



## **RIGHTS AND RESPONSIBILITIES**

### **CLIENT RIGHTS:**

- 1 -- To request assistance promptly and have a determination of eligibility made without discrimination because of race, color, age, gender, handicap, religion, national origin or political belief.
- 2 -- To be referred to other agencies that may be able to provide additional assistance as needed.
- 3 -- To obtain complete information concerning eligibility requirements for Department programs.
- 4 -- To request a reconsideration for a denial, suspension or termination of services within 30 days from the date of denial if you think that the determination was not correct and you have documentation to substantiate your claim.

### **CLIENT RESPONSIBILITIES:**

- 1 -- To provide the Department with complete and accurate information necessary to determine initial and ongoing eligibility. This includes not altering information, having others give false information for my benefit, or altering vouchers, agreements or referral forms once assistance is granted.
- 2 -- To provide verification as requested and sign a release of information authorizing the Department to obtain information needed to determine eligibility.
- 3 -- To promptly notify the Department of any changes in my income, assets, lawsuits, living arrangement, marital status, child custody, medical condition or any other circumstances that may affect eligibility.
- 4 -- To comply with all recommendations and referrals for services that will help me achieve self-sufficiency.
- 5 -- To repay the Department for any benefits received for which I am not eligible.
- 6 - To repay the Department for any assistance received by the Department while pending a lawsuit or disability claim from Social Security Administration.
- 7 - To schedule appointments for further services and reschedule my appointment if I arrive more than ten (10) minutes late.
- 8 -- To voluntarily disclose my Social Security Number to Pinellas County and authorize the use of that number as data to be programmed into the County computer system for purposes of identification, pursuant to Section 102-26, Pinellas County Code.
- 9 -- To not engage in disruptive/abusive behavior toward staff or any behavior that generates risk to others or constitutes illegal activity.



## **INFORMED CONSENT AND WAIVER:**

If approved for services, I agree to be bound by the following conditions:

- 1** -- I understand that failure to comply with the client responsibilities outlined in this agreement may result in the suspension or termination of my benefits and subject me to a criminal investigation and possible prosecution. If my program benefits are suspended or terminated, reenrollment is not guaranteed and is subject to any limitations that may be in place when reinstated.
- 2** - If I am found potentially eligible for financial assistance, I will be sent for a consultative exam (CE) by an independent physician as well as a drug/alcohol screening test. I understand that my request for assistance will be terminated if I fail to keep my appointment for a consultative exam, if tested positive for drug/alcohol abuse or if they determine that I am not totally disabled per Social Security Administration criteria.

If approved for financial assistance, I am limited to either a maximum of 24 months or a denial of SSI benefits by an administrative law judge, whichever comes first. My benefits will also be terminated if I drop my SSI claim or if I fail to request a reconsideration or file a request for a hearing.

I understand that if I drop my SSI claim and continue my SSDI claim regardless of track and am approved for benefits, I will be responsible for repaying the amount of financial assistance provided to me.

I understand that an interruption of services in the Financial Assistance program for six months or more will result in an automatic case closure.

***By signing below, I hereby certify that I have had the information in this document explained to me and that I understand and will fulfill my obligation in this regard.***

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(Client Signature)

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(Social Security Number)

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(Staff Signature)

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(Date)

