**DISABILITY BENEFIT SPECIALIST PROGRAM CLIENT SERVICES AGREEMENT**

The Disability Benefit Specialist Program provides information, assistance, and advocacy regarding public and private benefit programs to people between the ages of 18 and 59 identifying as having a physical disability, intellectual or developmental disability, mental health disorder, or substance use disorder. A disability benefit specialist (DBS) may provide benefit counseling services to youth transitioning from children’s services to adult services starting at age 17 years and six months. A DBS can counsel people regarding eligibility for benefit programs, and may be able to provide assistance in the application and/or appeal procedures for these benefits.

**Section 1: Scope of Services**

The DBS of the Aging and Disability Resource Center (ADRC) of

is authorized to provide the following services to       ,

as indicated by a checked box(es) below.

|  |  |  |
| --- | --- | --- |
| Updated: |  |  |
|        | 1. [ ]
 | Information on benefits and services. |
|        | 1. [ ]
 | Assistance with filing application(s) for:       |
|        | 1. [ ]
 | Assistance with filing appeal(s) for:       |
|        | 1. [ ]
 | Advocacy services, which may include gathering and reviewing supporting medical and vocational documentation to assist with accessing benefits and services. |
|        | 1. [ ]
 | Acting as appointed representative for purposes of application or appeal for benefits. An appointed representative is an individual who has been authorized to act on an individual’s behalf for purposes of accessing public benefits, for example, with the Social Security Administration or an income maintenance consortium. An [Appointed Representative Agreement](https://www.dhs.wisconsin.gov/library/f-02863.htm) must be completed when DBS is providing representation on application(s) or appeal(s) of Social Security Administration benefits.**Unless the DBS has formally agreed to act as the client’s appointed representative, the client is responsible for filing all applications, appeals, and other relevant documents.** |
|        | 1. [ ]
 | Representation in appeal of denial of:        |
|        | 1. [ ]
 | Referral to private or program attorney for potential legal representation. |
|        | 1. [ ]
 | Other:        |

The scope of services may be changed by verbal or written agreement between the DBS and the client. A change in the scope of services is indicated by initial and date next to the appropriate box(es) above by the DBS after consulting with the client.

**Section 2: Confidentiality**

DBS services are confidential. The DBS will not disclose information about a client without the informed consent of the client, unless allowed by Wis. Admin Code § DHS 10.23(2)(d)2.

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| --- | --- |
| [ ]  | The ADRC of       employs more than one DBS. By signing this document, the client understands that all DBSs at this ADRC have access to the client’s information. |

By signing this document, the client understands that part of receiving DBS services involves the sharing of information between the DBS(s) and their local supervisor, technical assistance provider, and the Wisconsin Department of Health Services DBS program manager for purposes of case oversight, data reporting, and quality assurance. The local supervisor, technical assistance provider, and DBS program manager are bound by confidentiality and do not share client information with anyone other than the DBS without informed consent of the client.

The DBS will obtain all necessary releases of information to further the agreed-upon advocacy goals. In addition, the client gives permission for the DBS to share information on a need-to-know basis with the following individuals:

|  |  |  |
| --- | --- | --- |
| **Name** | **Relationship** | **Purpose of Disclosure** |
|        | Resource Center Staff |        |
|        |        |        |
|        |        |        |

**Section 3: Responsibilities of DBS and Client**

Responsibilities of DBS to client

* Maintain client confidentiality as explained above.
* Inform client of actions taken by DBS on client’s case, in a timely fashion.
* Return phone calls in a timely fashion.
* Make documentation gathered by DBS available to the client, upon request.
* Provide a copy of the signed client services agreement.
* Provide information on grievance procedure for DBS services.

Responsibilities of Client to DBS

* Inform DBS of changes in contact information, health status, and other issues.
* Provide DBS with copies of relevant documents when requested.
* Provide DBS with information regarding any relevant filing and appeal deadlines and hearing dates.
* Inform DBS of receipt of documents such as forms and letters from benefit agencies.
* Maintain contact with DBS and cooperate with DBS to advance agreed-upon goals.

Responsibilities of Client, or Authorized Representative, to Social Security Administration (SSA)

* Fully inform SSA about all of the information client is aware of related to disability claim.
* Provide SSA with all evidence the client has received related to disability claim.

**Section 4: Signature**

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| --- | --- | --- |
| Client Name (Print or Type) | **SIGNATURE** – Client | Date Signed |
|       |  |       |
| Legal Guardian (Print or Type) | **SIGNATURE** – Legal Guardian | Date Signed |
|       |  |       |
| DBS Name (Print or Type) | **SIGNATURE** – DBS | Date Signed |
|       |  |       |