

Services My Way
**NATURAL SUPPORTS/
 UNPAID EMERGENCY BACK-UP
 DESIGNATION FORM**

Participant Name: _____

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

Natural Supports Person’s or Unpaid Back-up PDW’s Information:

**Natural Supports are non-paid supports provided to Participants by friends, family and others.*

Name: _____

Street Address: _____

City/State/Zip: _____

Telephone #: _____

Email Address: _____

Relationship to Participant: _____

I am signing up as a: *(Please check one)*

- Natural Supports Person
 Unpaid Emergency Back-up PDW

I understand that **I must be eighteen (18) years old or older** to be a Natural Supports Person or an Unpaid Back-up PDW for the Participant.

If at a later date, I decide to apply to be a Paid Emergency PDW for the Participant, I understand that I cannot be paid for services if I am the spouse, parent (if the Participant is under the age of eighteen (18)), or a legally responsible relative of the Participant. I cannot begin providing services as a Paid Emergency Back-up PDW before I have successfully cleared the criminal background check, have current CPR & First Aid certification, and have received an “Okay to Work” letter from the Participant’s Vendor F/EA FMS-Support Broker.

Please describe your availability and services you are capable of providing:

Day	Time	Service



Attestation

I, _____ (*Name of Natural Supports Person/Unpaid Back-up PDW*), understand and agree with my responsibilities as the Natural Supports Person/Unpaid Back-up PDW for _____ (*Name of Participant*) in relation to the participant-directed community supports (PDCS) that I will provide to the Participant in the event a regularly scheduled qualified Participant-directed Worker (PDW) is unable to provide PDCS to the Participant. I understand that PDCS must be provided in accordance with the Participant's authorized person-centered plan (PCP) and PDCS budget.

I understand my acceptance of this responsibility as a Natural Supports Person/Unpaid Back-up PDW may be revoked at any time by the Participant, the Common Law Employer, if different than the Participant, myself, or the Department of Health Care Finance.

In order to acknowledge the terms of my role as the Natural Supports Person/Unpaid Back-up PDW, I agree to:

1. Provide the services as identified and authorized in the Participant's waiver person-centered plan in accordance with the outcomes and health and safety requirements identified.
2. Complete the training provided by the Participant/Representative-Employer and meet all qualifications as required by my employer and Department of Health Care Finance policies and procedures.
3. Maintain the necessary documentation and records as required by the *Services My Way* program. All records I have or assist in maintaining will be kept confidential.
4. Complete incident reports, as a mandatory reporter, including suspected abuse, neglect, exploitation or any event involving error in service/support implementation, critical events involving personal injury, illness, medical emergency or any event determined to be atypical as required by DHCF.
5. Take part in any meetings if requested by the Participant/Representative-Employer.
6. Abide by all applicable rules, regulation and policies pertaining to providing services through the *Services My Way* program.
7. Review any/all *Services My Way* programmatic updates made available to me by the Participant/Representative-Employer.

I hereby acknowledge that I have received, read, and understand all of the following information (*please check each box*):

- The Participant's person-centered plan and PDS budget;
- DHCF's *Services My Way* program Participant Guide.



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By signing below, I attest that I have read and understand this Agreement in its entirety. I understand I must sign and return this Agreement and that I cannot begin to provide Natural Supports/Unpaid Emergency Back-up services to the Participant until this Agreement is completed, signed and returned to the Vendor Fiscal/Employer Agents (F/EA) Financial Management Service (FMS)-Support Broker entity. I further attest by signing below that I understand what is being requested of me, and I agree to abide these terms and conditions. I further understand and agree that violation of any of the terms and/or conditions of this agreement may result in termination of this agreement.

*Signature of Natural Supports Person/
Unpaid Emergency Back-up PDW*

Date

Signature of Participant/Representative-Employer

Date

