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.

______________________________________________  Date

Signature of Participant-directed Worker

______________________________________________  Date

Signature of Participant/Representative-Employer