



A. Individual Receiving Home Care

Recipient Name:	Date of Birth:
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Address:

County of Residence:

Personal Care Worker Name:	Personal Care Worker Phone#:
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TO: Vaccination Site

I am the individual listed above receiving personal care services due to a disability. I am unable to independently perform some activities of daily living and without personal care services my health and safety would be at risk. Personal care workers within the In-Home Supportive Services program as well as home care and home health agencies are in Phase 1.a of the vaccination roll-out. I have hired the Personal Care Worker listed above who meets the same qualifications for Phase 1.a.

Personal care workers enable individuals with disabilities to remain safely in their own home by providing domestic/related and personal care services which include: housekeeping, meal preparation, meal clean-up, routine laundry, shopping for food or other necessities , assistance with respiration, bowel and bladder care, feeding, bed baths, dressing, menstrual care, assistance with ambulation, transfers, bathing and grooming, rubbing skin and repositioning, care/assistance with prosthesis, accompaniment to medical appointments/alternative resources, yard hazard abatement, heavy cleaning, protective supervision (observing the behavior of a non-self-directing, confused, mentally or cognitively impaired individual and intervening as appropriate to safeguard recipient against injury, hazard or accident), and paramedical services (activities requiring a judgment based on training given by a licensed health care professional, such as administering medication, puncturing the skin, etc., which an individual would normally perform for themselves if they did not have functional limitations, and which, due to their physical or mental condition, are necessary to maintain their health). Personal care workers provide hands-on and/or verbal assistance (reminding or prompting) for the services listed above.

B. Attestation of Individual Receiving Services

Signing this form is an attestation that the Recipient listed above requires personal care services and the Personal Care Worker listed on this page is employed to provide the services listed. If the Recipient is unable to sign, a Representative may sign on their behalf.

Name:

Address:

Phone #:	Fax #:
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Signature of Recipient:	Date:
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Name of Representative signing on behalf of Recipient:	Date:
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Signature of Representative:	Date:
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