

SCL 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: _____

CM Name/Email: _____ CMS Name/Email: _____

_____ Copy of the Signed PDS Member Contract (please attach)

Pre-hire Checks and Screening (Must be completed prior to employment) (Cannot be received prior to date of application)

Background Checks and Screenings	Date Approved/Completed	Renewal/Due Date
AOC check Date		N/A
Nurse Aide Abuse Registry Check		N/A
Drug Screening		N/A
KY Caregiver Misconduct Registry		N/A
Pre-hire If Applicable forms	Date Approved/Completed	Renewal/Due Date
MAP 532 (if applicable)		N/A
Valid Driver's License (If transporting a participant only)		
Liability Insurance (If transporting a participant only)		

By providing this document to the designated Financial Management Agency, I have reviewed and determined the PDS employee has met and completed the requirements as stated in KAR 12:010 and 12:020. CM agency is responsible for maintaining documentation of completion.

Case Manager Signature

Date

30 day check and Screening (Must be completed within 30 days of beginning employment)

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

By providing this document to the designated Financial Management Agency, I have reviewed and determined the PDS employee has met and completed the requirements as stated in KAR 12:010 and 12:020. CM agency is responsible for maintaining documentation of completion.

Case Manager Signature

Date

Training Requirements (Must be completed within six (6) months after beginning employment)

Training Title	Date Approved/Completed	Renewal/Due Date
First Aid and CPR		
KY CDS Maltreatment of Vulnerable Adults & Children		N/A
KY CDS Individual Rights and Choices		N/A
KY CDS Safety at Home and in the Community		N/A
KY CDS Supporting Healthy Lives		N/A
KY CDS Person Centered Planning		N/A
Other (if applicable):		

By providing this document to the designated Financial Management Agency, I have reviewed and determined the PDS employee has met and completed the requirements as stated in KAR 12:010 and 12:020. CM agency is responsible for maintaining documentation of completion.

Case Manager Signature

Date