



Cabinet for Health and Family Services
Department for Aging and Independent Living

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

Participant Information:

Name Last: First: MI: Medicaid ID:

Provider Information:

Name Last: First: MI: Relationship:

Current Service Advisor:

Last Name: First Name: Email: Phone Number: Agency: Agency Provider #:

Relation (Please check the appropriate box below):

Guardian definition, Legally responsible individual definition, Immediate Family Member definition.

1. Please tell us what you will be helping the participant with, and how you will be helping with those needs:

Empty text box for response to question 1.

2. Please tell us what assistance you will be providing that is not part of being a paid employee:

Empty text box for response to question 2.





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3. Besides the time you have known the participant, what relevant job experience, volunteerism, training, education, and/or certification that has aided you in caring for the participant:

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4. Please tell us the days and times when you would be scheduled to work:

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5. Has the participant looked for other agencies and employees outside the family? If so, why did these agencies and employees not work out?

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6. Please tell us what other programs and services the participant is currently receiving:

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Signature of the Requesting Immediate Family Member, Guardian, or Legally responsible Individual	Printed Name	Date

Signature of the Participant/Guardian	Printed Name	Date

Signature of the Service Advisor	Printed Name	Date

