

CENTER FOR INDEPENDENT LIVING OF CENTRAL PA

Deafblind Living Well Services

Consumer Training Manual

9/9/2015

A collaborative effort between PA
Department of Labor and Industry's Office
of Vocational Rehabilitation (OVR)/Bureau
of Blindness and Visual Services (BBVS), PA
Statewide Independent Living Council
(PASILC) and the Office for the Deaf & Hard
of Hearing (ODHH).

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ROLES & RESPONSIBILITIES OF CONSUMERS

The goal of the Deafblind Living Well Services (DBLWS) is to provide services that will allow people who are Deafblind to fully participate in their community. To meet that goal, you as the user of the Service Support Provider (SSP) service, the SSP, and the DBLWS' staff work together as partners.

1. It is your responsibility to manage and direct the services of your SSP. You must be able to:
 - make choices
 - plan activities
 - give directions/instructions to the SSP
 - explain a need or procedure
 - manage and solve problem situations

2. It is your responsibility to communicate your needs clearly and respectfully to your SSPs. This includes:
 - Your preferred mode of communication style (American Sign Language (ASL), Signed English, Pidgin Signed English (PSE), voice)
 - Placement of communication
 - Travel assistance

3. It is your responsibility to follow all DBLWS' established policies and procedures.
 - Applying for SSP services
 - Completing the SSP Request Form and submitting it by e-mail, fax or regular mail.
 - Taking responsibility to plan for SSP services and communicating clearly to your SSP about the assignment
 - Completing the Confirmation to verify that the assignment happened
 - Reporting misconduct and/or inappropriate behavior to the DBLWS Program Manager

4. Consumers are assigned a specified number of hours per month to use with their SSP. It is the consumer's responsibility to track those. Hours cannot be carried over monthly.

ROLES AND RESPONSIBILITIES OF SSP' s

Relay Visual & Environmental Information

An important part of the SSP's role is to give you visual and environmental information. SSPs describe without judgment so that you have access to the information and can make your own informed choices and decisions. It is your responsibility to tell the SSP how much or how little visual or environmental information you would like provided.

Examples of visual and environmental information include:

- Who is in a room
- The layout of the room/building
- What people are doing
- What people are talking about
- People's moods
- How many people are waiting/in line
- Reading a menu in a restaurant
- Locating stores in a mall or shopping center

Your SSP will not tell you what to do, or how to do something; these are your decisions and responsibilities.

Serve as a human guide

SSPs serve as a human guide while walking and using public transportation, paratransit or taxi. SSPs must be skilled and flexible in providing safe, comfortable guiding techniques. You may use a variety of mobility tools: guide dog or service animal, white cane, support cane, human guide or a combination of these tools. It is your responsibility to tell your SSP about your preferences.

Facilitate Communication

To "facilitate communication" means:

To assist you in enhancing information and/or ideas accurately, efficiently and impartially with one or more persons who don't share your language.

SSPs are not interpreters, but they are required to:

- Effectively communicate with you,
- Facilitate communication for you in community settings, and
- Use the mode of communication you choose, including assistive technology that will enhance your participation

The SSP must be knowledgeable and comfortable in the languages of all the people involved, and must always be thinking about the way to communicate. Communication can be any form of sign language, spoken language, print, Braille or technology.

A SSP can facilitate communication for you in activities like:

- Shopping and using sales associates, including check out and paying the bill
- Making routine banking transactions
- Using a VP or TTY, where the SSP relays the operator's communication, and then you sign or type your reply
- Participating in training
- Buying a bus or train ticket
- Reading a menu in a restaurant and placing the order

SSPs Don'ts

SSPs are not case managers, advocates, financial planners, counselors or interpreters.

Interpreters are to be used for medical, legal and educational activities. Although a SSP can assist a deafblind consumer going to medical, legal and educational activities, it is recommended that an interpreter be present.

The role of the SSP does not include:

- Serving as SSP for a criminal activity
- Serving as a SSP where the main purpose of the assignment is to serve and/or distribute alcohol or illegal drugs
- Teaching or instructing you
- Providing personal care services
- Cooking, cleaning or doing laundry
- Running errands without you
- Acting as your administrative assistant or personal maid
- Answering questions or making decisions for you
- Signing your name for you on documents
- Offering an opinion, unless you ask for it
- Lifting, carrying or moving boxes, bags, packages or furniture
- Storing your personal items
- Interpreting
- Doing case management, financial planning or counseling
- Finding housing for you
- Finding a job for you

If you need any of these services, please contact the DBLWS Program Manager for a referral to the appropriate agency.

TRANSPORTATION

DBLWS does not require SSPs to provide transportation. SSPs contracted through DBLWS are not permitted to drive Consumers. SSPs can travel with you

- on public transportation,
- on paratransit, or
- in a hired service, like a taxi.

If your relative or friend drives, the SSP can ride with you or meet you at the designated location.

COMMUNICATION

It is DBLWS desire to respond to all correspondence in a timely manner. However, there will be instances where an immediate response is not feasible. DBLWS ask all consumers to be patient as we will respond to you within three (3) business days.

SCHEDULING AN SSP

All SSP Assignments must be approved before they take place.

Step 1: Complete the SSP Request

Please complete ALL sections of the SSP Request Form. Note: You are responsible for paying for your SSP to participate in the activity with you. This means that if there is an entry fee, you must pay the entry fee for your SSP. You are also responsible for paying the transportation for you and your SSP to travel together.

Step 2: Submit your Request

- a. E-mail it to DBLWS@cilcp.org
- b. Fax it to 717-731-8150
- c. Send it to CILCP-DBLWS, 207 House Avenue, Suite 107, Camp Hill, PA 17011

Timely Request

DBLWS needs time to consider your request.

- If submitting by email or fax-send at least 7 days before activity
- If submitting by regular mail-send at least 14 days before activity
- Although DBLWS will do its best to meet all requests, those received with less than 4 days' notice may not be fulfilled

Step 3: DBLWS Confirms Your Request

DBLWS will confirm your request by sending you a confirmation and feedback form. You will receive these forms in the same way you submitted your request. If you sent your

request by e-mail, your reply will be by e-mail. If you send your request by fax, your reply will be by fax.

DBLWS requests that you confirm receipt of your Confirmation.

If the SSP gives short notice for cancellation, DBLWS will do its best to find a replacement SSP, but there are no guarantees for fulfilling last minute cancellations.

SSP REQUEST FORM

My Name:

Today's Date:

I am submitting this by ___ e-mail, ___ phone or ___ mail.

My E-mail Address:

My Phone Number: Voice, VP,
TTY, Text?

My Fax Number:

Date of activity:

Description of Activity:

Time Start: Time End:

Total # of Hours Requested:

I will pay all costs for SSP to participate in this activity, including transportation.

I want my SSP to meet me at:

The address is:

Complete #1 or #2 below:

1. _____ I have arranged my approved SSP.
SSP Name:
2. _____ Please find a SSP for me. These
are my first choices:

- a.
- b.
- c.

E-mail: DBLWS@cilcp.org, or

Fax: 717-731-8150

Mail: CILCP-DBLWS, 207 House Avenue, Suite
107, Camp Hill, PA 17011

SSP ASSIGNMENT CONFIRMATION

Name of person who is Deafblind :

SSP Name:	
Date of activity:	
Name and address of activity:	
# Hours Approved:	
Date Approved:	
Approved by:	
Date confirmation sent:	

CONFIRMATION OF SERVICES PROVIDED

After services have been provided, it is the responsibility of the SSP to have this confirmation printed and ready for deafblind consumer to sign. It is the responsibility of the deafblind consumer to sign this confirmation provided by SSP.

CONFIRMATION BY THE PERSON WHO IS DEAFBLIND

Signature of Deafblind

consumer: _____ Date: _____