

INDIVIDUALLY DESIGNED LIVING ARRANGEMENT (IDLA) ASSURANCES

Please read each assurance, initial where indicated and sign and date the agreement.

1. _____ I understand the Division of Developmental Disabilities is responsible to provide services in a cost effective manner. If my costs are more than what the Division can pay for, I may need to look a different living arrangement.
2. _____ I understand that an Individually Designed Living Arrangement is not a licensed setting; therefore it is not monitored by the DES- Office of Licensing and Certification (OLCR), the Arizona Department of Health Services (ADHS), or any other licensing agency.
3. _____ I understand that because this is not a licensed setting, the hours are assessed by the Division and an approved schedule must be created and followed.
4. _____ I understand that I am responsible for finding my own place to live.
5. _____ I understand that I am responsible (and/or my payee) for paying my own rent, and all other bills.
6. _____ I understand that it is my responsibility (and/or payee) to apply for utilities, any help I need from the community, and pay for all my expenses.
7. _____ I understand that I must follow the terms of my lease agreement.
8. _____ I understand that this is my home, not my provider's home. My name or responsible person's name is on the lease/deed.
9. _____ I understand that I can buy renter's insurance if I choose to.
10. _____ I understand my roommates and I are jointly responsible to select our own roommates. The Division may provide information about other people looking for roommates, if available.
11. _____ I understand that if a roommate decides to move out that my roommate(s) and I are jointly responsible to find a new roommate.
12. _____ I understand my roommates and I are jointly responsible for choosing the DDD contracted provider of service.

Member's Name (*Print*): _____

Signature of Member / Responsible Person: _____ Date: _____

Equal Opportunity Employer / Program • Auxiliary aids and services are available upon request to individuals with disabilities • To request this document in alternative format or for further information about this policy, contact the Division of Developmental Disabilities Customer Service Center at 1-844-770-9500; TTY/TDD Services: 7-1-1 • Disponible en español en línea o en la oficina local