



Illinois Valley Center for Independent Living

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Please read this information before completing your Personal Data Form.

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

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.**

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 _____
County _____ Zip _____

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

City _____ State _____ County _____ Zip _____

D.O.B. _____

Phone: Home _____ Work _____ Message/Cell _____

E-mail Address _____

Do you have auto (liability) insurance? Yes No

Do you have dependable transportation? Car Bus Other

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

Have you ever been convicted of committing or attempted to commit a crime listed under **Prior Criminal Convictions** on pages 2-4? Yes No

If yes, please explain: _____

Have you ever been convicted of committing a felony or misdemeanor other than those listed? Yes No

If yes, please explain: _____

Do you have previous experience working with people with disabilities? Yes No
If yes, please explain: _____

Are you willing to work with someone who smokes? Yes No

Are you willing to work around pets? Yes No

Are you okay working around medical marijuana? Yes No

Do you smoke? Yes No

On the chart below, please indicate the days and hours you are available to work:

Time(s)	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

In which towns and counties do you wish to be employed?

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? Yes No
If yes, please explain: _____

Have you had experience working with teens who have disabilities? Yes No
If yes, please explain: _____

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

Personal Assistant Services

(Please check off all of the services that you have been trained to do and all services that you are willing to be trained in by using the respective columns).

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		
Range of Motion Exercises		
Medication Assistance		
Turning in bed		
Other skills or certifications not listed:		

Are you a CNA? Yes No

Please read carefully and sign:

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 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