

Personal Attendant Services Competency Certification Statement

Consumer's Name: _____

Address: _____

I certify that (PA's name) _____

PA's Address: _____

SS# _____, has been employed since ____ / ____ / ____ (1st date of paid employment).

Complete section A or B, not both. A separate form must be used for each PA.

A. Competency of my PA

- | | |
|--|--|
| <input type="checkbox"/> Is able to follow my instructions | <input type="checkbox"/> Bladder/bowel assistance |
| <input type="checkbox"/> Is able to carry out tasks as directed by me | <input type="checkbox"/> Health maintenance activities |
| <input type="checkbox"/> Understands disability awareness | <input type="checkbox"/> Food prep, feeding or use of feeding aides, provision of assistance with shopping |
| <input type="checkbox"/> Uses adaptive equipment appropriately | <input type="checkbox"/> Basic housework to include mopping, dusting, cleaning dishes, laundry |
| <input type="checkbox"/> Assists with transfers, mobility/ambulation | <input type="checkbox"/> Transportation for covered services only |
| <input type="checkbox"/> Assists with bathing, shampoo, hygiene | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Assists with dressing/undressing | |
| <input type="checkbox"/> Assists with skin care – coloration for pressure sores, skin rubs | |

B. Termination of PA

My PA was terminated on ____ / ____ / ____ (Date of Termination).

Reason for Termination (please explain):

1. _____ Incompetent _____

2. _____ Other _____

Consumer's Signature: _____ Date: _____

(NOTE: If certification is not received within 21 days from date of employment, PA cannot be paid.)