



HOW DO I BECOME A VOLUNTEER OR INTERN?

In order to provide our members and residents with the best experience possible, we require all potential volunteers to fill out required documents before beginning. This includes the following:

- *Volunteer Application (the only required document for Barn and Grounds/Maintenance Volunteers)
- *Confidentiality Agreement
- *Infectious and Communicable Disease Form
- *Media Release
- *Liability Release
- *Members' Rights & Responsibilities form

All interns will also be required to complete a background prior to beginning.

WHO DO I CONTACT WITH QUESTIONS?

Our team is happy to answer any questions or address any concerns that you may have.

- **Director of Development:** Amanda Mewborn | 704.992.1424 x 12 | amewborn@hindsfeetfarm.org

HOW DO I SUBMIT MY APPLICATION?

Please complete and submit the required forms to our office via email or by mail:

- **Director of Development:** Amanda Mewborn | 704.992.1424 x 12 | amewborn@hindsfeetfarm.org
PO Box 2842 | Huntersville, NC 28078

HOW OFTEN ARE FORMS UPDATED?

To better communicate with all of our volunteers and staff, we ask that you update your forms once a year. We will reach out to each volunteer individually to complete these forms.

PRIVACY & PROTECTION OF INFORMATION

Security of information is extremely important to us. All information submitted is available to and accessed by only relevant personnel. Information is never sold or shared outside of Hinds' Feet Farm.

SUGGESTED BRAIN INJURY COURSES

The Brain Injury Association of North Carolina (BIANC), provides free online courses for anyone working in the brain injury community. We strongly recommend you view the four TBI courses prior to volunteering.

<https://bianc.academy.reliaslearning.com/>

1. Click on BIANC Courses.
2. Add the courses to your "Cart". After clicking on each individual course, you will need to scroll to the bottom of the page and click "Add to Cart". Once the course has been added, click "Continue Shopping".
3. Once all four courses are in your "Cart", click "Check Out".
4. You will be taken to the Member Sign-In page and click "Register".
5. You will then create an account and fill in your contact information. Once this is complete, you will be taken back to the Checkout page, and will click "Submit Order".



Volunteer Application

All volunteer opportunities require the completion of this application, a signed Confidentiality Agreement, a signed Infectious and Communicable Disease Form, a signed Media Release, a signed Liability Release Form and a signed Members' Rights and Responsibilities Form.

Personal Information

Title:	Name: First		Middle	Last
Nickname:				
Address: Street		City	State	Zip
County:		Birth Month: Day:		
		I'm over the age of 18: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Phone: Home	Mobile	Preferred Phone: <input type="checkbox"/> Home <input type="checkbox"/> Mobile		
Email:		I am on LinkedIn: <input type="checkbox"/> Yes <input type="checkbox"/> No		

Employment Information

Employer:	Position:			
Address: Street	City	State	Zip	
Work Phone:	May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Emergency Contact Information

Emergency Contact:	Relationship:
Emergency Contact Phone:	

How did you hear about Hinds' Feet Farm?

- | | |
|--|--|
| <input type="checkbox"/> Civic organization: _____ | <input type="checkbox"/> Friend: _____ |
| <input type="checkbox"/> College/University: _____ | <input type="checkbox"/> Media/Public Relations: _____ |
| <input type="checkbox"/> Employer: _____ | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Family: _____ | |

Professional Skills – Select those skills in which you have a professional capability.

- | | |
|--|--|
| <input type="checkbox"/> Construction / Carpentry | <input type="checkbox"/> Professional Certifications |
| <input type="checkbox"/> Entertainment Skills | <input type="checkbox"/> Scrapbooking |
| <input type="checkbox"/> Graphic Design / Art Design | <input type="checkbox"/> Writing |
| <input type="checkbox"/> Interior Decorating | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Photography | |

Language Skills – If you are fluent in another language, please check all that apply.

	Read	Write	Speak	Understand
American Sign Language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arabic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
French and French Creole	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
German	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hindi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Italian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Japanese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Korean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Polish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Portuguese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Russian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spanish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tagalog	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vietnamese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In a few words, describe yourself and what motivated you to volunteer at this time in your life.

What are you looking to get out of this volunteer experience?

Volunteer Roles

Fundraising – Assist development team in seeking in-kind donations, write grant and/or sponsorship proposals, collaborate to build partnerships with local companies or conduct research on local companies’ giving campaigns.

Office – Assist with miscellaneous projects at the office, including phone calls, grant research, mailings, etc.

Grounds/Maintenance – Assist with projects around the farm which may include mowing, weeding, cleaning the barn, spreading mulch, etc.

Translator/Interpreter – Assist non-English-speaking members or residents and/or assist with translation requests (as needed).

Day Program - Work directly with our members and staff in our day program.

Barn - Assist with feeding and caring for our horses, maintaining a clean barn, etc.

Equine Therapy – Work directly with our members by participating in our equine therapy program.

Internship – Complete an internship for college credit. If you are inquiring about an internship, please provide a short description of what school you attend, how many hours you need to complete and which location (Asheville or Huntersville) you would like to complete your hours.

I have read and understood the various volunteer roles and am able to perform those roles in which I’ve applied for. I am volunteering my time for personal reasons and understand I will not be paid for my services as a volunteer or intern and I expect no compensation. Furthermore, I understand that this application will help in determining the best fit of my skills for Hinds’ Feet Farm.

Signature: _____ **Date:** _____

****Barn and Group/Maintenance Volunteers only need to finish the volunteer application. If you are interested in another area, please sign and complete the rest of the documents****



HINDS' FEET FARM ASSURANCE OF CONFIDENTIALITY

Hinds' Feet Farm is required to make known to all employees, students, volunteers and all other individuals with access to confidential information the provisions of the Federal Standards for Privacy of Individually Identifiable Health Information and the North Carolina Statutes on Confidentiality (122C 51-56).

Hinds' Feet Farm is required by law to maintain the privacy of protected health information.

Protected health information as defined by the Federal Standards is: all individually identifiable health information that is transmitted or maintained in any form, including paper, oral and electronic records and communications.

Confidential information as defined in the N.C. Statutes "includes but is not limited to photographs, video tapes, audio tapes, client records, reimbursement records, verbal information relative to individuals served, client information stored in automated files and clinical staff member files".

All information related to the individuals we support is confidential.

In accordance with the General Provisions (.0118) of the North Carolina Confidentiality Rules: Individuals with access to or control over confidential information shall take affirmative measures to safeguard such information.

Any release of confidential information:

- is authorized in writing by the individual and/or the legally responsible person
- is limited to the specific information identified and is the minimum necessary to fulfill the request
- has a time limitation not to exceed one year
- must allow for consent to be withdrawn at any time by the consenting individual

Once the authorization for release has been signed, only designated employees may approve the release of confidential information.

Examples:

- Information about an individual does not need to be discussed with individuals outside their team.
- Employees will only have access to the individuals' information necessary to provide support and services.
- When an employee leaves and goes to another agency, any knowledge of individuals supported remains confidential and is not to be used by the new agency for or against the individual.

All employees, students, volunteers and all other individuals with access to confidential information shall indicate an understanding of the requirements governing privacy and confidentiality by signing a statement of understanding and compliance. These are signed upon employment and annually thereafter as required by funding source.

Confidentiality Statement

I understand and agree that all information related to individuals we support contained in records and observed at any location, must be kept confidential from unauthorized persons.

In accordance with Federal Standards for Privacy and N.C. Statutes on Confidentiality, I agree to hold confidential all information about applicants for placement, current and former individuals supported by Hinds' Feet Farm and other agencies to which I have access. Further, I agree not to divulge such information to any unauthorized persons.

I understand that my failure to comply with the Federal Standards and the N.C. Statutes is a violation of client rights and may result in civil and/or criminal penalties punishable by fine or imprisonment and/or result in disciplinary action up to and including dismissal.

Name/Signature/Title

Date



HINDS' FEET FARM INFECTIOUS & COMMUNICABLE DISEASE FORM

For the protection of Hinds' Feet Farm (HFF) members, staff, community volunteers, student interns, and others, all participants and/or possible participants of Hinds' Feet Farm residential and day programs must attest to being free from any infectious or communicable disease, or the participant must inform Hinds' Feet Farm of which infectious/communicable disease they have. If a participant has an infectious/communicable disease, Hinds' Feet Farm will consult with the participant's doctor, HFF's Medical Director, and/or program staff to determine the participant's eligibility for program services.

Hinds' Feet Farm members, staff, community volunteers, student interns, and all others participating in residential and/or day programs who have contracted an infectious or communicable disease should refrain from reporting to work or participating in the programs until there is no risk of infecting others, and may be required to provide a signed note from a medical professional attesting to such.

All identified occurrence of infection exposure will be reported immediately to the Director and/or his/her designee so that the local Health Department can be notified for further instruction. An incident report will be completed. An investigation will occur into all incidents of infectious disease exposure. All findings will be reported to QA/QI committee for recommendations.

Hinds' Feet Farm members, staff, community volunteers, student interns, and all others participating at the day program will practice universal precautions and take other appropriate steps to prevent the spread of infectious and communicable diseases.

By signing below, you attest that you are free from any infectious/communicable disease (such as but not limited to HIV/AIDS, Hepatitis, TB, etc.).

_____	_____
Name & Signature	Date
_____	_____
Parent/Guardian's Name & Signature (if applicable)	Date
_____	_____
Hinds' Feet Farm Staff Name & Signature	Date

By signing below, you are confidentially informing Hinds' Feet Farm that you have an infectious or communicable disease and you understand that HFF reserves the right to determine participation eligibility.

Type of Infectious/Communicable Disease	
_____	_____
Name & Signature	Date
_____	_____
Parent/Guardian's Name & Signature (if applicable)	Date
_____	_____
Hinds' Feet Farm Staff Name & Signature	Date



HINDS' FEET FARM MEDIA RELEASE

1. BASIC INFORMATION

Individual Giving Release: _____

Full Address: _____

Age (check one): Over 18 _____ Under 18 _____

2. RELEASE

I, the undersigned individual, hereby grant to Hinds' Feet Farm, the perpetual and irrevocable right to use the undersigned's: name, photograph, video image, voice, biography, and history (excluding medical history and as relevant to Hinds' Feet Farm's Client Consent and Acknowledge of Receipt of Privacy Notice), factually or otherwise, and under a real or a fictitious name, in connection with the production, distribution, dissemination of Hinds' Feet Farm media, remakes and/or sequels. Such grant includes use in advertising in connection with the foregoing, and use in any and all media, whether now existing or hereafter devised. It also includes the right to make such changes, fictionalizations and creative choices as Hinds' Feet Farm may decide in its sole discretion.

The undersigned individual: (i) agrees not to bring any action or claim against Hinds' Feet Farm, or to allow others to bring such an action or claim, based on the depiction of the undersigned at Hinds' Feet Farm or the use of material relating to the undersigned at Hinds' Feet Farm or as otherwise described above, and (ii) releases Hinds' Feet Farm from any and all such actions or claims that the undersigned may have now or in the future.

The undersigned acknowledges the receipt of good and valuable consideration for the release and other grants and agreements made herein, and understands that Hinds' Feet Farm is relying on them in proceeding with the production and dissemination of the media releases thereof as authorized above. The undersigned warrants that the use of the rights granted hereunder and of any material supplied by the undersigned will not violate the rights of any third party.

Name & Signature

Date

Parent/Guardian's Name & Signature (if applicable)

Date

Hinds' Feet Farm Staff Name & Signature

Date



HINDS' FEET FARM VOLUNTEER/INTERN LIABILITY RELEASE

1. BASIC INFORMATION

Individual Giving Release: _____

Full Address: _____

Age (check one): Over 18 _____ Under 18 _____

2. RELEASE

As a volunteer at Hinds' Feet Farm, I acknowledge the risks and potential for risks of a volunteering in community based program serving persons with disability. However, I feel that the possible benefits to the clients and myself I work with are greater than the risk assumed. Thereby, intending to be legally bound: for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against Hinds' Feet Farm, its board of directors, instructors, therapists, volunteers and/or employees for any and all injuries and/or losses I may sustain while participating at Hinds' Feet Farm.

Warning: Under North Carolina Law, Chapter 99 E of the North Carolina General Statues, an equine activity sponsor or equine professional is not liable for an injure to or the death of a participant in equine activities resulting exclusively from the inherent risks of equine activities.

_____	_____
Name & Signature	Date
_____	_____
Parent/Guardian's Name & Signature (if applicable)	Date
_____	_____
Hinds' Feet Farm Staff Name & Signature	Date



HINDS' FEET FARM

MEMBERS' RIGHTS & RESPONSIBILITIES

This information is given to all Hinds' Feet Farm (HFF) members, staff, community volunteers, student interns, and visitors. Members of HFF have a right to receive service information, including their rights and responsibilities.

DEFINITIONS
<p>What is a right? Something you can do by law.</p> <p>What is a rule? Something set up by a program or Area Program or the State so things will run smoothly.</p> <p>What is a responsibility? Something you agree to do to the best of your ability.</p>
WHAT ARE RIGHTS RESTRICTIONS?
<p>"Rights restrictions" limit or take away a person's right to do something. Your rights cannot be taken away without safeguards in place to protect you. Your rights may be limited if you might harm yourself or other persons and could involve an involuntary commitment.</p> <p>A very specific change to your person-centered plan must be approved by your team before your rights are limited in any way. A human rights committee may need to approve some restrictions. You or your guardian will participate in making these decisions.</p> <p>A person's rights cannot be taken away because of the way others behave, because of staffing problems, because it is easier for staff or because it will make your home, work, or community operate more smoothly.</p> <p>For minors under age 18, a parent or legal guardian makes treatment and service decisions for you or with you.</p> <p>If you feel your rights are being violated, you have the right to contact Disability Rights North Carolina (formerly the Governor's Advocacy Council) at 1-919-856-2195.</p> <p>If you have any concerns that we have not been able to correct, please contact the Department of Health and Human Services Client Complaint Hotline at 1-800-624-3004.</p>
MEMBERS' BILL OF RIGHTS
<p>Members have the right to:</p> <ol style="list-style-type: none"> 1. To treatment, including access to medical care and habilitation, regardless of age or degree of mental health/developmental disability/substance abuse disability; to receive necessary treatment for prevention of physical ailments. 2. Be treated with respect, dignity, and integrity. 3. Be empowered, self-determined, and person-centered with free-choice in a welcoming, belonging, community and clubhouse program. 4. Be self-governing through the fluidity of the program and will have opportunities to participate in person-centered planning, and to engage in reestablishing and empowering occupation or meaning in life. 5. Be a part of Hinds' Feet Farm's holistic health and wellness, and empowerment philosophy. 6. Know the membership criteria and program rules. 7. Be free from sexual harassment, physically or mentally abused or exploited.

MEMBERS' BILL OF RIGHTS - CONTINUED

8. Privacy and confidentiality; and have confidential records that cannot be released without the individual's or guardian's written permission.
9. Voice their opinions, needs, improvements, contributions, grievances, and other thoughts to HFF program staff.
10. A smoke free environment, except in designated smoking areas.
11. Not be denied appropriate care on the basis of the individual's race, religion, color, national origin, sex, age, disability, marital status, or source of payment.
12. Not be prohibited from communicating in the individual's native language with other individuals or employees for the purpose of acquiring any type of treatment, care or services.
13. Present grievances on his/her own or another's behalf to the director, manager, state agencies, or other persons without threat of reprisal in and manner and expectation of response from the person providing services.
14. Engage in unrestricted communication, including person visitation with any person of the individual's choice, including family members and representatives of advocacy groups and community service organizations at any reasonable hour.
15. Make contacts with the community and achieve the highest level of independence, autonomy, and interaction with the community of which the person is capable.
16. Manage financial affairs or have at least quarterly accounting of financial transactions made by others with the individual's written consent.
17. Inspect and obtain one's own personal records maintained by service providers (see *Member Handbook* for how to obtain a copy of your personal records from Hinds' Feet Farm).
18. Have the person providing the services answer questions concerning health, treatment, and condition unless a physician determines that the knowledge would harm the individual and documents it in the record.
19. Refuse treatment, including medications, after the possible consequences of refusing are fully explained.
20. Be provided unaccompanied access to a telephone at a reasonable hour in case of an emergency or personal crisis.
21. Retain and use personal property in the immediate program space.
22. Refuse to perform services for the program, except as the contracted for the individual and facility.
23. Be informed, in writing, by the person providing services of available services and the applicable charges of the services are not covered by insurance, etc.
24. Unless previously arranged, not be transferred or discharged, except in an emergency situation, in which case the individual or guardians must be notified immediately.
25. Leave the program temporarily or permanently, subject to contractual or financial obligations.
26. Due process procedures for any member who refuses the use of restrictive interventions. These types of interventions are outlined in the Consent for Use of Least Restrictive Alternatives & Interventions form which must be maintained in the member record and signed by the member/guardian and qualified professional staff on an annual basis. For the safety of Hinds' Feet Farm's members and staff, Hinds' Feet Farm will not admit or renew program membership for any involuntary member who refuses the use of restrictive interventions.

(Adopted in part from the Brain Injury Association of America's American Academy for the Certification of Brain Injury Specialists)

In addition, Hinds' Feet Farm will uphold the following additional rights for Residential Members as specified in **North Carolina Statutes Chapter 122C, Mental Health, Developmental Disabilities, and Substance Abuse Act of 1985, Article 3, Clients' Rights and Advance Instruction, 122C-61 and 122C-62:**

“§ 122C-61. Treatment rights in 24-hour facilities.

In addition to the rights set forth in G.S. 122C-57, each client who is receiving services at a 24-hour facility has the following rights:

- (1) The right to receive necessary treatment for and prevention of physical ailments based upon the client's condition and projected length of stay. The facility may seek to collect appropriate reimbursement for its costs in providing the treatment and prevention; and
- (2) The right to have, as soon as practical during treatment or habilitation but not later than the time of discharge, an individualized written discharge plan containing recommendations for further services designed to enable the client to live as normally as possible. A discharge plan may not be required when it is not feasible because of an unanticipated discontinuation of a client's treatment. With the consent of the client or his legally responsible person, the professionals responsible for the plans shall contact appropriate agencies at the client's destination or in his home community before formulating the recommendations. A copy of the plan shall be furnished to the client or to his legally responsible person and, with the consent of the client, to the client's next of kin. (1973, c. 475, s. 1; c. 1436, ss. 6, 7; 1981, c. 328, ss. 1, 2; 1985, c. 589, s. 2.)

§ 122C-62. Additional rights in 24-hour facilities.

(a) In addition to the rights enumerated in G.S. 122C-51 through G.S. 122C-61, each adult client who is receiving treatment or habilitation in a 24-hour facility keeps the right to:

- (1) Send and receive sealed mail and have access to writing material, postage, and staff assistance when necessary;
- (2) Contact and consult with, at his own expense and at no cost to the facility, legal counsel, private physicians, and private mental health, developmental disabilities, or substance abuse professionals of his choice; and
- (3) Contact and consult with a client advocate if there is a client advocate.

The rights specified in this subsection may not be restricted by the facility and each adult client may exercise these rights at all reasonable times.

(b) Except as provided in subsections (e) and (h) of this section, each adult client who is receiving treatment or habilitation in a 24-hour facility at all times keeps the right to:

- (1) Make and receive confidential telephone calls. All long distance calls shall be paid for by the client at the time of making the call or made collect to the receiving party;
- (2) Receive visitors between the hours of 8:00 a.m. and 9:00 p.m. for a period of at least six hours daily, two hours of which shall be after 6:00 p.m.; however, visiting shall not take precedence over therapies;
- (3) Communicate and meet under appropriate supervision with individuals of his own choice upon the consent of the individuals;
- (4) Make visits outside the custody of the facility unless:
 - a. Commitment proceedings were initiated as the result of the client's being charged with a violent crime, including a crime involving an assault with a deadly weapon, and the respondent was found not guilty by reason of insanity or incapable of proceeding;
 - b. The client was voluntarily admitted or committed to the facility while under order of commitment to a correctional facility of the Division of Adult Correction of the Department of Public Safety; or
 - c. The client is being held to determine capacity to proceed pursuant to G.S. 15A-1002;A court order may expressly authorize visits otherwise prohibited by the existence of the conditions prescribed by this subdivision;
- (5) Be out of doors daily and have access to facilities and equipment for physical exercise several times a week;
- (6) Except as prohibited by law, keep and use personal clothing and possessions, unless the client is being held to determine capacity to proceed pursuant to G.S. 15A-1002;
- (7) Participate in religious worship;
- (8) Keep and spend a reasonable sum of his own money;
- (9) Retain a driver's license, unless otherwise prohibited by Chapter 20 of the General Statutes; and
- (10) Have access to individual storage space for his private use.

(c) In addition to the rights enumerated in G.S. 122C-51 through G.S. 122C-57 and G.S. 122C-59 through G.S. 122C-61, each minor client who is receiving treatment or habilitation in a 24-hour facility has the right to have access to proper adult supervision and guidance. In recognition of the minor's status as a developing individual, the minor shall be provided opportunities to enable him to mature physically, emotionally, intellectually, socially, and vocationally. In view of the physical, emotional, and intellectual immaturity of the minor, the 24-hour facility shall provide appropriate structure, supervision and control consistent with the rights given to the minor pursuant to this Part. The facility shall also, where practical, make reasonable efforts to ensure that each minor client receives treatment apart and separate from adult clients unless the treatment needs of the minor client dictate otherwise.

Each minor client who is receiving treatment or habilitation from a 24-hour facility has the right to:

- (1) Communicate and consult with his parents or guardian or the agency or individual having legal custody of him;
- (2) Contact and consult with, at his own expense or that of his legally responsible person and at no cost to the facility, legal counsel, private physicians, private mental health, developmental disabilities, or substance abuse professionals, of his or his legally responsible person's choice; and
- (3) Contact and consult with a client advocate, if there is a client advocate.

The rights specified in this subsection may not be restricted by the facility and each minor client may exercise these rights at all reasonable times.

(d) Except as provided in subsections (e) and (h) of this section, each minor client who is receiving treatment or habilitation in a 24-hour facility has the right to:

- (1) Make and receive telephone calls. All long distance calls shall be paid for by the client at the time of making the call or made collect to the receiving party;
- (2) Send and receive mail and have access to writing materials, postage, and staff assistance when necessary;
- (3) Under appropriate supervision, receive visitors between the hours of 8:00 a.m. and 9:00 p.m. for a period of at least six hours daily, two hours of which shall be after 6:00 p.m.; however, visiting shall not take precedence over school or therapies;
- (4) Receive special education and vocational training in accordance with federal and State law;
- (5) Be out of doors daily and participate in play, recreation, and physical exercise on a regular basis in accordance with his needs;
- (6) Except as prohibited by law, keep and use personal clothing and possessions under appropriate supervision, unless the client is being held to determine capacity to proceed pursuant to G.S. 15A-1002;
- (7) Participate in religious worship;
- (8) Have access to individual storage space for the safekeeping of personal belongings;
- (9) Have access to and spend a reasonable sum of his own money; and
- (10) Retain a driver's license, unless otherwise prohibited by Chapter 20 of the General Statutes.

(e) No right enumerated in subsections (b) or (d) of this section may be limited or restricted except by the qualified professional responsible for the formulation of the client's treatment or habilitation plan. A written statement shall be placed in the client's record that indicates the detailed reason for the restriction. The restriction shall be reasonable and related to the client's treatment or habilitation needs. A restriction is effective for a period not to exceed 30 days. An evaluation of each restriction shall be conducted by the qualified professional at least every seven days, at which time the restriction may be removed. Each evaluation of a restriction shall be documented in the client's record. Restrictions on rights may be renewed only by a written statement entered by the qualified professional in the client's record that states the reason for the renewal of the restriction. In the case of an adult client who has not been adjudicated incompetent, in each instance of an initial restriction or renewal of a restriction of rights, an individual designated by the client shall, upon the consent of the client, be notified of the restriction and of the reason for it. In the case of a minor client or an incompetent adult client, the legally responsible person shall be notified of each instance of an initial restriction or renewal of a restriction of rights and of the reason for it. Notification of the designated individual or legally responsible person shall be documented in writing in the client's record.

(f) The Commission may adopt rules to implement subsection (e) of this section.

(g) With regard to clients being held to determine capacity to proceed pursuant to G.S. 15A-1002 or clients in a facility for substance abuse, and notwithstanding the prior provisions of this section, the Commission may adopt rules restricting the rights set forth under (b)(2), (b)(3), and (d)(3) of this section if restrictions are necessary and reasonable in order to protect the health, safety, and welfare of the client involved or other clients.

(h) The rights stated in subdivisions (b)(2), (b)(4), (b)(5), (b)(10), (d)(3), (d)(5) and (d)(8) may be modified in a general hospital by that hospital to be the same as for other patients in that hospital; provided that any restriction of a specific client's rights shall be done in accordance with the provisions of subsection (e) of this section. (1973, c. 475, s. 1; c. 1436, ss. 2-5, 8; 1985, c. 589, s. 2; 1989, c. 625, s. 10; 1995, c. 299, s. 2; 1997-456, s. 27; 2011-145, s. 19.1(h).)"

MEMBERS' RESPONSIBILITIES

Your Responsibilities:

- Give us all the facts about the problems you want help with and bring a list of all other professional s providing care for you.
- Follow your person-centered plan once have agreed to it.
- If you have Medicaid or other insurance, bring in your card each time you come to your member/family treatment meeting.
- Let us know about changes in your name, insurance, address, telephone numbers or your finances.
- Let us know when you have complaints or suggestions.
- Be very involved in developing and reviewing your person-centered plan. Ask for information about your service.

Talk to your case manager, counselor, or other staff often about your needs, preferences, and goals and how you think you are doing at meeting your goals.

PROGRAM RULES

Program Rules:

- If attending the Day Program, you sign in when you arrive and sign out when you leave.

The following are not allowed in any of Hinds' Feet Farm's programs:

- Alcohol, illegal drugs. Tobacco products are allowed in designated areas only.
- Physical violence toward people or property.
- Sexual activity or sexual harassment.
- Weapons.
- Profanity.
- Theft, destruction of property and/or vandalism.

I, _____, have received information related to the Members'

Rights and Responsibilities on (date) _____.

Name & Signature

Date

Parent/Guardian's Name & Signature (if applicable)

Date

Hinds' Feet Farm Staff Name & Signature

Date