

CONSUMER RIGHTS

- You have the right to a copy of all your signed documentation regarding representative payee and/or federal fiduciary services.
- You have the right to know about all services provided through KSS and the authorized representatives providing such services.
- You have the right to request an appointment to review/change your budget and any other representative payee/federal fiduciary matters with your case manager present/in agreement.
- You have the right to receive monies distributed to you according to the budget established at the time of starting your rep. payee/federal fiduciary services at KSS.
- You have the right to participate in money management education.
- You have the right to receive information and services in a timely manner.
- You have the right to be a part of all Representative Payee/Federal Fiduciary decisions within the written guidelines of the organization.
- You have the right to call KSS to ask questions regarding your budgetary and social security and/or VA benefit related matters.
- You have the right to end your representative payee and/or federal fiduciary services by going through the necessary process with the Social Security Administration (SSA) and/or Department of Veterans Affairs (VA). Once KSS is assigned, the SSA and/or VA is the final decision maker to stop services, not KSS.
- You have the right to be treated with courtesy and respect with doing business at or with any representative of KSS.
- You have the right confidentiality and privacy regarding your representative payee/federal fiduciary services.
- You have the right to file a grievance.

Client Initials: _____

- -To file a grievance with KSS, you can do so in writing by or send an email to services@kokuasupport.org addressed to Administration. You can mail in your grievance to P.O. Box 29819 Honolulu, HI 96820 or drop it off at our office at 1130 N. Nimitz Hwy., Unit A226 Honolulu, HI 96817. You may also contact 808-847-4227. All grievance will be handled and dealt with according to the KSS Internal Problem Solution Procedure.
- -To file a grievance with the Adult Mental Health Division (AMHD) you can contact the Department of Health, Adult Mental Health Division, Office of Consumer Affairs in writing at PO Box 3378 Honolulu, HI 96801-3378. You may also contact 808-586-4685. -To file grievances with the Social Security Administration (SSA) you can contact the Honolulu offic To fil е City

e at 1-855-572-4879 or in writing to 300 Ala Moana Blvd., Rm 1-114 Honolulu, Hl 96850.
le a grievance with the Department of Veterans Affairs (VA), you can contact the Salt Lak
Fiduciary Hub at 1-888-407-0144 or in writing to P.O. Box 58086 Salt Lake City, Utah 84158.
Please Initial below to confirm that you have read and understand your consumer rights.

Date:

Physical: 1130 N. Nimitz Hwy., Unit A226 Honolulu, HI 96817 Mailing: P.O. Box 29819 Honolulu, HI 96820 Email: services@kokuasupport.org

Website: www.kokuasupport.org