

**GUIDELINES FOR COMPLETING THE APPLICATION PACKAGE**

You have inquired about obtaining services under the Personal Assistance Services Program (PASP) and it appears that you may be eligible for the service. The next phase of this process requires you to complete the attached application package that is discussed below. Following completion of the application package an assessment will be scheduled in the near future to determine whether you are independently capable of managing and directing PASP services.

Enclosed with the application package is a set of instructions that are broken down into sections and cover each form to be completed. Also included are informational materials such as the program fact sheet, a list of sample assistant duties and a sample plan of service. The purpose of these materials is to assist you in understanding the program, application process, and your responsibility as a potential consumer of PASP. Your application package includes the following items:

1. **Application and Statement of Understanding**
2. **Income Declaration Form**
3. **Physicians Certification**
4. **Consumer Plan of Service**
5. **Consumer Certification Self-Care Request Form (Optional)**

When you have completed the Application Package please review the checklist on the last page of the instructions page to be sure that the package is accurate and completed in full.

Once you have reviewed the application package checklist and have determined that all documents are accurate and complete please mail the forms back to your County PASP Coordinator so that the assessment visit can be scheduled. All application documents, with the exception of the Consumer Self-Care Certification Request Form which is optional, must be completed and returned. PLEASE NOTE: If it has been determined that the application package is not completed in full the county agency reserves the right to hold up scheduling the assessment visit.

When the assessment has been completed, the final determination regarding your eligibility for the program will be completed by the PASP Coordinator based upon the recommendations provided by the evaluator. You will receive formal notification in the near future after the assessment visit and final decision made by the county.

---

**PLEASE REMEMBER TO READ THROUGH THE INSTRUCTIONS ON THE FOLLOWING PAGES BEFORE YOU COMPLETE THE APPLICATION PACKAGE.**

**1. Application and Statement of Understanding**

By signing this document you are verifying that you fully understand and agree to assume responsibility for each of the areas mentioned. Pay close attention to each statement, sign and date it when you have no question as to their meaning, feel free to call the county agency PASP Coordinator at (973) 579-0550, ext. 1226 for clarification on any point.

Although each item is equally important, pay particular attention to the second statement;

"I understand that the services of the personal assistant are to be directed and supervised by myself, and that I am responsible to see that the services I receive are those listed in my plan of service"

**2. Income Declaration Form**

The purpose for completing the Income Declaration form is to determine your ability to contribute towards the cost of your services. Please complete the form by identifying your annual gross income and attach proof of income to verify all income resources declared on the form. Acceptable proof of income includes copies of income tax returns, check stubs, SSI award letters, etc. Please make sure that your attached income proof corresponds to the amount declared on the form.

**You are a household size of:**

**One if you are:** living alone; or over age 18 and living with parents; or over age 18 and with unrelated individuals

**Two if you are:** married; or unmarried with one child

**Three if you are:** married with one child; or unmarried with two children

**Four if you are:** married with two children; or unmarried with three children

**Five if you are:** married with three children; or unmarried with four or more children

**3. Physicians Certification**

To be completed by your doctor, this document verifies that your physician deems you capable of maintaining good health, managing medical issues should they arise, and arranging for treatment if necessary. This also ensures that your physician certifies that you are capable of managing and directing an attendant.

Please be sure that your physician returns the form back to you. Once you receive the form from your physician mail it back to the county office with the other forms.

#### 4. Plan of Service

This is the first step in establishing whether you are able to control and direct your services. Your plan for service should be completed by you without any coaching before the assessor arrives. Specific instructions and guidance is included below to assist you in completing your plan. Also included is a sample plan of service and list of sample personal assistance tasks that you may refer to as a guide in completing your own plan.

It is very important to realize that approval for the number of hours of service is largely based upon the completeness of your plan. Please take into account the following suggestions in completing your Service Plan:

- Do not wait for the assessment visit to complete the plan. Call the County PASP Coordinator Lorraine Hentz if you have questions, or no means of physically completing the alone. You may need to dictate to a friend or family member. If you need to dictate, the person should not be interpreting what you are saying, but should transcribe in your exact words. REMEMBER THAT YOU ARE RESPONSIBLE FOR THE DEVELOPMENT OF YOUR OWN SERVICE PLAN.
- Look at the plan of service as a daily job description for your personal assistant, the more vague you are the less satisfied you may be with your service. A thorough plan for service could be used when interviewing and training new assistants.
- No one plans their life out and unexpected things usually come up at the worst time. People may not be aware of routines in their lives but we tend to be creatures of habit. As a person with a disability requiring assistance you must establish some routines in order to manage another person. Flexibility is anticipated within reason, but as routines change over time your plan would also need to be updated.
- Personal assistants are not intended to be a maid or cleaning service. Refer to acceptable duties of personal assistants for clarification, but assistants are not to be doing heavy housekeeping, nor should they be doing housekeeping while you are not at home to direct them. Additionally, assistants would be providing the service to you and not other members of your household or guest. If you need physical assistance in caring for your children the assistants can only do so with your participation and directions.
- On one page, start your plan by looking at routine tasks that you will need assistance with every day. Mentally begin with first thing in the morning and run through until you go to bed. List exactly what you need from the assistant, what time you prefer and how long it should take to finish.
- Consider grouping some tasks together into a larger block of time, as it may be harder to find assistants to fill short time spans or late night/early morning hours.
- Check your completeness, give enough detail to clearly state what needs to be done, saving the step by step "how to do" for training the assistant. For example: two hours of housekeeping tasks means different things to different people. Your assistant may be misled by your requests in the plan unless you specifically state what you want done. Use the examples found in the sample plan of service as a reference in listing your tasks.

- Now look at your weekly and monthly routine, do you have set days that you would need certain assistance? Consider your job or school duties, volunteer activities, grocery shopping, scheduled appointments and amount of energy you need to complete these tasks. Your personal preferences come into play here. Do you use weekends to catch up on tasks, or relax since you took care of business during the week? Think about your social life, visits from family or friends, recreation and leisure.
- Now look at your plan and see if you could still combine tasks for greater ease in scheduling assistants work hours without allowing for idle time.

For example: while you are dressing have them prepare your lunch and set you up so that you can get along by yourself in the afternoon. View the service as if you were paying the full price for it and make the best use of your assistant. You may not be paying out of your pocket, but if you plan your time efficiently, more money for an assistant may be available for someone else who also could benefit from the service.

- Now write your final plan for service for each day you request a personal assistant and you are prepared for the assessment visit. The visit should take no longer than two hours provided that you've done your work. The evaluator will ask you a few questions regarding situations that would arise with a personal assistant and how you would manage. There is no guarantee that a personal assistant can be provided for the exact hours you are requesting. The evaluation may make some suggestions or notations as to re-combining hours of the degree of flexibility possible in your plan.
- Keep or request a copy of your plan for service to be used for interviewing, training and providing feedback to personal assistants since your service plan will serve as your personal job description.

##### 5. **Consumer Certification Self-Care Request Form**

By completing this form you are requesting the ability to direct and manage the receipt of self-care services performed by your personal assistant under the Personal Assistance Services Program. You will need to identify the self-care task(s) that you currently receive from the tasks listed on the form and indicate which ones you would like to have performed by your personal assistant. The tasks that you request must be included on your Plan of Service.

Consumer Certification is an optional component under the Personal Assistance Services Program. If you are comfortable with your present arrangements made for managing your self-care needs through family or qualified nursing personnel or you do not need these services and are not interested in pursuing certification, please disregard the form.

You should pay careful attention to the statements at the bottom of the form. Please note: the ability to manage and direct the performance of self-care tasks requires a certification from a registered nurse, which indicates that you have the necessary knowledge and skills to train and instruct a personal assistant in performing the tasks. Upon receiving certification you will be able to incorporate approved self-care procedures in your plan of service and assume all responsibilities for supervising the performance of the task(s). **THE PERFORMANCE OF SELF-CARE TASKS WITHOUT THE REQUIRED CERTIFICATION IS PROHIBITED BY LAW, AND WILL JEOPARDIZE YOUR ELIGIBILITY FOR SERVICES UNDER THE PERSONAL ASSISTANCE SERVICES PROGRAM.**

## **APPLICATION PACKAGE CHECKLIST**

**IN COMPLETING THE APPLICATION PACKAGE DID YOU REMEMBER TO DO THE FOLLOWING:**

- **Did you carefully read the Application and Statement of Understanding form, understand and are you in agreement with the terms and conditions in the form? (If not, please contact the county agency in the event of questions) Did you provide your signature on the form?**
- **Did you provide your annual gross income amount on the Income Declaration Form and include proof of all income resources listed on the form?**
- **Did you have your doctor complete and sign the Physician's Certification form?**
- **Did you complete a detailed Plan of Service that indicates your own specific needs from the PASP program?**
- **Did you complete a Consumer Certification Self-Care Request Form? (Assuming that you wish to apply for an opportunity to be certified by a registered nurse and allow you to incorporate self-care procedures in your Plan of Service). If you are not interested in obtaining certification, then disregard the form.**

**IF YOU ANSWERED YES TO ALL OF THE QUESTIONS ABOVE PLEASE NOTIFY THE COUNTY OFFICE AT (973)-579-0550, Ext.1226 THAT YOU HAVE COMPLETED THE APPLICATION PACKAGE AND ARE READY FOR THE ASSESSMENT VISIT.**

**THANK YOU FOR YOUR COOPERATION.**

**PERSONAL ASSISTANCE SERVICES PROGRAM  
SAMPLE ASSISTANT DUTIES**

Personal assistants could be expected to perform any combination of the following duties, **under the supervision and direction of the consumer, and with assistance by the consumer where possible**, as arranged for in the consumer plan of service:

**Household Management Tasks**

- Dusting, vacuuming, sweeping, and other light cleaning activities (no heavy or extensive cleaning)
- Preparation of meals, or set up of kitchen for consumer to prepare meals
- Washing dishes, operating dishwasher
- Laundry, folding of clothes, light ironing
- Organization of drawers, closets, etc.
- Operation of household appliances
- Maintenance of assistive devices (electric wheelchair, hoist lift, etc.)

**Chores/Errands**

- Trips for banking, food shopping, laundry, clothes shopping and errands with or without consumer

**Personal Care**

- Assistance with bathing, grooming (including shaving and dental care), and dressing
- Assistance with established exercise program directed by the consumer (not physical therapy)
- Assistance with toileting
- Assistance with application/removal of braces, splints, or similar devices
- Transfer from bed to chair and reverse
- Assistance with eating
- Turning and repositioning in bed

**Communication**

- Writing or reading for consumer
- Answering of telephone
- Assistance in using augmentative communication devices

**PERSONAL ASSISTANCE SERVICES PROGRAM  
SAMPLE ASSISTANT DUTIES**

**Other**

- Any special duties not listed above may be considered but are subject to the willingness/capacity of the personal assistant to complete requested tasks, and also review and approval by the county PASP coordinator and/or the State Program Administrator.

**Self-Care Procedures (Optional)**

**\*\*The performance of the following self-care procedures under PASP is prohibited without the required certification by a registered nurse, which indicates that the consumer has the necessary knowledge and skills to train and instruct, and manage and direct a personal assistant in the performance of such tasks. Self-care services are an optional component under PASP, and subject to the willingness of the personal assistant to complete the requested tasks.**

- Bowel care
- Bladder care / irrigation
- Ventilator assistance
- Nail clipping
- Trachea care
- Skin care
- Wound care
- Tube changes
- Assistance with medications
- Assistance with injections.

**CONSUMER PLAN OF SERVICE**  
**Sample Plan**

Consumer Name: <b>John Doe</b>	<b>OFFICE USE ONLY</b>	
	Weekday Hrs.	15
	Weekend Hrs.	0
	Total Hours	15
Day of Week Service Needed: <b>Monday - Friday</b>		

Time of Day Services Needed	Description of Service Needed	Estimated Time for Completion
-----------------------------	-------------------------------	-------------------------------

<b>8:30-9:30 a.m.</b>	<b>Assist with bathing, dressing and grooming</b>	<b>1 hour</b>
<b>9:30-10:30 a.m.</b>	<b>Assist with preparation of breakfast; wash all dishes and dry; put away</b>	<b>1 hour</b>
<b>10:30-11:00 a.m.</b>	<b>Dust, sweep, and mop kitchen wipe down counter and table</b>	<b>30 mins</b>
<b>11:00-11:30 a.m.</b>	<b>Assist with writing letters; sending bills; organizing grocery list and papers</b>	<b>30 mins</b>

**TOTAL HOURS: 3**

Consumer Signature: \_\_\_\_\_  
**John Doe**

Date: \_\_\_\_\_  
**11/93**

**Sally Social-Worker**

**11/93**

Reviewed By: \_\_\_\_\_  
PASP Assessor

Date: \_\_\_\_\_

Approved By: \_\_\_\_\_  
PASP Coordinator

Date: \_\_\_\_\_

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**PERSONAL ASSISTANCE SERVICES PROGRAM**  
**Release of Information**  
**Sample Form - Release Information**

Date: \_\_\_\_\_

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

From: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby authorize \_\_\_\_\_ to  
release \_\_\_\_\_ records and information  
regarding \_\_\_\_\_ to \_\_\_\_\_.

This material is for use in connection with my participation in the Personal Assistance Services Program.

This information should be directed to:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

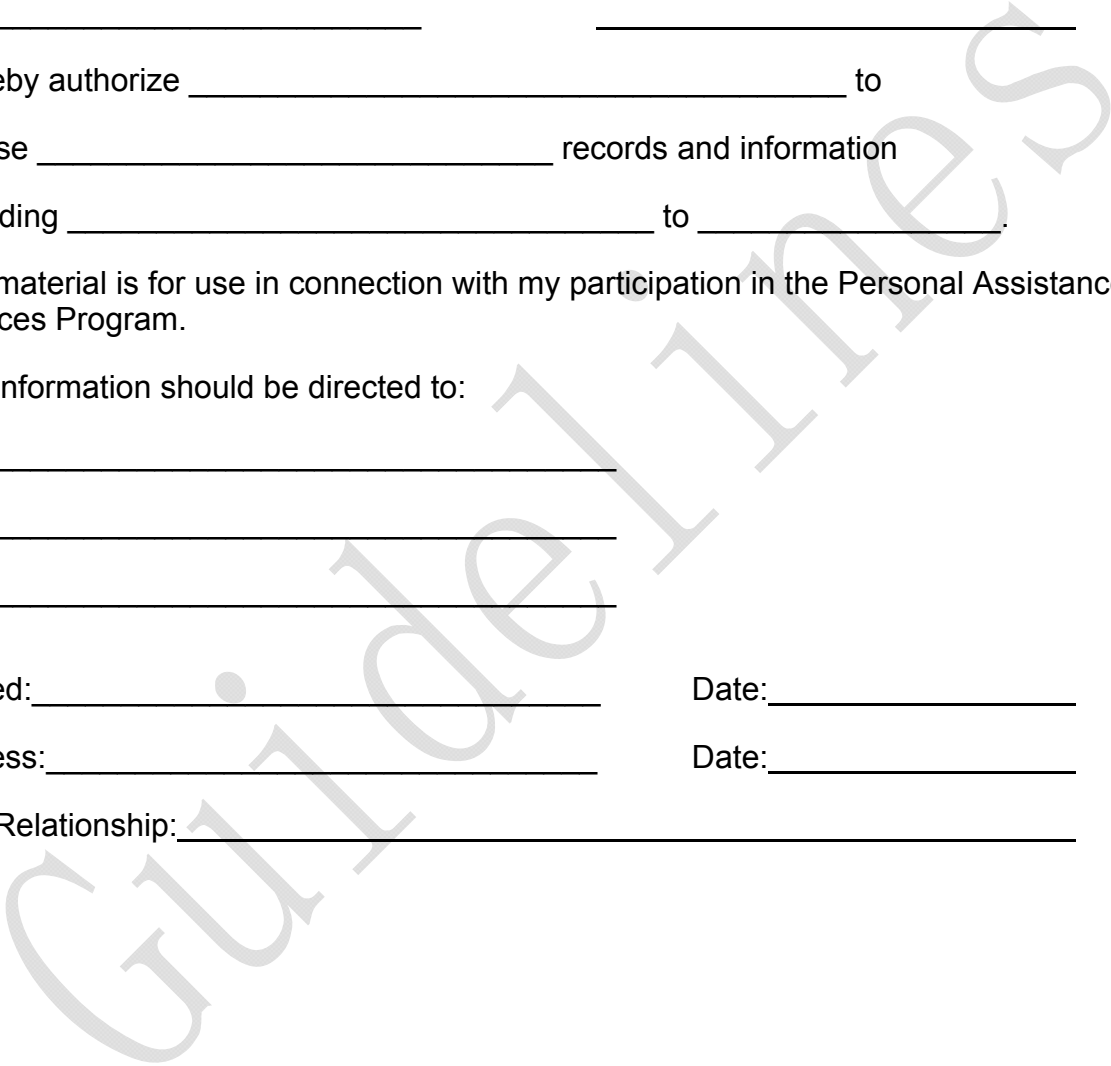
Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_

Title/Relationship: \_\_\_\_\_



**PERSONAL ASSISTANCE SERVICES PROGRAM**  
**Release of Information**  
**Sample Form - Obtain Information**

Date: \_\_\_\_\_

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

From: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby authorize \_\_\_\_\_ to  
provide \_\_\_\_\_ records and information  
regarding \_\_\_\_\_ to the

(designated county agency).

This material is for use in connection with my participation in the Personal Assistance Services Program.

This information should be directed to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_

Title/Relationship: \_\_\_\_\_

**PERSONAL ASSISTANCE SERVICES PROGRAM  
CONSUMER VEHICLE CERTIFICATION**

Consumer Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

I am requesting that a personal assistant provide driving services for me using the following vehicle:

Make: \_\_\_\_\_ Model: \_\_\_\_\_

Year: \_\_\_\_\_ License Plate #: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Effective Dates: from \_\_\_\_\_ to \_\_\_\_\_

Vehicle Registration#: \_\_\_\_\_

Effective Dates: from \_\_\_\_\_ to \_\_\_\_\_

I certify that the aforementioned vehicle is in proper operating condition and includes an updated vehicle inspection sticker.

I certify that I have a valid vehicle registration and an auto insurance policy in force which will cover a personal assistant who operates the above listed vehicle.

I understand that my request for driving services under the program may be denied for failure to maintain and/or provide valid proof of auto insurance coverage or vehicle registration, or failure to maintain a vehicle in a suitable operating condition.

Consumer Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please attach a photocopy of your New Jersey Vehicle Registration and auto insurance card, and a copy of auto insurance policy declaration page (or other proof of coverage for the personal assistant) and mail to:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_