

Participant Direction Family Hire Request Form

Date of Submission:				Renewal <input type="checkbox"/> Yes <input type="checkbox"/> No	
First		Middle		Last	
* Birth date:		* SSN#:		* Medicaid #:	
Questions to answer about the family member being considered for employment					
I. Demographic Information Needed:			Name: _____ Over age 18: _____		
			Relationship: _____		
II. Are they Legal Guardians appointed by Probate Court?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
III. Are they the current Identified Representative for Participant Directed Services?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
IV. Is the family member being considered for employment going to be supporting a minor child? <input type="checkbox"/> N/A		IF Yes, Are they a parent or legally obligated guardian (adoptive parent)?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
V. If the request is to hire for a staff position for Community Living Support Services please answer the following questions. <input type="checkbox"/> N/A		A. Is the family member, who is being reviewed living with the individual?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		B. Is the family member on the lease/deed of the home?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
VI. Have you ever been convicted of a felony?					
If Yes has been answered to questions II, III, IV, V(b), or VI then the request to hire the proposed family member will be denied as these are strictly prohibited as written in the Waiver Manual					
Is the family moving into a new region as a Region to Region Transfer? IF Yes, they must reapply and qualify as listed below.			<input type="checkbox"/> Yes <input type="checkbox"/> No		
What service(s) is the family member being considered for?					
<u>Persons with a history of abuse, neglect, or exploitation substantiated by the DBHDD Office of Incident Management or Adult Protective Services may not be paid to provide any services under the Participant-Direction Option.</u>					
<u>Persons with a history of felony conviction as evidenced in the criminal records check may not be hired as an employee.</u>					

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Extenuating Criteria for Consideration of Employment of a Family Member:

Must meet at least **2** of the following A-C:

A. Lack of qualified providers in remote areas. There must be documentation which providers were attempted and how they failed to provide services. There must be documentation of why other providers in the area cannot be utilized for services; and/or
 Needed information to qualify for this criteria include all of the following:

1. What County does the individual live in?
2. Proof/documentation of what has been tried and how it has failed- ex: placing ads, failed employment of non-family members etc
3. Why can't other providers be utilized for services?
4. Number of staff hired and terminated

B. The presence of extraordinary and specialized skills or knowledge by approvable family/relatives written in the request for approval. The proposed family hire must have documented proof of skills and/or education of ability or experience working in the area of the population served; and/or
 Needed information to qualify for this criteria include all of the following:

1. Documentation of education and/or skills working in the area of ID/DD
2. What are the extraordinary and specialized skills or knowledge (can't be because I've lived with them all my life and taken care of them) examples- training pertaining to working with individuals with ID/DD disabilities

C. A clear demonstration of the use and compensation of family/relatives being the most cost effective and efficient means to provide the services in comparison to the cost of service if provided by a traditional provider of the same service;
 Needed information to qualify for this criteria include all of the following:

1. How is it most cost effective and efficient to hire a family member/relative than a traditional provider? Give concrete documentation of when the family member/relative will be used i.e. before school after parents have left for work, or after school before parents get home etc.
2. What is the pay rate you are considering for the employee? **(Can't be more than what would be paid for a traditional provider of similar service)**

This application should be submitted via email to DBHDD Participant Direction Team at participant.direction@dbhdd.ga.gov

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Participant Direction Coordinator Use	
Questions II-IV, V(b) and/or VI have no "Yes" answers	Yes No
Extenuating circumstances met to qualify under:	A:
	B:
	C:

_____ **Approval** _____ **Denial** **Date** _____

Reviewed by _____ **Title** _____

Participant Direction Manager Use (in case of appeal only)	
Questions II-IV, V(b) and/or VI have no "Yes" answers	Yes No
Extenuating circumstances met to qualify under:	A:
	B:
	C:

_____ **Approval** _____ **Denial** **Date** _____

Reviewed by _____ **Title** _____

Director of Community Services Use (in case of second appeal only)	
Questions II-IV, V(b) and/or VI have no "Yes" answers	Yes No
Extenuating circumstances met to qualify under:	A:
	B:
	C:

_____ **Approval** _____ **Denial** **Date** _____

Reviewed by _____ **Title** _____

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