

**Home and Community Based Waiver (HCB)
Participant Directed Services (PDS)
Eligible Employee Form**

Participant Name: _____ Participant MAID: _____

PDS Employee Name: _____ Employee SSN: _____

Employee Address: _____

Employee Telephone/Email: _____ PDS Employee Date of Birth: _____

SA Name: _____ Email: _____

_____ Signed PDS Participant/Provider Contract

Pre-hire Checks (Must be completed prior to employment) - agency responsible for obtaining and maintaining documentation of completion

Background Checks and Screenings	Date Approved/Completed	Renewal/Due Date
AOC check Date		N/A
Nurse Aide Abuse Registry Check		N/A
KY Caregiver Misconduct Registry		N/A
Pre-hire If Applicable forms	Date Approved/Completed	Renewal/Due Date
Valid Driver's License (If transporting a participant only)		
PDS Request for Immediate Family Member or Guardian		N/A
Vehicle Insurance (If transporting a participant only)		
Training	Date Approved/Completed	Renewal/Due Date
DAIL Attendant Care training		

I have reviewed and determined the PDS employee has met and completed the requirements as stated in 907 KAR 7:010.

_____ Service Advisor Signature

_____ Date

30 day Checks and Screening (Must be completed within 30 days of starting employment) - agency responsible for obtaining and maintaining documentation of completion

30 Day requirements	Date Approved/Completed	Renewal/Due Date
Central Registry check		N/A
TB Screening		

I have reviewed and determined the PDS employee has met and completed the requirements as stated in 907 KAR 7:010.

_____ Service Advisor Signature

_____ Date

Training Requirements (Must be completed within six (6) months after employment for new hires

Training Title	Date Approved/Completed	Renewal/Due Date
CPR (not required if DNR is on file)		
First Aid		
Other (if applicable):		

I have reviewed and determined the PDS employee has met and completed the requirements as stated in 907 KAR 7:010.

_____ Service Advisor Signature

_____ Date