

Individual Responsibility Agreement (IRA)

Participant's Name:	Date of Birth (DOB):
Legal Representative's Name: (if applicable)	

The participant has expressed a preference to take responsibility for addressing the specific risk(s) detailed below. The participant understands addressing this risk(s) as detailed in this document, may have significant consequences on their health and welfare, including those listed under Section c. "Possible Consequences if the Risk/Concern is Not Addressed."

The participant acknowledges that the possible consequences have been fully explained and, having considered these consequences, chooses to take responsibility for the identified risk/concern. This IRA is supporting documentation for the participant's Plan of Care (POC). Entering into this agreement does NOT negate any of the participant's rights and responsibilities. It does not negate the responsibility of the State or its agents to meet the federal requirements to assure the participant's health and welfare. OAAS may terminate this agreement at any time.

a. Identified Risk/Concern

b. Details of the Participant's Plan to Address the Risk/Concern

c. Possible Consequences if the Risk/Concern is Not Addressed

I have read this agreement, understand the content and freely agree to sign it.

Signature – Participant

Date

Signature – Legal Representative (if applicable)

Date

Signature – SC RN Consultant (if applicable)

Date

Signatures of Others Present at the IRA Meeting

Name	Title	Agency

OAAS Approval : YES NO This section to be completed by OAAS Representative only.

OAAS Representative's Signature

Date

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INSTRUCTIONS

Complete the form entirely, including each applicable blank field.

- Enter the participant's name and Date of Birth (DOB).
- Enter the participant's Legal Representative's name (if applicable).
- Enter the identified risk/concern for which the participant agrees to take responsibility.
- Detail the participant's plan to address this risk/concern or detail the participant's preference to leave the risk/concern unaddressed.
- Describe the potential consequences to the participant.
- Obtain signature(s) from the participant or Legal Representative and date the form.
- Obtain signature from SC RN consultant, if applicable, and date the form.
- Obtain signature(s), titles & agencies of other individuals present at the IRA Meeting.