

**PDS Request Form for
Immediate Family Member, Guardian, or Legally Responsible Individual as Paid Service Provider**

Participant Information:

Name Last:		First:		MI:		Medicaid ID:	
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Paid Service Provider Information:

Name Last:		First:		MI:			
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Current Case Manager:

Last Name:		First Name:	
Email:			
CM Provider Name:		CM Provider #:	

Relation *(Please mark appropriate box in table below)*

<p>"Legally responsible individual" means an individual who has a duty under state law to care for another person and includes: (a) A <u>Parent</u> (biological, adoptive, or foster) of a minor child who provides care to the child; (b) The <u>guardian of a minor child</u> who provides care to the child; or (c) A <u>spouse</u> of a participant.</p>	
<p>"Guardian" is defined by KRS 387.010(3) for a minor (means any person who has not reached the age of eighteen (18)) and in KRS 387.812(3) for an adult (means an individual who has attained eighteen (18) years of age.)</p>	
<p>"Immediate family member" is defined by KRS 205.8451(3). (Means a parent, grandparent, spouse, child, stepchild, father-in-law, mother-in-law, son-in-law, daughter-in-law, sibling, brother-in-law, sister-in-law, or grandchild.)</p>	

What services are you providing?
What duties will you be performing that exceed the range of activities you normally provide as a family member/legally responsible person?
How will these duties be cost-effective?
What unique abilities and qualifications do you possess that may not be found with other potential employees?

What anticipated time of day/week will these duties be performed?

How is the participant limited in independence and how will you be able to increase this with your employment?

How is the participant limited in community access and how will you be able to increase this with your employment?

What other sources for these services has your team pursued? Why were these sources unsuccessful?

I have tried to find a qualified provider but am unable to do so for the following reasons: *(Check all that apply)*

- No qualified provider is located within thirty miles from my residence.
- No qualified provider will provide services at the necessary times and places. Please explain:

Date:

Signature of Requesting Immediate Family Member, Guardian or Legally Responsible Individual

Date:

Participant/Guardian Signature: *(Guardian if above not signed by Guardian)*

Date:

Case Manager Signature:

By electronically signing and dating this document, the Case Manager verifies that the Participant/Guardian and the Immediate Family Member, Guardian or Legally Responsible Individual requesting to be a paid service provider agree with the information contained in this form and has electronically signed this document or if not, has signed a paper copy which is kept with the participant's service records.