

**Agency With Choice Financial Management Services
Managing Employer
DOCUMENTATION OF SUPPORT SERVICE WORKER (SSW)
QUALIFICATIONS FORM**

This form must be completed for all qualified SSWs referred for hire by Managing Employers. For new qualified SSWs, the form must be initiated by the Managing Employer and completed and verified by the Agency with Choice Financial Management Service (AWC FMS) prior to the qualified SSWs rendering service. Additionally, this form must be reviewed and completed for all SSWs at least once every 365 calendar days. Clearances do not have to be completed annually; however, the 365-day review needs to assure they exist as required and are updated if needed.

Please complete the section(s) for all services the qualified SSW will be providing to the individual. The Managing Employer must initial on the line next to the qualification criteria to indicate the SSW meets the criteria. The Managing Employer is responsible to work with the AWC FMS to complete this form and provide evidence that the SSW meets the criteria.

Unlicensed Home and Community Habilitation, Unlicensed In-Home Respite, Transitional Work Services, Supported Employment, Homemaker/Chore, and/or Home Finding

- _____ At least 18 years of age
- _____ Completion of pre-training or in-service training necessary to carry out the individual's support plan
- _____ Agreement to carry out the service responsibilities outlined in the individual's support plan
- _____ *FBI Clearance (Older Adult Protective Services Act [35 P.S. § 10225.502(a)(2)] "Where the applicant is not and for two years immediately preceding the date of application has not been a resident of this Commonwealth, administration shall require [an FBI history].")
- _____ *Child Protective Services Law (CPSL) [23 Pa. C.S. Chapter 63] (when the individual receiving services is under 18 years of age)
- _____ *Older Adult Protective Services Act [OAPSA 35 P.S. § 10225.101 et. seq., Title 6 Pa. Code Chapter 15]
- _____ Automobile insurance for all automobiles used as part of the service
- _____ Valid driver's license
- _____ Current State motor vehicle registration

Personal Support Services

- _____ At least 18 years of age
- _____ Completion of pre-training or in-service training necessary to carry out the individual's support plan
- _____ Agreement to carry out the service responsibilities outlined in the individual's support plan
- _____ *FBI Clearance (Older Adult Protective Services Act [35 P.S. § 10225.502(a)(2)] "Where the applicant is not and for two years immediately preceding the date of application has not been a resident of this Commonwealth, administration shall require [an FBI history].")

- _____ *Older Adult Protective Services Act
[OAPSA 35 P.S. § 10225.101 et. seq., Title 6 Pa. Code Chapter 15]
- _____ *Child Protective Services Law [23 Pa. C.S. Chapter 63]
(when the individual receiving service is under 18 years of age)
- _____ Automobile insurance for all automobiles used as part of the service

Transportation by a Non-Relative

- _____ At least 18 years of age
- _____ *FBI Clearance (Older Adult Protective Services Act [35 P.S. § 10225.502(a)(2)]
"Where the applicant is not and for two years immediately preceding the date of application has not been a resident of this Commonwealth, administration shall require [an FBI history].")
- _____ *Older Adult Protective Services Act Clearance
[OAPSA 35 P.S. § 10225.101 et. seq., Title 6 Pa. Code Chapter 15]
- _____ *Child Protective Services Law [23 Pa. C.S. Chapter 63]
(when the individual receiving service is under 18 years of age)
- _____ Automobile insurance for all automobiles used as part of the service
- _____ Valid PA driver's license
- _____ Current State motor vehicle registration

Transportation by a Relative

- _____ At least 18 years of age
- _____ Automobile insurance for all automobiles used as part of the service
- _____ Valid PA driver's license
- _____ Current State motor vehicle registration

I am aware of the Waiver requirements for payment to relatives and am in compliance with those requirements.

Name of the Support Service Worker: _____

Social Security number of the Support Service Worker: _____

Signature of Managing Employer: _____

Managing Employer Name (printed): _____

Managing Employer Contact Information: (Phone number and address) _____

Date form completed by Managing Employer: _____

Signature of AWC FMS: _____

Date approved by AWC FMS: _____