



James Patrick Memorial Work Incentive Personal Attendant Services and Employment Assistance Program (JPPAS)

Dear Program Applicant:

Thank you for your interest in the **James Patrick Memorial Work Incentive Personal Attendant Services and Employment Assistance Program (JPPAS)**. The JPPAS Program is designed for working people with chronic disabilities who require a personal care attendant (PCA) to help them maintain employment. Program participants can receive reimbursement of their monthly personal care attendant expenses. Please contact jppas@floridacils.org for the current monthly maximum reimbursement rate.

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

- Must be a person with a disability who requires personal attendant services for support 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.
- 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.
- Must be able to acquire and manage a personal care attendant.
- Must be employed, earning an individual earned income of at least the federal poverty level for a household of one but less than \$200,000.
- Must not receive Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI) cash benefits.
- Must not be receiving Medicaid Home and Community Based Services.

If you meet the eligibility requirements, please complete the enclosed **Program Application** and **Diagnosis Verification Form** and submit with all required supplemental documentation as listed below. **Please send all required documentation in one submission if possible:**

- 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 provide two
 - 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 or other documentation
- Proof of Employment
 - Copy of Pay Stubs for the past 30 days of employment
 - Letter of Intent to Hire
 - If self-employed, please provide 1040SE with Schedule C, F or SE, federal income tax return, bookkeeping records, bank statements, profit and loss statement, etc.
- Copy of your most recent federal income tax return and W2/1099 etc. If a joint tax return was filed, please also provide the W2 for the spouse.
- Proof that you are not receiving Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI). This can be obtained online by visiting: <https://www.ssa.gov/myaccount/> OR by requesting A Benefits Planning Query (BPQY) which can be obtained from the Social Security Administration.

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

jppas@floridacils.org
JPPAS 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 be notified via e-mail or by phone if the application package is incomplete.



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 Earned 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 enrolled in a Medicaid Home and Community Based services waiver? | |
| 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? | |



James Patrick – Personal Attendant Services Program Activities of Daily Living Checklist

Complete all that apply:

| | Needs Daily Help | Needs Some Help (How often) | Needs No Help |
|------------------------------|------------------|--------------------------------|---------------|
| Bathing | | | |
| | | | |
| Grooming | | | |
| Shave | | | |
| Oral care | | | |
| Make up | | | |
| Hair styling | | | |
| | | | |
| Toileting | | | |
| Urinary | | | |
| Stool | | | |
| | | | |
| Dressing | | | |
| | | | |
| Eating | | | |
| Prepare meal | | | |
| Cut up food | | | |
| Feed self | | | |
| | | | |
| Ambulation | | | |
| Getting out of bed | | | |
| Getting out of chair | | | |
| Transferring to bed/chair | | | |

MOBILITY DEVICES (Check all that apply):

| | |
|--------------------------|--|
| Manual wheelchair | |
| Power wheelchair/scooter | |
| Walker | |
| Forearm crutches | |
| Crutches | |
| Other - Please describe: | |

Applicant's Signature

Date

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 | |
| Associate's degree | |
| Bachelor's Degree | |
| Master's Degree | |
| Other: | |

| Gender | Ethnicity |
|---------------------|--------------------------------|
| Male | White/Caucasian |
| Female | Black/African American |
| Ethnicity | American Indian/Alaskan Native |
| Hispanic/Latino | Asian |
| NOT Hispanic/Latino | Other _____ |

| How did you find out about the program? |
|---|
| |
| |
| |
| |

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 from the program at a later date. I understand that any information I give may be investigated as allowed by law. I consent to the release of this disclosed information and information from 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



James Patrick – Personal Attendant Services Program Diagnosis Verification Form

The person listed below has applied to take part in the James Patrick Personal Attendant Services program (JPPAS). In 2008, the Florida Legislature established JPPAS which allows working Florida residents with documented severe and chronic disabilities to receive a financial assistance specifically to maintain a Personal Care Attendant (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 Attendant Services (JPPAS) 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. I understand I have the right to revoke this authorization at any time by writing to the healthcare provider listed below, except to the extent that action has already been taken based on this authorization. I also understand this authorization is only good for one year from the date of my signature below.

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/Psychiatrist Signature

Date

Medical Facility/Provider Name: _____
Address: _____
City/Zip: _____
Phone #: _____
Fax #: _____

Once form is completed return to:

| Mail to: | Fax to: | Email to: |
|---|----------------|-----------------------|
| 325 John Knox Rd, Bldg C, Ste 132, Tallahassee, FL 32303 | 850-575-6093 | jppas@floridacils.org |