



Illinois Valley Center for Independent Living

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LaSalle, IL 61301
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Email: pac@ivcil.com

Please read this information before completing your Personal Data Form. Then detach it and keep it for your records.

To all individuals interested in having their names placed on the IVCIL Personal Assistant (PA) Referral Registry:

Following your completion of the Personal Data Form, a criminal background check will be performed. If the criminal background check comes back clear, you will then be contacted to attend the Personal Assistant Orientation.

Please be sure to carefully read and respond to all questions on the Personal Data Form. This form must be filled out **completely** and accurately to qualify for the program. **Incomplete forms will not be considered.** Please also submit a photo ID and a copy of your social security card with your completed form, along with the \$10 processing fee.

Please be aware that IVCIL checks the Illinois Department of Public Health Nurse Aide Registry website, performs criminal background checks, and performs a complete work history background check on individuals wishing to have their name placed on our PA Referral Registry. IVCIL also conducts random criminal background checks on those individuals remaining on the PA Referral Registry.

We require honesty of those interested in participating in the IVCIL PA Referral Registry. It is in your best interest to be honest about all information on your Personal Data Form.

Important notice:

Individuals interested in having their name placed on the PA Referral Registry

Prior Criminal Convictions

Illinois Valley Center for Independent Living (IVCIL) voluntarily applies the standards of the Health Care Worker Background Check Act and, as such, we cannot place on our list, for employment consideration by our consumers, any individual who has been convicted of committing or attempting to commit one or more of the offenses enumerated below. The placement of your name on the PA Referral Registry is conditional upon a finding of **no** prior criminal convictions in the areas covered by the Health Care Worker Background Check Act as listed below.

- We will conduct a non-fingerprint criminal background check to obtain any record of any criminal activity or involvement.
- We may not put your name on our PA Referral Registry if the non-fingerprint based background check shows that you have been convicted of committing or attempting to commit one or more of the offenses listed below.
- IVCIL also conducts random criminal background checks on those individuals remaining on the PA Referral Registry. If a record is found, you will be removed from the PA Referral Registry.

The crimes, which prohibit individuals from being placed on the PA Referral Registry by this organization, include:

Illinois Criminal Code (720ILCS5)

[720 ILCS 5/8-1.1]	Solicitation of Murder
[720 ILCS 5/8-1.2]	Solicitation of Murder for Hire
[720 ILCS 5/9-1]	First Degree Murder
[720 ILCS 5/9-1.2]	Intentional Homicide of an Unborn Child
[720 ILCS 5/9-2]	Second Degree Murder
[720 ILCS 5/9-2.1]	Voluntary Manslaughter of an Unborn Child
[720 ILCS 5/9-3]	Involuntary Manslaughter and Reckless Homicide
[720 ILCS 5/9-3.1]	Concealment of Homicidal Death
[720 ILCS 5/9-3.2]	Involuntary Manslaughter and Reckless Homicide of an Unborn Child
[720 ILCS 5/9-3.3]	Drug Induced Homicide
[720 ILCS 5/10-1]	Kidnapping
[720 ILCS 5/10-2]	Aggravated Kidnapping
[720 ILCS 5/11-6]	Indecent Solicitation of a Child
[720 ILCS 5/11-9.1]	Sexual Exploitation of a Child
[720 ILCS 5/11-9.5]	Sexual Misconduct with a Person with a Disability
[720 ILCS 5/11-19.2]	Exploitation of a Child
[720 ILCS 5/11-20.1]	Child Pornography
[720 ILCS 5/12-3.3]	Aggravated Domestic Battery
[720 ILCS 5/12-4]	Aggravated Battery

[720 ILCS 5/12-4.1]	Heinous Battery
[720 ILCS 5/12-4.2]	Aggravated Battery with a Firearm
[720 ILCS 5/12-4.2-5]	Aggravated Battery with a Machine Gun or a Firearm Equipped with Any Device or Attachment Designed or Used for Silencing the Report of a Firearm
[720 ILCS 5/12-4.3]	Aggravated Battery of a Child
[720 ILCS 5/12-4.4]	Aggravated Battery of an Unborn Child
[720 ILCS 5/12-4.6]	Aggravated Battery of a Senior Citizen
[720 ILCS 5/12-4.7]	Drug Induced Infliction of Great Bodily Harm
[720 ILCS 5/12-13]	Criminal Sexual Assault
[720 ILCS 5/12-14]	Aggravated Criminal Sexual Assault
[720 ILCS 5/12-14.1]	Predatory Criminal Sexual Assault of a Child
[720 ILCS 5/12-15]	Criminal Sexual Abuse
[720 ILCS 5/12-16]	Aggravated Criminal Sexual Abuse
[720 ILCS 5/12-19]	Abuse and Criminal Neglect of a LTC Facility Resident
[720 ILCS 5/12-21]	Criminal Abuse or Neglect of an Elderly Person or Person with a Disability
[720 ILCS 5/16-1.3]	Financial Exploitation of an Elderly Person or a Person with a Disability
[720 ILCS 5/16-1]	Theft (as a misdemeanor)
[720 ILCS 5/16-2]	Theft of Lost or Mislaid Property
[720 ILCS 5/16A-3]	Retail Theft (as a misdemeanor)
[720 ILCS 5/18-2]	Armed Robbery
[720 ILCS 5/18-4]	Aggravated Vehicular Hijacking
[720 ILCS 5/18-5]	Aggravated Robbery
[720 ILCS 5/19-4]	Criminal Trespass to Residence
[720 ILCS 5/24-1.5]	Reckless Discharge of a Firearm

Illinois Criminal Code (720ILCS65)

[225 ILCS 65/10-5]	Practice of Nursing without a License
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Illinois Criminal Code (720ILCS115)

[720 ILCS 115/53]	Cruelty to Children
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Illinois Criminal Code (720ILCS250)

[720 ILCS 250/4]	Receiving Stolen Credit Card or Debit Card
[720 ILCS 250/5]	Receiving a Credit or Debit Card with Intent to Use, Sell, or Transfer
[720 ILCS 250/6]	Selling a Credit Card or Debit Card, without the Consent of the Issuer
[720 ILCS 250/8]	Using a Credit or Debit Card with the Intent to Defraud
[720 ILCS 250/17.02]	Fraudulent Use of Electronic Transmission

Illinois Criminal Code (720ILCS550)

[720 ILCS 550/5]	Manufacture, Delivery, or Possession with Intent to Deliver, or Manufacture, Cannabis
[720 ILCS 550/5.1]	Cannabis Trafficking
[720 ILCS 550/5.2]	Delivery of Cannabis on School Grounds
[720 ILCS 550/7]	Delivering Cannabis to a Person under 18
[720 ILCS 550/9]	Calculated Criminal Cannabis Conspiracy

Illinois Criminal Code (720ILCS570)

- [720 ILCS 570/401] Manufacture or Delivery, or Possession with Intent to Manufacture or Deliver, a Controlled Substance Other than Methamphetamine, a Counterfeit Substance, or a Controlled Substance Analog
- [720 ILCS 570/401.1] Controlled Substance Trafficking
- [720 ILCS 570/404] Distribution, Advertisement, or Possession with Intent to Manufacture or Distribute a Look-alike Substance
- [720 ILCS 570/405] Calculated Criminal Drug Conspiracy
- [720 ILCS 570/405.1] Criminal Drug Conspiracy
- [720 ILCS 570/407] Delivering a Controlled, Counterfeit or Look-alike Substance to a Person under 18
- [720 ILCS 570/407.1] Engaging or Employing Person under 18 to Deliver a Controlled, Counterfeit or Look-alike Substance

Illinois Criminal Code (720ILCS646)

- [720 ILCS 646] Violations under the Methamphetamine Control and Community Protection Act

Acknowledgment Form

The individual wishing to be considered to have his or her name put on IVCIL’s Personal Assistant Referral Registry hereby acknowledges, by his or her signature below, that the foregoing **“IMPORTANT NOTICE: INDIVIDUALS INTERESTED IN HAVING THEIR NAME PLACED ON THE PA REFERRAL REGISTRY”** has been read by the applicant, that the applicant has indicated an understanding of the foregoing with his/her signature, and that the applicant agrees to cooperate with the criminal background check procedure and is aware that if the check results are adverse, this organization has the right to not offer the applicant the opportunity to have his/her name on IVCIL’s Personal Assistant Referral Registry.

The individual also hereby acknowledges, by his or her signature below, that the applicant understands the following:

- The IVCIL provides a registry of names to persons with disabilities/their families interested in using Personal Assistants in Bureau, LaSalle, Marshall, Putnam, and Stark Counties. It is the sole responsibility of the person with a disability to determine whether the Personal Assistant is acceptable and to interview, check references, check criminal history, and check qualifications. The person with a disability is considered the employer and is responsible to hire, pay, and dismiss the employee he/she selects.
- The IVCIL is not the employer. The person with a disability is the employer.
- The IVCIL is not responsible for any injury, accident, or loss that may occur to Personal Assistants.

Applicant Signature _____ Date _____

IVCIL Representative/Witness _____ Date _____

FRAUD AWARENESS STATEMENT

Fraud is defined as making false statements or representations of material facts to obtain some benefit or payment for which no entitlement would otherwise exist. These acts may be committed either for the person's own benefit or for the benefit of some other party. Fraud is obtaining or attempting to obtain services or payments by dishonest means with INTENT, KNOWLEDGE, and WILLINGNESS. Fraud is an intentional deception made for personal gain or to damage another individual.

There are many ways to say it, but the best advice is:

FRAUD: DO NOT DO IT! DO NOT BE A PART OF IT! REPORT IT!

Illinois is moving forward with new anti-fraud measures in its Medicaid program. The state matches Medicaid enrollees' addresses with the state's directory of driving records, among other efforts, to ensure that assistance is going only to Illinois residents. The state has enhanced its electronic verifications as well. The Department of Healthcare and Family Services use the Office of the Inspector General to monitor the Medicaid program and attempt to cut down on fraud both by providers and clients. In 2012, personal assistants have been prosecuted for billing Medicaid for services not rendered.

Fraud could result in having to pay back overpayments, fines, jail time, loss of services, loss of employment, and a record that you will carry for the rest of your life.

- Do **NOT** sign blank timesheets.
- Do **NOT** sign timesheets where the hours have not been worked
- Do **NOT** sign timesheets before the end of the pay period.
- Do **NOT** agree to do any task not on the consumer's service plan.
- Do **NOT** make changes to signed timesheets.
- Do **NOT** make "deals" with one another over hours and pay.
- **DO** compare your check/deposit to the amount of hours you worked and immediately report any discrepancies to your local DRS office. A lot of people might think 'Oh, I was overpaid! Great!' It will eventually be discovered and you will be responsible for paying that money back. **You may also be charged with fraud for failing to report the overpayment.**

DO report any cases of fraud you are aware of.

Personal Data Form

If your name is placed on IVCIL's PA Referral Registry, the information you provide on this form (with the exception of social security number), along with the findings from our background investigation, will be shared, upon request, with persons with disabilities/their families interested in using Personal Assistants.

- *Please be aware that this is **not** an application for employment – it is information needed for the PA Referral Registry. You must fill out this form if you would like to be considered for having your name placed on IVCIL's PA Referral Registry which is shared with individuals who hire and maintain Personal Assistants.*
- *If you are retained by a person with a disability as a Personal Assistant, you will be employed by that person and **will not be an employee of IVCIL**. All decisions to hire or not to hire or to terminate the services of a Personal Assistant are made by the person with a disability and are not in any way the responsibility of IVCIL.*
- *The IVCIL is not responsible for any injury, accident, or loss that may occur to you in your role as a Personal Assistant.*
- *Wages for Personal Assistants are paid through the Division of Rehabilitation Services (DRS) and/or by the individual requiring assistance.*

Incomplete or illegible forms will not be accepted!

Date _____

Last name _____ First name _____ Middle name _____

Maiden name _____ Other names used _____

Address _____ City _____ State _____ Zip _____

Previous address (if less than 2 years at current address) _____

City _____ State _____ County _____ Zip _____

Social Security # _____ - _____ - _____ D.O.B. _____

Phone: Home _____ Work _____ Message/Cell _____

Driver's License _____ Expiration Date _____

(Not having a valid driver's license does not preclude you from being on the list but may limit the opportunities available to you.)

Do you have auto (liability) insurance? (please circle) Yes No

Do you have dependable transportation? (please circle) Car Bus Other

Have you ever been issued any traffic tickets? (please circle) Yes No If yes, please explain:

Have you ever been convicted of committing or attempting to commit a crime? (please circle) Yes No

If yes, please explain: _____

Do you have previous experience working with people with disabilities? (Please Circle) Yes No

If yes, please explain: _____

Would you be willing to be an emergency and/or short-notice personal assistant? (Please Circle) Yes No

(As stated, this would be only in emergency circumstances where a personal assistant calls in sick or does not show up for the person with a disability.)

Days and hours of the week you are available: (Please circle)

Monday	7am 8 9 10 11 12 1 2 3pm	3pm 4 5 6 7 8 9 10 11pm	11pm 12 1 2 3 4 5 6 7am
Tuesday	7am 8 9 10 11 12 1 2 3pm	3pm 4 5 6 7 8 9 10 11pm	11pm 12 1 2 3 4 5 6 7am
Wednesday	7am 8 9 10 11 12 1 2 3pm	3pm 4 5 6 7 8 9 10 11pm	11pm 12 1 2 3 4 5 6 7am
Thursday	7am 8 9 10 11 12 1 2 3pm	3pm 4 5 6 7 8 9 10 11pm	11pm 12 1 2 3 4 5 6 7am
Friday	7am 8 9 10 11 12 1 2 3pm	3pm 4 5 6 7 8 9 10 11pm	11pm 12 1 2 3 4 5 6 7am
Saturday	7am 8 9 10 11 12 1 2 3pm	3pm 4 5 6 7 8 9 10 11pm	11pm 12 1 2 3 4 5 6 7am
Sunday	7am 8 9 10 11 12 1 2 3pm	3pm 4 5 6 7 8 9 10 11pm	11pm 12 1 2 3 4 5 6 7am

Which town(s), county(ies) or geographic area(s) do wish to be employed in? _____

Currently, IVCIL hosts teen and young adult group activities on one Friday night every 3 months and an annual Teen Summit each June at IVCC. Occasionally, this group needs personal assistants to assist the attendees.

Do you enjoy working with teens? (Please Circle) Yes No

If yes, please explain: _____

Have you had experience working with teens? (Please Circle) Yes No

If yes, please explain: _____

Please explain why you would be a good choice to work with the teen and young adult groups:

There are openings for volunteers for the annual IVCIL Wheel-A-Thon Fundraiser. This fundraiser is held each year to help fund IVCIL's services and programs. If interested, please contact the Personal Assistant Coordinator or Youth Advocate.

Please be aware that criminal background checks are performed on individuals completing this Personal Data Form for placement on the PA Referral Registry. Prior convictions do not automatically disqualify you from being considered. However, IVCIL voluntarily applies the standards of the Health Care Worker Background Check Act, which may result in the disqualification of an individual if the individual has been convicted of crimes covered by that Act or does not disclose a prior conviction. The \$10.00 processing fee will be forfeited for non-disclosure.

Personal Assistant Services (Please put a **#1 by all of the services that you have been trained to do** and put a **#2 by all services that you are willing to be trained in.**)

SKILL	ALREADY TRAINED	WILLING TO BE TRAINED
Bladder/ Bowel program		
Bathing		
Grooming		
Dressing		
Shopping		
Laundry		
Assist to appointments		
Money Management		
Stoma Care		
Hoyer		
Glucose Monitoring		
Catheterization		
Dressing Wounds		
Eating		
Transferring		
Housework		
Telephoning		
Meal preparation		
Supervision		
G/J Care		
Register vitals		
Other Skills, not listed:		

Employment History and References

(References will be checked)

INFORMATION MUST BE COMPLETE

(Please list the most recent work experience first.)

EMPLOYER _____

ADDRESS _____
Street City State Zip

SUPERVISOR _____ PHONE _____

DATES EMPLOYED
FROM _____ TO _____

REASON FOR
LEAVING _____

EMPLOYER _____

ADDRESS _____
Street City State Zip

SUPERVISOR _____ PHONE _____

DATES EMPLOYED
FROM _____ TO _____

REASON FOR
LEAVING _____

EMPLOYER _____

ADDRESS _____
Street City State Zip

SUPERVISOR _____ PHONE _____

DATES EMPLOYED
FROM _____ TO _____

REASON FOR
LEAVING _____

Professional References

(Other than relatives and friends)

(References will be checked)

1. Name _____ Phone _____

Relationship _____ Length of Time Known _____

2. Name _____ Phone _____

Relationship _____ Length of Time Known _____

3. Name _____ Phone _____

Relationship _____ Length of Time Known _____

Please read carefully and sign:

I authorize IVCIL and the individuals utilizing the IVCIL PA Referral Registry (for referral purposes only) who are interested in interviewing me, to contact any of my previous employers and professional references listed and release those sources from any claims arising from information provided concerning me.

I authorize IVCIL to release this information, the results of my criminal background check, and certification and training information to persons with disabilities using IVCIL's services for the specific purpose of considering my services as a PA. In addition, I understand that funders of IVCIL may have access to this information. I also understand that I have the right to inspect the material that is to be released.

I understand that this information does not guarantee that I will be placed on the PA Referral Registry or that I will be hired as a PA by an individual participating in the program.

I understand that if I am hired as a PA by a person with a disability, I will NOT be an employee of IVCIL.

I understand that the IVCIL is not responsible for any injury, accident, or loss that may occur in my role as a Personal Assistant.

I understand that behaving in a disrespectful manner to IVCIL or DRS staff at any time prevents me from being considered for placement on the IVCIL's PA Referral Registry.

I understand that to be deemed eligible for the PA Referral Registry, I must complete and return the Statement of Understanding, the Acknowledgment Form, and the Personal Data Form; must have passed the background check and the reference check; and must be invited to and attend the Personal Assistant Orientation in a timely manner.

I understand that falsifying and/or omitting any information on the Personal Data Form will result in my not being considered for placement on IVCIL's PA Referral Registry. Therefore, I certify that the information I have supplied on this form is true and complete to the best of my knowledge.

Signature of person wishing to be considered for the IVCIL Personal Assistant Referral Registry, Date

How to Remain Active on the IVCIL PA Referral Registry

You Must Always

- ...return phone calls to your potential employer (person with a disability) for possible interviews.
- ...give your employer (person with a disability) a two-week notice when quitting or requesting time off for vacations or any extended amount of time. (IVCIL understands that emergencies do happen, so please know we do realize a two-week notice is not always possible.)
- ...call to reschedule or cancel an interview with a person using IVCIL's services if you have a schedule conflict. No calls/ no shows are unacceptable.
- ...call to notify your employer (person with a disability) when you are not able to work your shift or if you are going to be late. No calls/ no shows are unacceptable.
- ...call the IVCIL PA Coordinator if you are convicted of a crime **after** being placed on the PA Referral Registry.
- ...call the IVCIL PA Coordinator if your hours/days of availability to work have changed, your address or phone number changes, or you want to be taken off the PA Referral Registry.

You Must Never

- ...borrow money from your employer (person with a disability). IVCIL forbids this activity.
- ...falsify your timesheets.
 - If we are notified by your employer /person using IVCIL's services of this taking place, not only can you be fired by your employer and taken off the IVCIL PA Referral Registry, you are also in jeopardy of criminal prosecution by the State of Illinois. You would be responsible for *paying back the overpayment, plus court costs and lawyer fees*.
- ...behave disrespectfully to your employer (person with a disability), IVCIL staff, or DRS staff in any way.
- ...steal from your employer (person with a disability).
- ...speak about your employer (person with a disability) to anyone not directly involved with your position as a PA.

To report fraud:

Illinois State Police Medicaid Fraud Control Unit
801 South Seventh Street, Suite 200-M
PO Box 19461
Springfield, IL 62794-9461
217-785-3322

DHS Fraud Hotline: 1-800-843-6154
Office of Inspector General: 1-800-368-1463
Medicaid Fraud Task Force: 1-888-557-9503
Office of the Executive Inspector General
Hotline: 1-866-814-1113