



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:

ippas@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