APPENDIX A. Self-Screening Forms

IndependentChoices
Participant Self-Assessment

I. YOU DECIDE WHAT SERVICES AND PURCHASES WILL HELP YOU MEET YOUR PERSONAL CARE NEEDS.

1. What services do you want and need?

2. What purchases will help you?

II. YOU SELECT THE PEOPLE YOU WANT TO HELP YOU OR WHAT THING YOU NEED TO BUY TO HELP YOU LIVE IN THE COMMUNITY.

1. How will you find and select people to help you in your home?

2. How do you shop for the purchases you need to make?

3. How do you plan to train and supervise the people who work in your home?

4. How will you tell your workers what you like or don't like about their work?

5. If you are not happy with the work of the worker you hire, how will you handle the situation?

III. A COUNSELOR CAN HELP YOU LEARN HOW TO FIND YOUR WORKERS, HOW MUCH TO PAY YOUR WORKERS, HOW TO TRAIN YOUR WORKERS AND MANY OTHER THINGS.

1. Are you willing to ask for help if you need it?

_____ Yes

_____ No

IV. FAMILY OR FRIENDS CAN HELP YOU MAKE DECISIONS IF YOU WANT.

1. Do you have someone you want to appoint as your representative decision maker?

_____ Yes

_____ No

IndependentChoices
Representative Screening Questionnaire

Name of Participant:_____

Medicaid #:_____Phone #: (_____)_____

Name of Proposed Representative:_____

Address:_____

Phone #: (_____)_____Relationship:_____

If you are not a family member, please describe your relationship, how long you have known the participant and how often you have contact with the participant:_____
_____
_____
_____

Do you receive money from the participant or anyone else to care for the participant? Yes:_____No:_____

If yes, please identify the source and purpose of the funds?
_____
_____
_____

After reading the description that outlines the responsibilities of the representative, do you understand your functions and are you willing to volunteer to serve as the participant's representative?
Yes:_____ No:_____

Are you willing to sign a designation form stating that you will serve in this capacity? Yes:_____ No:_____

Do you understand that you cannot pay yourself for this role and cannot become a paid caregiver? Yes:_____No:_____