

Participant Direction Family Hire Request Form

Date of Submission:		Renewal or New Family Hire:
Waiver Participant Information		
Full Name:	DOB:	Medicaid #:
Street Address:	City:	County/Zip:
Fiscal Agency: _____ SC Agency: _____		
PD Representative/Employer Information		
Name:	Email Address:	
Phone #:	Relationship to Waiver Participant:	
Family Hire Staff Information		
Name:	Relationship to Waiver Participant:	
Address:		
What waiver services will the family hire staff provide? _____		
1. Is the person being considered for family hire the legal guardian of the participant? _____		
2. Is the person being considered for family hire, the parent or legally responsible person to a participant under the age of 18 OR a spouse to the participant? _____		
If the answer is YES to #2, you may Not be the family hire staff.		
<ul style="list-style-type: none"> ➤ The Representative for Participant Directed Services cannot be hired as staff. ➤ If the Representative is interested in becoming paid staff, another rep must be identified. ➤ The representative must be at least 18 years old. ➤ The paid staff must be at least 18 years old. ➤ The payrate cannot be more than what the traditional provider bills GAMMIS for that same service. 		
Persons with a history of abuse, neglect, or exploitation as substantiated by DBHDD, Division of Aging or any agency, may not be a hired employee via the Participant-Direction Option		
Persons with a felony conviction as evidenced in the criminal records check may not be hired as an employee.		

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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 employees in the area the Participant resides. There must be documentation of attempts to hire employees and/or how they failed to provide services. There must be documentation of why other employees in the area cannot be utilized for services.

Needed information to qualify for this criterion includes the following:

- 1. What County does the Participant 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. Number of staff hired and terminated**

A:

B. The presence of extraordinary and specialized skills or knowledge by approvable family/relatives written in the request for approval.

Needed information to qualify for this criterion includes the following:

- 1. The proposed family hire must have documented proof of skills and/or education of ability or experience working with the population served.**

- 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**

B:

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 waiver provider of the same service. Needed information to qualify for this criterion includes the following:

- 1. How is it most cost effective and efficient to hire a family member/relative versus a traditional waiver provider? Give concrete documentation of when the family member/relative will be used such as 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 waiver provider of similar service)**

C.

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

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