia 30340-3720
770.451.5484 • 800.229.2038 • fax: 770.458.4091

Services Available In Spanish
All Parent to Parent Services are provided free of charge.

Funded in part by grants from the US Department of Health and Human Services and the Office of Special Education Programs of the US Department of Education.



A United Way Agency



800.229.2038

**SUPPORTING GEORGIA
FAMILIES OF CHILDREN
WITH DISABILITIES**

No Matter the Disability or Health Concern, Parent to Parent of Georgia Can Help!

Support Services

Want to talk to another parent who has walked in your shoes?

Do you want to get involved or start a support group?

Would you like another parent to sit with you during your child's IEP?

Information Support

Would you like relevant and useful reading materials?

Do you need to find resources in your area?

Want accurate information on health and special education services?

Educational Opportunities

Would you like training on health and special education issues?

Want to work one-on-one with someone to learn more about disability issues?

Are you motivated to get a group of parents and professionals together to solve problems?

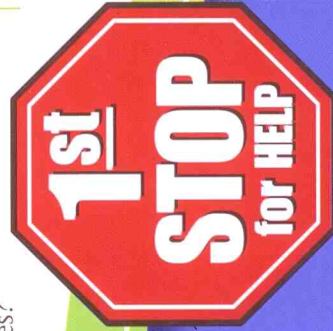
Leadership Involvement

Are you ready to work with groups across Georgia interested to make changes and improvements?

Would you like help organizing your community around disability issues?

Want to network with positive people, like yourself?

1.800.229.2038



We are your

We are Georgia's Parent Training and Information Center (PTI)

Helping families work with early intervention and education systems so you can be EQUAL partners in decision making!

We are Georgia's Family to Family Health Information Center (F2F)

Supporting families in navigating Georgia's health systems, so you can be active partners with your health care providers!

We are the Babies Can't Wait Central Directory

Providing much needed assistance when you may be the most vulnerable and scared, so you can build your confidence and skills!

We are Georgia's Family Voices

Working to ensure that every child with special needs receives family-centered care!

Services Available In Spanish

We Believe...

One of the most meaningful sources of support is another parent or family member who has experience living with a disability.

Parents have the most comprehensive and accurate information on their children, and they are experts.

We believe this to be true about Every Family that contacts us:

- Every family has value
- Every family has choices
- Every family can grow and build their capacity
- Every family is exactly where they ought to be at that moment
- Every family should feel comfortable when reaching out to P2P

Why wait?

We can help you become your child's best advocate!





FACT SHEET

What is Georgia's Unlock The Waiting Lists! campaign?

The mission of this campaign is to reduce and/or eliminate waiting lists for thousands of people with disabilities and their families who need home and community-based services.

What are waiting lists?

Georgians with significant disabilities need essential services to remain with their families and in their communities. These services have not been adequately funded, and therefore individuals with disabilities and their families have been placed on waiting lists. The Georgia Department of Human Resources and the Georgia Department of Community Health keep lists with the names of those people, young and old, who have a disability and have requested help from the state in providing them with services. These lists have grown to crisis proportions.

Who are the people on these lists?

People in your community -- your neighbors, friends, colleagues, or people in their families -- are among those on waiting lists. They are people who have mental retardation or developmental disabilities, severe physical disabilities, or who are frail and elderly. They may be young children, middle-aged adults, or older people. While people living in facilities such as nursing homes and institutions are not included on these lists, they also need our help. In addition, each year the lists grow with families falling into crisis, caregivers passing away, and with the addition of over 500 students aging out of the school system with no services in place for them.

What kind of help do they need?

They need home and community-based services, such as:

- assistance with personal hygiene; bathing needs; toileting; dressing and eating or help transferring in and out of a wheelchair or bed
- assistance with daily routines and community activities when independence isn't possible
- support getting and keeping a job
- other Family Support services -- support to help families stay together, such as community help for challenging behaviors, home and vehicle modifications, and assistive technology and transportation.

Are home and community-based services cost effective?

Home and community-based services are far more cost effective than institutionalization. According to the Department of Medical Assistance's Fiscal Year 1997 Annual Report, Georgia taxpayers saved \$110 million.

Whom does "Unlock The Waiting Lists!" represent?

Supported by more than 338 organizations statewide. Representing over 5,000 members, and another 6,000 waiting on lists, the coalition is well over 10,000 strong. The "Unlock the Waiting Lists!" coalition's Steering Committee is

- *The Georgia Advocacy Office*
- *The Georgia ARC Network*
- *The Governor's Council on Developmental Disabilities*
- *The Statewide Independent Living Council of Georgia*
- *People First of Georgia*
- *Service Provider Association for Developmental Disabilities*
- *The Institute on Human Development & Disability at the University of Georgia*

What has the "Unlock The Waiting Lists!" campaign accomplished?

As a result of the Campaign's advocacy and since 1999, almost 2,870 people are now receiving long awaited services. But we haven't kept pace with the growing population of our state! Today these lists have surpassed 6,000 people waiting for help.

How many people are waiting for help?

As of May 2005, over 6,012 people are waiting for help, including:

- 173 people with severe physical disabilities/traumatic brain injuries
- 5,839 Georgians with mental retardation/developmental disabilities

What are "Unlock The Waiting Lists!" goals?

"Get me out, keep me out, don't put me in!"

- To implement a multi-year funding plan for home and community-based services that includes transitioning of individuals from nursing homes and institutions as called for by the Olmstead decision.
- To halt the growth of waiting lists through funding crisis prevention services such as Family Support and Day Supports/Supported Employment.
- To insure that providers can pay direct care staff fair and adequate wages, provide training, and assure quality services.

For More Information

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**Applications that are sent in without a copy of a
Psychological Evaluation cannot be processed!!**