|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date of Submission:** | |  | | | | | **Renewal** | Yes | | No |
|  | | | |  | | | |  | | |
| First (Individual) | | | | Middle | | | | Last | | |
| ***\**** *Birth date:* |  | | ***\**** *SSN#:* | |  | | ***\**** *Medicaid #:* | |  | |
| Questions to answer about the family member being considered for employment | | | | | | | | | | |
|  | | | | | | | | | | |
| I. Demographic Information Needed: | | | | | | **Name: Relationship:** | |  | | **Date of Birth:** |
| II. Is the proposed family hire the current Identified Representative for **any** Participant Directed Services? | | | | | |  | | Yes | | No |
| III. If this request is to hire a family member for Community Living Support, does the family member being considered live in the home where the service will be delivered? | | | | | |  | | Yes | | No |
| IV. Is the family member being considered for employment going to be supporting a minor child? | | | | | |  | | Yes | | No |
| If yes has been answered to question II, then the request to hire the proposed family member will be denied as this is strictly prohibited as written in the Waiver Manual.  If the answer to IV is yes, the family caregiver hire can only be approved for care over and above that which a legally responsible person would ordinarily provide. | | | | | | | | | | |
| Was a fingerprint criminal background clearance obtained for the proposed family hire? | | | | | | Yes  No | | | | |
| Is this a request to renew an approved family hire due to the family moving into a new region? (A request is required when this happens.) | | | | | |  | | Yes | | No |
| Is this request due to a change of provider who seeks to employ this family member? (A request must be submitted by the new provider when this happens.) | | | | | |  | | Yes | | No |
| What service(s) is the family member being considered for? | | | | | | | | | | |

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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 available, qualified employees in the area in which the individual lives. | Documentation must include:   1. Current agency vacancies and recent attempts to hire employees. 2. Challenges specific to the individual for whom the request is being sent (this may include geography, individual needs and characteristics, etc.) |
| B. The extraordinary and specialized skills, education, or knowledge of the proposed family hire must be documented in the request for approval. | 1. The proposed family hire must have documented proof of skills and/or education of ability or experience working with the individual or population served. |
| 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 and service delays of continuing to seek unrelated staff for the same service. | 1. How is it most cost effective and efficient to hire a family member/relative than a person unrelated to the individual? (May include current shortage of available candidates and the related salary pressure for caregiver positions) |
| **This application should be submitted via email to the Intake and Evaluation Manager at the appropriate DBHDD Regional Field Office** | |

|  |  |
| --- | --- |
| **I&E Manager Use** | |
| **Does Question II have a “Yes” answer, if yes denied.** | **Yes No** |
| **Extenuating circumstances met to qualify under:** | **A:** |
| **B:** |
| **C:** |

Approval Denial Date Reviewed by Title

|  |  |
| --- | --- |
| **Regional Services Administrator Use (in case of appeal only)** | |
| **Does Question II have a “Yes” answer, if yes denied.** | **Yes No** |
| **Extenuating circumstances met to qualify under:** | **A:** |
| **B:** |
| **C:** |

Approval Denial Date Reviewed by Title

|  |  |
| --- | --- |
| **Deputy Assistant Commissioner for Operations Use (in case of second appeal only)** | |
| **Does Question II have a “Yes” answer, if yes denied.** | **Yes No** |
| **Extenuating circumstances met to qualify under:** | **A:** |
| **B:** |
| **C:** |

Approval Denial Date Reviewed by Title