



4450 N. Prospect Rd., Suite C8
Peoria Heights, IL 61616

309.682.3500 (V) 309.682.3567 (TTY)
309.682.3989 (Fax)
www.advocatesforaccess.com

Dear Applicant,

Thank you for your interest in applying to join Advocates for Access's Personal Assistant Referral Program. A Personal Assistant assists a person with a disability in performing daily living tasks. This enables the person to live independently in the community. The amount of assistance required is dependent on the degree of disability. When a consumer calls, requesting a Personal Assistant, a referral list of names will be sent out. The **consumer** interviews and hires a PA from the referral list. Dependability, as well as a functioning telephone, is a must for this position. The current rate of pay is \$11.20/hour.

Advocates for Access is a ***referral agency only and DOES NOT actually hire*** PAs. However, a selection process is in place for applicants to be placed on our PA database. The process begins with completing and submitting a Personal Information Data Form in **FULL** followed by a background check, personal interview and orientation for successful applicants.

A completed form includes:

- all question areas to be filled in with the appropriate responses;
- a copy of your driver's license or state ID;
- and a copy of your Social Security card

Omission of **any** of the required items will cause the Personal Information Data Form to be rejected. Please have **ALL** necessary items together when turning in the form.

Once again, thank you for your interest and good luck. For more information you may visit www.advocatesforaccess.com or call me at 309-682-3500.

Sincerely,

Jack Baize
PA Coordinator
Advocates for Access

Letter Rev7-10

"Empowering People With Disabilities To Live Independently In Our Community"

**PLEASE READ THIS INFORMATION BEFORE COMPLETING THE
*PERSONAL INFORMATION DATA FORM!***

Rev 5-10

The following information is **REQUIRED** at time of filling out your PIDF:

1. **Copy of driver's license/current photo ID**
2. **Copy of your social security card**
3. Work History
4. Disclose criminal background

Advocates for Access's consumers are encouraged to a complete criminal background check made of every potential PA. If you are unwilling to approve of a background check you will not be placed on our personal assistant list. By completing this form and interview process, you are agreeing to sign the background check forms when requested.

Qualifications:

1. You must be dependable, reliable, and responsible
2. You must show respect for all individuals
3. You must accept the person with the disability as your employer
4. You must have an operable telephone and maintain it... no 3rd party phone
5. You must be able to lift a minimum of 30 lbs.

Failure to meet these qualifications will result in removal from the referral list.

Duties may include but are not limited to:

1. Bathing/grooming/personal hygiene
2. Range of motion exercises
3. Bowel and bladder care
4. Transferring
5. Cooking/cleaning
6. Shopping, running errands, organizing and paying bills
7. Laundry

*Submission of this data form does not guarantee the applicant being placed on the Personal Assistant Referral List. The data form screening process can be lengthy. Each applicant will be notified if selected for an interview. Successful applicants **MUST** attend a 4 ½ hr., unpaid, orientation class prior to being added to the Personal Assistant Referral List.*

Applicant; retain this copy!!

Rev 5-10

The following is a copy of a form you will be asked to sign at the end of this data form. We will keep the signed copy in your file here at Advocates for Access

Retain this copy for your records!!

STATEMENT OF CERTIFICATION & AUTHORIZATION

Upon my acceptance into Advocates for Access's Personal Assistant Referral Program, I understand:

- That Advocates for Access **does not** hire and is **not** my employer and does not act as a reference for me.
- That I will not be placed on the referral list until I have successfully completed the data form (including turning copies of my driver's license/state ID and Social Security card) screening, and interview process, and have completed orientation.
- I will be removed from the referral list in the event that:
 - ✓ Any information that I have given in this data form is false or misleading,
 - ✓ I have failed to give any information requested regardless of the time elapsed after discovery,
 - ✓ I fail to keep my contact information up-to-date with Advocates for Access staff,
 - ✓ I fail to act in a respectful, responsible, dependable and courteous manner to center or DHS staff, and/or my employer,
- If I am removed from the program, my file will be kept for a period of one (1) year, before being discarded. Should I want to return to the Referral Program, I must, again, go through the normal screening process.

Furthermore, I understand that any of the information on this form, or other forms I am asked to fill out, may be shared with Advocates for Access's Consumers when they request Personal Assistant referral lists.

I authorize Advocates for Access to release my name and social security number to the Department of Human Services for quarterly reporting purposes.

STOP

Rev 5-10

If incomplete, this data form will not be processed!!!

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PERSONAL INFORMATION DATA FORM

Date: _____

First Name Middle Last Name

Address Apt. #

City State Zip County

Previous Address (if less than 1 year at current address)

City State Zip County

Home Phone Cell Phone E-mail address

Date of Birth Gender: Male Female

(must be entered)

Social Security # Drivers License / State ID #
(must be entered) (must be entered)

Have you ***ever*** been convicted of a crime ***other*** than a traffic ticket? Yes No

If yes, please explain:

I hereby authorize Advocates for Access to obtain a Criminal History Report on me: Yes No

Signature Date



EMPLOYMENT HISTORY

List your most recent employer first. Please feel free to attach a resume.

Please Remember to Print

1. Employer: _____
 Address: _____
 City: _____ State: _____ Zip: _____ Ph#: _____
 Title/Job Duties: _____
 From: ___/___/___ to: ___/___/___ Supervisor: _____
 Reason for leaving explained here: _____

2. Employer: _____
 Address: _____
 City: _____ State: _____ Zip: _____ Ph#: _____
 Title/Job Duties: _____
 From: ___/___/___ to: ___/___/___ Supervisor: _____
 Reason for leaving explained here: _____

3. Employer: _____
 Address: _____
 City: _____ State: _____ Zip: _____ Ph#: _____
 Title/Job Duties: _____
 From: ___/___/___ to: ___/___/___ Supervisor: _____
 Reason for leaving explained here: _____

Please explain any work experience (not including the care of a rrelative) related to being a Personal Assistant:



CONSUMER PREFERENCES

In the area below, please note your preferences when working as a Personal Assistant

Counties preferred: Fulton Peoria Tazewell Woodford

Are you interested in Private Pay: Yes No

Are you interested in being a Live-In P.A.: Yes No

Do you prefer to work with men or women: Men Women No preference

Do you smoke: Yes No

Are you willing to work with consumers who have pets: Yes No

Are you willing to work with consumers with AIDS or HIV: Yes No

Are you willing to work with consumers with Mental Illness: Yes No

Are you willing to work with a consumer who smokes: Yes No

Are you able to lift a minimum of 30 lbs. Yes No

Have you had any experience working with persons with specific disabilities?

Alzheimer's Autism Brain Injury Deaf/Hard of Hearing

Developmental Delays Hoyer Lift Mental Illness Physical Disabilities

Other _____

Certification: Bilingual CPR CNA LPN Vent/ Trach trained

Other _____



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OTHER

Do you have any past experience as a P.A.: Yes No

How were you referred to Advocates for Access: _____

Have you applied for the P.A. program before: Yes No If yes, when: ___/___/___

Are you at least 18: Yes No

What is your primary source of transportation?

Car Bus Other (explain)_____

What days of the week are you available?

Mon Tues Wed Thurs Fri Sat Sun

What times are you available to work?

morning afternoons until 5 pm evenings until 10 pm late nights to overnight

When is the best time to call you: _____

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STOP !!!

Please take a moment to re-check your Personal Information Data form.

Incomplete forms will not be accepted.

Signature of Applicant

Date

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