utah department of human services
SERVICES FOR PEOPLE WITH DISABILITIES

APPLICATION FOR CERTIFICATION TO PROVIDE LIMITED SERVICES TO A PERSON UNDER SELF-ADMINISTERED SERVICES

Physical Disabilities Waiver

Form Number: 2-9C PDW
Version Date: January 2021

General Information

Employee Name: _____ Social Security Number: _____

Phone Number: _____

Address: Include City, State, and Zip Code.

_____

Name of PERSON receiving services: _____

Requested service: Check all that apply.

PA1 ☐

Knowledge Requirements for Certification

Employment Agreement Date: _____

Department of Human Services Provider Code of Conduct Date: _____

DIVISION Code of Conduct Date: _____

Emergency Contact Information Date: _____

PERSON'S Support Book or Daily File Date: _____

Service Specific Training Date: _____

Incident Reporting Date: _____

Physical Disabilities Info Packet Date: _____

EMPLOYEE and EMPLOYER Signatures

I represent that I have read and am familiar with the above-identified materials and that I have been oriented to and/or trained on all of the materials by the EMPLOYER on the dates indicated. I further represent that I both understand and will comply with the requirements identified in the materials when providing services to the PERSON and that I am capable of providing appropriate services to the PERSON.

EMPLOYEE Signature: _____ Date: _____

I represent that I am the EMPLOYER and that I am familiar with both the above-identified materials and the supports required by the PERSON. I further represent that I provided orientation and/or training to the EMPLOYEE on all of the above required materials on the dates indicated above. I further represent that based on the training and orientation provided to the EMPLOYEE, I am satisfied that the EMPLOYEE has the knowledge, understanding and ability to provide appropriate services to the PERSON.

EMPLOYER Signature: _____ Date: _____

Award of Certfication

Based on the forgoing representations of the EMPLOYEE and the EMPLOYER, the EMPLOYEE has met the minimum requirements necessary for Certification to Provide Limited Services to the PERSON receiving Self-Administered Services. The DIVISION, therefore, awards the EMPLOYEE certification to provide the following services to the PERSON.

Approved service: Check all that apply.

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Support Coordinator Signature: _____ Date: _____