

**PARTICIPANT-DIRECTED WORKER
COMPETENCY CERTIFICATION STATEMENT**

Participant Name: _____

Common Law Employer Name (if different from Participant): _____

Participant-directed Worker (PDW) Name: _____

I certify that the above named Participant-directed Worker (PDW) has been providing services since ____ / ____ / ____ (date of “ok to work”).

Note: A separate Certification Statement must be completed and signed for each PDW hired. If the PDW Competency Certification Statement is not received within 21 days from date of hire of a PDW, the PDW cannot continue to work for the Participant/Representative-Employer.

A. PDW Qualifications (*Check all that apply*)

- Has the required insurance if transportation will be provided (if applicable).
- The PDW meets all of the below qualifications:
 - Is 18 years old or older;
 - Has completed CPR and First Aid Training;
 - Has completed and passed a criminal background check;
 - Has agreed to provide the services outlined in my individual service plan and PDS budget that are to be performed by PDWs.

B. Competency of PDW (*Check all that apply*)

- Is able to follow my instructions.
- Is able to carry out tasks, without restriction, as directed by me.
- Understands the philosophy of participant direction and disability awareness.
- Understands the importance of keeping my life, affairs and care private.
- Uses adaptive equipment appropriately, as required.
- Is able to assist with transfers, mobility/ambulation.
- Is able to assist with toileting.
- Is able to assist with bowel and bladder care.
- Is able to assist with bathing, shampoo, hygiene.



- Is able to assist with dressing/undressing.
- Is able to assist with skin care.
- Is able to assist with shopping.
- Is able to prepare food/meals.
- Is able to assist with feeding or feed me.
- Is able to use feeding aides, as required.
- Is able to provide allowable transportation.
- Other: _____

I, _____ (*Participant/Representative-Employer*), certify that
_____ (*PDW*) meets the qualifications of a PDW and is
competent, able and willing to provide the services I need as outlined in my individual service plan
and PDS budget that are to be provided by a PDW.

Signature of Participant-directed Worker

Date

Signature of Participant/Representative-Employer

Date

