Day Service Division
HUMAN RIGHTS TRAINING

I have the right to be free of discrimination where I work (and/or) where I live. If I have a problem, I can talk about it with __________________________.

I understand that I have the right to religious freedom and practice, but no one can force me.

I understand that I can choose to or not to vote. No one can make me vote for someone or something I don’t want. I can get any help I may need from my program.

I understand that I can use the telephone and can make or receive private calls. Also, I can send and receive private calls. Also, I can send and receive my own mail.

I understand that I have to be protected from commercial exploitation. People must ask me if it is O.K. before they show my picture or name and address to a lot of people.

I understand that I have the right to visit others and have visitors. Sometimes I may be told I can’t, but I must be given good reasons.

I understand that I have the right to enjoy these basic goods and services. No one can tell me I can’t have them or make me wait for them.

I understand that I have the right to control the provision of Personal Medical Treatment. People have to ask me for my O.K. before I go to the doctor or dentist or before I take medication.

At work and at home, no one can hit me, call me names, scream at me, tell other people to do the same to me, lock me in a room by myself, punish me by telling me I’m going to leave the program, or punish me for complaining to my Human Rights Officer (demonstrate each abuse and explain about going to his/her Human Rights Officer in each case).

I understand that I have the right to record access and record privacy. If I think something in my record is not true or have any other problem I can talk to my Human Rights Officer.

I understand that this document briefly summarizes my Human Rights. They have been explained to me in detail by __________________________. I have also been provided information regarding the following:

- Northeast Arc’s Day Service Division’s **Grievance Procedure**.
- **DPPC** and how to access this support if needed. If needed, information regarding **Human Rights and DPPC** are readily available to me in the following format: CD, Pictorial board, training with actual items or a handbook.

If I am concerned that my rights have been violated, or if I have any questions, I may speak to __________________________ or any of my support staff.

**Program Human Rights Officer**

__________________________  _______________________
Individual’s Signature                                           Date

**Grievance procedure, Human Rights and DPPC Training occurs on a yearly basis.**

Rev. 1/01, Rev.8.11.09, 7/13, 4/15