

REHABILITATION SERVICES ADMINISTRATION SECTION 509 -- PAIR ASSURANCES	
Yes	An eligible system
	(1) has in effect a system to protect and advocate for the rights of eligible individuals with disabilities;
	(2) has the same general authorities, including access to records and program income, as are set forth in part C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 6041 et seq.);
	(3) has the authority to pursue legal, administrative, and other appropriate remedies or approaches to ensure the protection of, and advocacy for, the rights of eligible individuals with disabilities within the State or the American Indian Consortium;
	(4) provides information on and makes referrals to programs and services addressing the needs of individuals with disabilities in the State or the American Indian Consortium, including individuals with disabilities who are exiting from public school programs;
	(5) develops a statement of objectives and priorities on an annual basis, and a plan for achieving these objectives and priorities;
	*(6) provides to the public, including individuals with disabilities and, as appropriate, their representatives, an opportunity to comment on the objectives and priorities established by, and activities of, the eligible system including - *(A) the objectives and priorities for the activities of the eligible system for each year and the rationale for the establishment of such objectives and priorities; and *(B) the coordination of programs provided through the eligible system with the advocacy programs of the Client Assistance Program under Section 112 of the Rehabilitation Act of 1973, as amended, the State Long-Term Care Ombudsman program established under the Older Americans Act of 1965 (42 U.S.C. 3001-3030), Part C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 6041 et seq.), and the Protection and Advocacy of Individuals with Mental Illness Act (42 U.S.C. 10801 et seq.);
	*(7) establishes a grievance procedure for clients or prospective clients of the eligible system to ensure that individuals with disabilities are afforded equal access to the services of the eligible system;
	(8) uses the funds made available to the PAIR program to supplement and not supplant the non-Federal funds that would otherwise be made available for the purpose for which Federal funds are provided;
	(9) implements procedures designed to ensure that, to the maximum extent possible, mediation (and other alternative dispute resolution) procedures, which include good faith negotiation, are used before resorting to formal administrative or legal remedies; and
	(10) assures that direct payment of funds under the PAIR program is not prohibited by nor inconsistent with State law, regulation or policy.
As a duly authorized representative of the applicant, I hereby certify that the applicant will comply with the above assurances.	
Name of Applicant:	
Printed name and title of authorized representative:	

Signature:

Date:

* Applicants should attach the information (marked with an asterisk above) to the application package in the order in which the information is presented in the above Assurances. Applicants should label the attachments clearly according to the applicable Assurance.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number.

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The valid OMB control number for this information collection is **1820-0625**. The time required to complete this information collection is estimated to average **10 minutes** per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the collection of information. **If you have any comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to:** U.S. Department of Education, Washington, DC 20202-4651. **If you have comments or concerns regarding the status of your individual submission of this form, write directly to:** Rehabilitation Services Administration, U.S. Department of Education, 400 Maryland Avenue, S.W., Washington, DC 20202.