

INSERT ORGANIZATON LOGO
HERE

RIGHTS AND RESPONSIBILITIES

Client Name _____

Client ID _____

As a client of this Disaster Case Management Program, you are voluntarily partnering with this organization and your disaster case manager in your recovery. The rights and responsibilities below are summarized to establish a shared understanding of the roles in the recovery process.

As a client of this organization, it is your responsibility to:

1. Share in the decision-making process when developing your recovery plan with your case manager and others.
2. Take an active role in the implementation of your recovery plan and explore all available resources to the best of your ability.
3. Provide accurate and timely information to your case manager relating to your disaster experience and recovery plan.
4. Ask for assistance or help when needed.
5. Treat others with respect.
6. Understand the limitations of the organization's assistance and services.
7. Assist your disaster case manager to distinguish your recovery *needs* from items or services you might wish to access.

As a disaster case manager of this organization, it is my responsibility to:

1. Assist you to identify and verify your household's disaster recovery needs.
2. Provide accurate information to you about community resources and offer guidance as to how to access those resources.
3. Work together with you to develop a realistic recovery plan.
4. Advocate for the household, when necessary, to obtain resources or services necessary for recovery.
5. Understand and verify your needs in order to secure resources or services.
6. Collect and protect your personal information in a confidential and safe environment, whether in person or by digital communication.
7. Discuss your progress and work with you to develop a plan for closing your case.

INSERT ORGANIZATON LOGO
HERE

RIGHTS AND RESPONSIBILITIES

Client Name _____

Client ID _____

As a client of this organization, you have the right to:

1. Be treated in a professional, courteous and caring manner that respects race, ethnicity, national origin, gender, sexual orientation, religion, personal values, age, disability and economic or veteran status.
2. Receive respectful treatment from others you encounter in my office.
3. Be fully informed about client services provided to you. You also have the right to accept or decline these services.
4. Receive accurate and relevant information in a timely manner and language that you understand.
5. Expect confidential treatment of your information, which will only be shared to obtain goods or services necessary to your recovery or to avoid the duplication of services. Your privacy, including your personal information, will be protected to the greatest extent possible.
6. Express any concerns about the service you received from this organization. Complaints will be addressed appropriately and in confidence.
7. Withdraw your request for services at any time.

CLIENT AFFIRMATION

As a client of the above organization, I understand my rights and responsibilities, as well as my role in my recovery. I have had an opportunity to ask clarifying questions.

I recognize that I am ultimately responsible for my recovery and that failure to be fully invested and active in my recovery may result in closure of my case prior to completion of my recovery plan.

I agree to work in partnership with my case manager and the above organization to the best of my ability.

Client Signature

Date

DISASTER CASE MANAGER AFFIRMATION

As a disaster case manager of the above organization, I agree to fulfill my responsibilities and to partner alongside you in your recovery.

Disaster Case Manager Signature

Date