

Adding a New Client Packet

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PSW (PERSONAL SUPPORT WORKER)

DEMOGRAPHIC FORM

IN PERSON ID VERIFICATION REQUIRED

***REQUIRED**

* CHECK ALL THAT APPLY:	<input type="checkbox"/> NEW APPLICANT	<input type="checkbox"/> UPDATE DEMOGRAPHICS/INFORMATION
	<input type="checkbox"/> ADD CLIENT	<input type="checkbox"/> CRIMINAL HISTORY CHECK RENEWAL
	<input type="checkbox"/> NO CLIENT	
PREFERRED LANGUAGE:	ENGLISH ____ SPANISH ____ OTHER: _____	
* PSW eXPRS SPD PROVIDER NUMBER:		
* LAST NAME:	* FIRST NAME:	
* MAILING ADDRESS:		
* EMAIL ADDRESS:	* PHONE NUMBER:	
* DATE OF BIRTH:	* SOCIAL SECURITY NUMBER:	
* CLIENT/INDIVIDUAL NAME:	* CLIENT/INDIVIDUAL MEDICAID PRIME NUMBER:	
* RELATIONSHIP TO CLIENT/INDIVIDUAL:	<input type="checkbox"/>	
	<input type="checkbox"/> NOT RELATED	
* EMPLOYER NAME:		

DATE STAMP:

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Developmental Disabilities Employer/Personal Support Worker/ Domestic Employee Information

Client & Employer/participant profile	
Name:	Date of birth:
Mailing address:	Phone number:
Physical address:	Services coordinator (Case worker):
Prime number:	Services coordinator (Case worker) phone number:

Personal support worker/domestic employee profile	
Name:	Social Security Number:
Provider Number:	Date of Birth:
Street Address:	Phone Number:
City, State ZIP:	Email:

Program: 49, 150, 151, or PC 20			
New hire:	Original hire date:	Hourly wage rate:	Monthly wage (if applicable):
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

Name of brokerage/CDDP: Marion County I/DDS	Start date:	End date:
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<p style="color: cyan;">Please check the types of services provided by this employee. Please see details for each of the areas on the next page.</p>	<input type="checkbox"/> Community living supports <input type="checkbox"/> Homemaker/chore services <input type="checkbox"/> Non-medical transportation <input type="checkbox"/> Community inclusion supports <input type="checkbox"/> Other:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr style="background-color: #cccccc;"> <th colspan="2">Shift during work days:</th> </tr> <tr> <td>From:</td> <td><input type="checkbox"/> a.m. <input type="checkbox"/> p.m.</td> </tr> <tr> <td>To:</td> <td><input type="checkbox"/> a.m. <input type="checkbox"/> p.m.</td> </tr> <tr style="background-color: #cccccc;"> <th colspan="2">Regular scheduled days off:</th> </tr> <tr> <td colspan="2"> <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun </td> </tr> </table>	Shift during work days:		From:	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	To:	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Regular scheduled days off:		<input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun	
	Shift during work days:											
	From:	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.										
	To:	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.										
Regular scheduled days off:												
<input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun												

RETURN COMPLETED DOCUMENT TO:
 Marion County Health & Human Services
 Intellectual/Developmental Disabilities
 3180 Center St Salem, OR 97301
 Email: DDPRocessing@co.marion.or.us
 Fax: 503-576-4593

Please check all of the services that your employee will provide. If an approved activity is not included, please write in the service in the "Other services provided" column.

Community living supports	Employee	Homecare/ chore services	Employee	Non-medical transportation (please check all that apply)	Employee	Community inclusion supports (List a sample of activities in the box below)	Employee	Other services provided by your employee (write in)	Employee
Eating	<input type="checkbox"/>	Giving and setting up medications	<input type="checkbox"/>	Drives your vehicle	<input type="checkbox"/>	Activities supporting independence and community inclusion	<input type="checkbox"/>	Create & Submit Service Delivered Entries (hours worked) using online eXPRS system.	<input checked="" type="checkbox"/>
Bathing	<input type="checkbox"/>	House-keeping chores	<input type="checkbox"/>	Escorts you in your vehicle	<input type="checkbox"/>	Individual choice of activities	<input type="checkbox"/>		<input type="checkbox"/>
Dressing	<input type="checkbox"/>	Laundry	<input type="checkbox"/>	Escorts you on public transportation	<input type="checkbox"/>	Respite Services	<input type="checkbox"/>		<input type="checkbox"/>
Personal hygiene	<input type="checkbox"/>	Special diet/meal preparation	<input type="checkbox"/>	Drives you in their car	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Mobility	<input type="checkbox"/>	Shopping	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Socialization	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Community participation	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Communication	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Personal environmental skills	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

Employee signature

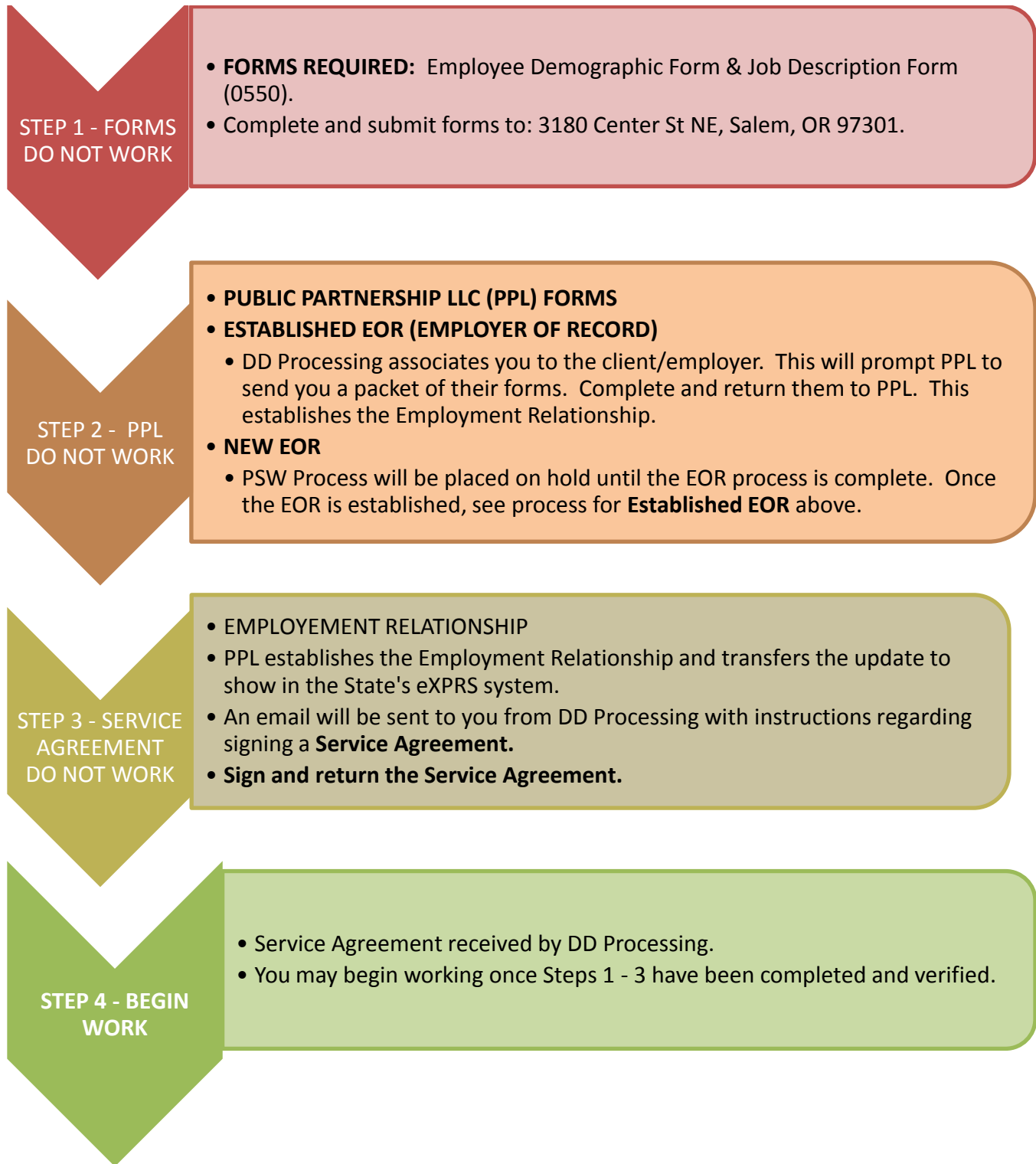
Date

Employer/representative signature

Date

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Marion County CDDP PSW Enrollment Process - Existing PSW Adding a New Client



Approximate Time Line: 4 Weeks	STEP 1	STEP 2	STEP 3	STEP 4
	24 – 48 hours	2 - 3 Weeks	Arrange with DD Processing	Steps 1 - 4 are completed and verified
	DO NOT WORK			OK TO WORK