



James Patrick – Personal Assistance Services Program

Dear Program Applicant:

Thank you for your interest in the **James Patrick – Personal Assistance Services Program (JP-PAS)**. The program is designed for working persons with chronic physical, cognitive or certain psychological disabilities who need a personal care attendant (PCA) to help them maintain employment. Depending on their income, program participants can receive up to \$1,100 per month for reimbursement of actual PAS expenses.

Persons who wish to apply must meet all of the following eligibility criteria:

- Must be a person with a disability who requires personal assistance service (PAS) for support or cueing for at least two activities of daily living as determined in writing by a physician or psychiatrist. Activities of daily living means functions and tasks for self-care including ambulation, bathing, dressing, eating, grooming, and toileting (F.S. 429.02).
- Must be at least 18 years of age and no more than 65 years of age.
- Must be a U.S. citizen and Florida resident or, if a non-U.S. citizen, must be a legal permanent resident of the state who has resided at least 12 consecutive months in Florida prior to the receipt date of the application for this program.
- Must be able to acquire and manage a personal care attendant.
- Must be employed, earning an annual gross income of at least the individual FPL- federal poverty level and less than \$100,000.
- Must not receive Social Security Income (SSI) or Social Security Disability Income (SSDI).
- Must not be participating in a Medicaid waiver program.

If you meet the eligibility requirements, please complete the enclosed **Program Application** and **Diagnosis Verification Form** and submit with all required documentation as listed below:

- Proof of age and U.S. Citizenship or lawful Permanent Resident status
 - U.S. Citizenship: original or certified U.S. birth certificate, valid U.S. passport, or Certificate of Naturalization
 - Permanent Resident: I-551 “Green Card”

- Proof of Florida residency must show two proofs
 - Florida Driver's License or Florida State Identification Card
 - Florida Voter registration or Florida Vehicle Registration
 - Transcripts from a Florida college for a degree earned within the last 12 months
 - utility bills, cable bills, or a land line telephone bill

- Employment information
 - copy of check stubs for the past 3 months of employment
 - Proof of employment shall include: 1) copies of pay stubs for the past three months of employment and 2) a copy of the most recent federal income tax return. Participants are required to participate in an annual face-to-face meeting with a representative of this program to confirm employment.

- Copy of your most recent federal income tax return

Space in the JP-PAS program is limited, and applications are accepted on a first come, first served basis. Therefore, it is strongly recommended applicants submit all required forms and documentations as soon as possible to:

James Patrick-PAS Program
c/o Florida Association of Centers for Independent Living
325 John Knox Road, Building C, Suite 132
Tallahassee, FL 32303

Completed Application Packages will be reviewed for consideration in the order in which they were received. Applicants will receive a letter noting the status of the application and the current program availability within four weeks after all Application Package materials are received. Applicants will be notified via e-mail or by phone if the application package is incomplete. Application Packages that remain incomplete for a period of 30 days will be denied.

Sincerely,

Cyndi Mundell

Cyndi Mundell
Program Manager



Florida Association of Centers for Independent Living James Patrick – Personal Attendant Services Program Application

Personal Information

Last Name	First Name	Middle
Address		
City	County	Zip
Home Phone	Cell Phone	Work Phone
Email Address	Social Security #	Date of Birth

Employment Information

Employer	Supervisor Name	Employer Phone
Employer Address		
Employer City	Employer State	Employer zip
Position	Date of Hire	Annual Gross Income
Work Email		

Additional Information

	Yes/No
Are you currently a Full Time Florida resident?	
Are you a US Citizen or Legal Permanent Resident?	
Do you receive SSI or SSDI	
Are you participating in a Medicaid Waiver Program?	
Do you require a Personal Care Attendant for assistance with at least 2 daily tasks such as ambulation or transfer, bathing, dressing, eating, grooming, or toileting?	

Optional Information

*The information you provide is optional and only used to survey the population for which the program serves.
It is not required or used to determine eligibility in the program.*

Highest Level of Education	Other Skills or Professional Certifications
Below High School	
High School	
Vocational School	
Associates Degree	
Bachelors Degree	
Masters Degree	
Other:	

I am aware that any omissions, misstatements, or misrepresentations above may disqualify me for consideration and, if I am approved, may be grounds for termination of benefits at a later date. I understand that any information I give may be investigated as allowed by law. I consent to the release of information about this disclosed information and employment history by employers, schools, and other individuals and organizations to the Florida Association of Centers for Independent Living (FACIL) and other authorized contracted employees/agents of FACIL to administer this program. This consent shall continue to be effective during my participation in the program. I understand that applications submitted are public records. I certify that to the best of my knowledge and belief all of the statements contained herein and on any attachments are true, correct, complete, and made in good faith.

Applicant's Signature

Date



Florida Association of Centers for Independent Living James Patrick – Personal Assistant Services Program Diagnosis Verification Form

The person listed below has applied to take part in the James Patrick Personal Assistant Services program (JP-PAS). In 2008, the Florida Legislature established JP-PAS which allows working Florida residents with documented severe and chronic disabilities to receive a monthly stipend specifically to maintain a Personal Care Assistant (PCA) to assist them with activities of daily living.

TO BE COMPLETED BY JP-PAS PARTICIPANT

Name: _____
Address: _____
City/Zip: _____
Social Security #: _____
Date of Birth: _____

I authorize the individual or organization listed below to disclose only the necessary information relevant to my disability history as it relates to eligibility for the James Patrick Personal Assistant Services (JP-PAS) program as outlined below to the Florida Association of Centers for Independent Living (FACIL). I also understand that I may inspect a copy of the information to be used or disclosed as provided in CFR 164.524.

Applicant's Signature

Date

TO BE COMPLETED BY MEDICAL STAFF

Medical Diagnosis:

I attest that the applicant named above has a severe and chronic disability and requires personal assistance services (PAS) for at least two activities of daily living as defined in F.S 429.02: functions and tasks for self-care including ambulation, bathing, dressing, eating, grooming, or toileting.

Physician/Case Worker/Psychiatrist/Psychologist Signature

Date

Medical Facility/Provider

Name: _____
Address: _____
City/Zip: _____
Phone #: _____
Fax #: _____

Once form is completed return to:

<i>Mail to:</i>	<i>Fax to:</i>	<i>Email to:</i>
325 John Knox Rd, Bldg C, Ste 132, Tallahassee, FL 32303	850-575-6093	facil@earthlink.net