

Application for physical disabilities services

Part A – completed by the applicant

Form 3-1 PD

Version: December 2025

Privacy notice: The information you provide will be used to determine eligibility for division services. It will only be used by DHHS and, if needed, by individuals or parties contracted with DHHS. Without this data, we cannot make a determination. This data is part of record series: 15376.

Introduction

Physical disabilities services are only delivered through the self-administered services (SAS) model. The SAS model supports an individual with a disability in self-directing the personal assistance services they receive through the physical disabilities program. It is important to understand:

- A. You are the employer. You are responsible for hiring and managing your own personal attendants, which includes employee selection, scheduling, termination, performance evaluations, arranging back-up coverage, and submitting time sheets. Talk to your nurse coordinator about using the Consumer Preparation Service to learn more about your employer responsibilities.
- B. You will train your personal attendants on how and when you need assistance, changing levels in personal needs, grievance procedures, emergency coverage, exploitation, and abuse.

Applicant information

Name: _____ Date of birth: _____ Over 18: Yes No

Address (Include zip code): _____

Social security number: _____ Phone: _____ Email: _____

To qualify for physical disabilities services, you must have a physical impairment that has resulted in the functional loss of two or more limbs. Please describe the nature of your disability:

Is your disability permanent? Yes No Date of onset: _____

If your disability is temporary, what is the expected duration of the disability?: _____

Do you have a Medicaid card? Yes No Pending

What is your gross monthly income? \$

Do you use home health aide services? Yes No

If yes, how many visits? per day or per week

Do you currently have a personal attendant not from a home health agency? Yes No

If yes, how many hours? per day or per week

What is the name of your personal attendant (if you indicated that you have one)?

Select all activities of daily living that you require assistance with:

Dressing

Ventilator, catheter care,
suctioning

Laundry

Eating

Overnight attention

Cooking

Transfers to or from a
bath/shower or vehicle

Grooming

Grocery shopping

Please describe your expectations of how this program will help you:

Signature

I certify that the information provided in this application is true and accurate. I also agree to comply with all program requirements.

Applicant signature:

Date:

Send completed form by email, mail, or fax.

Mail: Division of Services for
People with Disabilities
ATTN: PD Intake
288 N 1460 W
SLC, UT 84116

Email: dspd_physicaldisability_intake@utah.gov

Fax: 801-538-4279

Application for physical disabilities services

Part B – completed by the medical professional

Form 3-1 PD

Version: December 2025

Introduction

Your patient is applying for physical disabilities services available through the Department of Health & Human Services, Division of Services for People with Disabilities (DHHS, DSPD). Physical disabilities services means hands-on care, of both a medical (to the extent permitted by State law) and non-medical services of a supportive nature, specific to the needs of an adult with a physical disability (assistance with activities of daily living and personal care). The information you provide will assist the DSPD Nurse Coordinator with making a determination about your patient's eligibility for services. Feel free to engage your patient in an open dialogue while filling out this form.

Medical professional information

Name:

Phone number:

Address (Include zip code):

Patient information

Patient name:

ICD 10 code:

Definition:

Patient is medically stable. Yes No

Patient has a functional loss of two or more limbs. Yes No

Patient's functional loss of two or more limbs is permanent. Yes No

Patient's functional loss of two or more limbs is expected to last at least 12 months. Yes No

Self-administered assessment

Self-Administered Services (SAS) is a service delivery model that allows an individual with a disability to self-direct the personal assistance services they receive through the physical disabilities program. Physical disabilities services may only be delivered through self-administered services.

This means that in order to be eligible for Physical Disabilities Services, your patient must be able to:

- C. hire, train and supervise their own personal attendant(s);
- D. determine how and when services are provided; and
- E. instruct the personal attendant as to how and when assistance is needed.

If you have concerns about your patient's ability to complete these tasks, please state them in the "Comments" section below. This assessment is intended to identify any issues of concern or deficits that may interfere with the patient's ability to self-direct the physical disabilities services needed.

I certify that the patient, based on the assessment above:

Is able to self-administer their program.

Is not able to self-administer their program.

Comments

Include any additional information or concerns.

Signature

I certify that the information provided in this application is true and accurate to the best of my knowledge.

Medical professional signature:

Date:

Send completed form by email, mail, or fax.

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