Advanced Home Care Aide Specialist Pilot

Agreement to Participate

DSHS Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To the person getting personal care services, please initial the following:**

**\_\_\_\_\_**I want to be a part of the ***Advanced Home Care Aide Specialist (AHCAS) Pilot Project.***

**\_\_\_\_\_**I understand that to be in this Pilot, I must be getting personal care services from a Certified Home Care Aide, or Equivalent Credentialed Individual Provider. The care provider must also agree to be part of the Pilot, and take the 70-hour AHCAS training.

**\_\_\_\_\_** I understand that I can stop being in this Pilot any time by telling my Case Manager, by phone or in writing.

**\_\_\_\_\_** I understand that my Home Care Aide will be paid for time spent taking the training.

**\_\_\_\_\_** I understand that after finishing the AHCAS training, and if I say so, my Advanced Home Care Aide Specialist may look at my Support Plan(s) with me. I will choose how my Advanced Home Care Aide Specialist can support my goals.

**\_\_\_\_\_** I understand that my Advanced Home Care Aide Specialist will receive **an additional .25₵ per hour** for providing personal care services for me.

**To the IP agreeing to participate in this pilot please initial the following:**

\_\_\_\_\_\_ I understand that I must include my email address and have an online account in order to attend part of the training and in order to register for the Advanced Training. This is the only way the Training partnership will contact me with the notification to go into my account and register for training. (Be sure to select the date that you will be attending.)

\_\_\_\_\_\_ I understand that I will be paid for attending the Advanced Training and will be required to complete all of the classes over an eight week period. I understand that the class consists of 35 hours will be provided in a class setting that I must attend and 35 hours will be offered online.

Client signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_

IP signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(if more than one IP add name below)

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Any Questions? Please call our AHCAS program managers for more information:**

 **HCS** Dawn Okrasinski 360-725-2503 Dawn.Okrasinski@dshs.wa.gov  
 **DDA** Will Nichol 360-407-1510 William.Nichol@dshs.wa.gov