

**VOCATIONAL REHABILITATION PROGRAM
Shoshone-Paiute Tribes**

TRUTH OF UNDERSTANDING:

I understand that as a Consumer of the Shoshone-Paiute Tribes Vocational Rehabilitation (SPTVR) Program that:

- I am aware that the SPTVR Program's key goals are to help me keep my employment or gain employment
- I understand that the SPTVR Program is an employment based program and not an entitlement, assistance and/or scholarship program.
- I understand that my case is designed specifically to meet my disability needs.
- I understand that in order for my case to be successful I must communicate with only my VR Counselor.
- I will inform the VR Program of any address changes, phone number and medical status or any information that may have an effect on my case.
- I understand that as a Consumer of the SPTVR program that I am subject to random alcohol/drug testing with or without cause.

Consumer Signature

Date

SPTVR Counselor

Date

SPT VOCATIONAL REHABILITATION CODE OF CONDUCT

In order to have a successful case as a Consumer I will refrain from:

- Disrespecting the SPTVR Staff, Tribal Employees and other Consumers.
- Rudeness
- Vulgar Language (cussing or raising my voice)
- Harassing
- Threatening
- Intimidating
- Acts of Physical Violence
- Defamation of Character (speaking in a manner that is offensive towards SPTVR, its employees vendors and providers to the General Public, or any personnel that is not affiliated with SPTVR).
- I will refrain from using alcohol/drugs (controlled or uncontrolled substances).
- I will refrain from disturbing the Shoshone-Paiute Tribes Finance Department regarding any payment that may be due to me, if I need to check the status of such payments I will contact my counselor.
- Upon eligibility, as a Consumer of the SPTVR program, I will abide by what's written within my individual Plan of Employed (IPE) which includes accepting the final decisions that are made between the VR Counselor and I.
- I will not communicate with my counselor via cellular text messages, social media e.g. (Facebook, MySpace, LinkedIn or the like), I understand that these sites are not secure and can comprise my confidentiality and privacy.
- I will not approach my Counselor or any SPTVR employees in public and during non-business hours pertaining to any information to my case.

I promise to abide by the rules set forth in the SPTVR Code of Conduct section, if I violate these rules, I am aware that my services may be suspended or terminated.

Consumer Signature

Date

SPTVR Counselor

Date

CONSUMER RIGHTS

- I have the right to be treated with respect and dignity.
 - I have the right to reasonable accommodation of my disability
 - I have the right to privacy and confidentiality.
 - I have the right to draft my own Individual Plan of Employment (IPE).
 - I have the right to receive services in a timely manner.
 - I have the right to contact Client Assistance Program (CAP) to advocate on my behalf.
 - I have the right to have a language translator.
 - I acknowledge that I will work any problems that may arise with my counselor and should the issue not be resolved I will follow the proper channels to alleviate the issues as listed:
 - ~ SPTVR Director
 - ~ Tribal Programs Administrator
 - ~ SPTVR Advisory Board
- CAP Offices:
- | | |
|---|---|
| Client Assistance Program-Idaho
Boise Office
4477 Emerald St., Ste. B-100
Boise, ID 83706-2066
Ph: 208/336-5353 or 800/632-5125 | Client Assistance Program-Nevada
2800 East St. Louis Avenue
Las Vegas, NV 89104-4227
Ph: 702/486-6688 or 800/633-9879
Fx: 702/486-5418
Email: DETRACAP@nvdeetr.org |
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Consumer Signature

Date

SPTVR Counselor

Date