

Participant Signature Page

AGE DECLARATION:

I am unable to provide proof of age and I declare that I am 60 years of age or older and that my date of birth, _____, is correct to the best of my knowledge.
month day year

RELEASE OF INFORMATION FOR STATISTICAL REPORTING:

I understand that the information collected will not be identified with me personally. It may be used in statistical reports. I give my permission to use the information for statistical reporting.

REQUEST FOR INTERAGENCY INFORMATION SHARING:

I receive services from more than one program funded through the Tennessee Commission on Aging and the area agency on aging. I request information from my assessment be shared with the agencies listed below that would otherwise have to interview me again to collect the same data.

AUTHORIZAION FOR REFERRAL FOR SERVICES:

I give permission for Blount County Community Action Agency, Inc. to contact on my behalf the agencies or persons listed below and to release only such information to them as may be needed to determine the level and types of services that I may need. I also grant permission to the receiving agencies to report back regarding services that I may or may not receive and/or any additional information that may significantly reflect on my need for services:

Information will be shared with the following agencies: (If this section does not apply, write none.)

Agency	Purpose
1. <u>My Physician/911/Sheriff's Dept./Rural Metro</u>	<u>Emergency Services</u>
2. <u>Blount County Community Action Agency, Inc.</u>	<u>Additional services provided by BCCAA</u>
3. _____	_____

GRIEVANCE PROCEDURE:

I understand that if I have a serious complaint about not receiving adequate service from Blount County Community Action Agency, Inc. I have a right to complain to the proper authorities with no penalty to me. (AGENCY)

CLIENT AGREEMENT:

By my signature, I affirm that I have read, or have had explained to me, the above statement. The telephone number I need for complaints has been left with me, and I do give the authorization necessary for release of information listed above. Unless otherwise stated this release of information expires in one year.

SIGNATURES

_____	_____	_____
Date	Participant	Employee
_____	_____	_____
Date	Participant	Employee

BLOUNT COUNTY COMMUNITY ACTION AGENCY
Client Rights, Grievance Procedure & Program Funding

CLIENT RIGHTS

It is the policy of the agency that all clients receiving services from Blount County Community Action Agency are guaranteed the following rights:

1. The right to be treated with consideration, respect and full recognition of their dignity and individuality and the right to be protected from abuse, neglect, and/or exploitation.
 2. The right to receive services regardless of their race, national origin, sex, age, religion, or disability.
 3. The right to not receive any service without their informed consent and agreement.
 4. The right to confidentiality of all agency records except in the case of court order, emergencies, or as otherwise required or permitted by law.
 5. The right to not be required to make public statements acknowledging gratitude to the agency/provider for services provided.
 6. The right to not be required to perform in public gatherings.
 7. The right to not have the identifiable photographs of themselves used without their written permission.
 8. The right to complain (through a formal grievance procedure) about the services provided, without fear of retaliation, if they believe their rights have been violated.
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GRIEVANCE PROCEDURE

If you feel you have been treated unfairly, or if you are dissatisfied for any reason with services provided, please contact:

Meals on Wheels Program Director
Blount County Community Action Agency
3509 Tuckaleechee Pike, Maryville, TN 37803
Telephone: 865-983-8411 ext. 27

If you are still dissatisfied you may want to discuss your complaint with the director of the agency. Please contact:

Executive Director
Blount County Community Action Agency
3509 Tuckaleechee Pike, Maryville, TN 37803
Telephone: 865-983-8411 ext. 22

If your complaint or grievance has not been resolved, you may wish to write to the East Tennessee Area Agency on Aging and Disability. Address your concerns to:

Administrator, ETAAAD
9111 Cross Park Drive, Suite D-100
Knoxville, TN 37923

We receive support and funding through ETAAAD, State of Tennessee, USDA, Second Harvest, United Way and private donations. All clients' income and physical limitations are self-declared and receive home delivered services through Meals on Wheels Blount County Community Action Agency.