

## **IMPORTANT POLICIES AND PROCEDURES FOR Title III & Older Americans Act CLIENTS**

### **Grievance procedures for Tuscarawas County Senior Center Clients**

- Step 1. Any grievance should first be discussed with the Department Director/Manager.
- Step 2. If you are unable to get a satisfactory answer or resolution you should then Contact the Executive Director, Jamie L. Smith, telephone 330-364-6611.
- Step 3. The executive director will contact you within 5 business days to discuss the grievance and provide you with a written summary of the meeting within 5 working days of the meeting.
- Step 4. The executive director will contact you after 10 days as follow up to determine if the participant continues to be satisfied with the resolution.
- Step 5. If you are not satisfied with the resolution you should then contact Area Agency on Aging, Region 9, telephone 1-800-945-4250.
- Step 6. If you are not satisfied with the resolution you may contact the Ohio Department on Aging at 614-466-5500.
- Step 7. If your grievance alleges discrimination on the basis of race, color, religion, sex, national origin, disability, or age, and if you are not satisfied with the decision on the ODA Title V Administrator, you may file a complaint with the Directorate of Civil Rights, United States Department of Labor, 200 Constitution Avenue, NW, Room 4123, Washington, DC 20201.

### **Procedures to File a Liability Claim for Injury, Property or Theft**

- Step 1. The client should contact the Executive Director.
- Step 2. Complete Non-Injury Incident Form and submit to the Executive Director.
- Step 3. The Executive Director will provide written follow up to the client within 10 working days.
- Step 4. If you are not satisfied with the resolution you should then contact Area Agency on Aging, Region 9, telephone 1-800-945-4250.

### **Non-Discrimination Policy**

It is the policy of the Tuscarawas County Committee on Aging that no client or consumer of the Tuscarawas County Committee on Aging programs or services will be discriminated against based wholly or impart on age, sex, race, handicap, color, national origin or religion.

### **Donation Policy**

The Tuscarawas County Senior Center accepts donations for services, however, a client is not refused services if they do not wish to donate.

### **Ombudsman Contact Information**

Your advocate for aging and health care services:  
Long Term Care Ombudsman, telephone: 1-800-282-1206

My signature signifies that I have read and understand the following information and authorize the following:

The attached client registration form was developed to assist the Ohio Department of Aging to monitor the effectiveness of senior programs offered to the citizens of Ohio. Any client information obtained from this form will be kept confidential and no personal identifying information (e.g., Name, Address, Telephone Number, ID Number, etc.) will be released to the public without written consent, or rules otherwise required under federal law.

The data collected (age, sex, race, low-income status, ADLs and IDLs) will be forwarded to the Area Agency on Aging and the Ohio Department of Aging; summarized and reported to the Administration on Aging (AOA) in order to keep both state and federal legislators informed on the effectiveness of senior programs (as required by the 1992 Older American Act Preauthorization). While all clients receiving services under the Older American Act are asked to complete the attached form in full, no client may be denied services for refusing to provide any of the information requested, including social security number.

If you have any further questions, do not hesitate to ask the staff why this release is necessary.

### **Release of Information**

1. I authorize the information contained in this client registration assessment form to be used for the purpose of planning or to obtain services to meet my need(s).
2. I authorize release of information to any entity specified by state or federal laws, CFA, ODHS, ODA, AAA or any agencies necessary for the purpose of monitoring and / or evaluation.

I give consent to receive services:

#### Information received

- Complaint and Grievance Procedure
- Liability, Injury, Theft Claim Procedure
- Non-Discrimination Policy
- Client "Bill of Rights"
- Donation Policy
- Long Term Care Ombudsman contact telephone number
- Telephone number of Administrator of Agency delivering service(s)
- Telephone number of Director of Area on Aging
- Release of Information
- Copy of service plan (if applicable)
- Limited English Proficiency Access Procedure may be requested.
- Policy and Procedure: Limitations
- Code of Conduct

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Client Signature

Date

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Assessor Signature

Date