Utah Department of
Health & Human Services
Services for People with Disabilities

SUPPORTED WORK INDEPENDENCE PROGRAM
Participation Agreement

PRIVACY NOTICE: See the end of this form to learn why DHHS collects this data.

DSPD PID#:_____ DRS Case #:_____

Your Name: _____ Today's Date: ____/____/_____

Your Phone Number: _____ Your Birthday: ____/____/_____

Your Home Street Address: _____

Your City: _____ Your Zip Code: _____

Notice: Utah Code Ann. §§26B-6-403.1 and 403.3 were enacted to help people with disabilities get jobs in the community. Today, the Division of Services for People with Disabilities (DSPD) does this primarily through the Support Work Independence (SWI) Program. You have been contacted because you have been selected to participate.

If you decide to participate in the SWI Program, you will need to be able to do the following:

- Prove that your citizenship or immigration status allows you to work in the United States;
- Participate in the planning of your supported employment services;
- Select a provider that is contracted with both Vocational Rehabilitation and DSPD;
- Prepare for getting a job by doing things like: finding jobs that interest you, practicing for interviews, completing applications, being on time, dressing appropriately, learning about and working on improving your employment skills.

If you decide to participate in the SWI Program, you will be able to:

- Select a provider to help you with your employment goals and necessary supports;
- Apply for jobs that interest you;
- Submit complaints (grievances) about your provider, rehabilitation counselor, or community services broker, if needed.

While participating in the SWI Program:

- You will not be able to receive any Medicaid Waiver services provided by DSPD;
- You will be removed from the immediate needs waiting list only for supported employment;
- You must agree to follow instructions from DSPD, your provider, rehabilitation counselor, and community services broker;
- The SWI Program services may be withdrawn by DSPD at any time; and
- You may continue to use a Medicaid Card, if you have one, to access State Plan, EPAS, and other Medicaid services operated separately from the Division.

Please sign below to show you have been informed about the SWI Program and wish to participate in it.

_____ ____/____/_____

Participant or Guardian Signature Date

PRIVACY NOTICE:

DHHS is collecting this data to determine eligibility for the Supported Work Independence (SWI) Program. This personal data will only be used by DHHS, and if needed, by a person or party contracted with DHHS. Without this data, DHHS cannot make an eligibility determination. This data is part of record series: 15376.