

Vendor Fiscal/Employer Agent Financial Management Services
Common Law Employer
**DOCUMENTATION OF SUPPORT SERVICE WORKER (SSW)
QUALIFICATIONS FORM**

This form must be completed for each qualified SSW hired directly by Common Law Employers. For all qualified SSWs, the form must be submitted to the Vendor Fiscal/Employer Agent Financial Management Service (VF/EA FMS) for completion of the appropriate criminal clearances and must be verified 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 appropriate section below for all services the qualified SSW will be providing to the individual. The Common Law Employer must initial on the line next to the qualification criteria to indicate the SSW meets the criteria. The Common Law Employer is responsible to work with the VF/EA 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 provided by SSWs

- _____ 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 service is under 18 years of age)
- _____ *Older Adult Protective Services Act Clearance [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 (if transportation is provided as part of the service)
- _____ Current State motor vehicle registration (if transportation is provided as part of the service)

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 Clearance
[OAPSA 35 P.S. § 10225.101 et. seq., Title 6 Pa. Code Chapter 15]
- _____ *Child Protective Services Law (CPSL) [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 SSW

- _____ 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 (CPSL) [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 Relative¹ SSW

- _____ 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 Common Law Employer: _____

Common Law Employer Name (printed): _____

Common Law Employer Contact Information: (Phone number and address) _____

Date form completed by Common Law Employer: _____

Signature of VF/EA FMS: _____

Date approved by VF/EA FMS: _____

¹A relative is a parent (natural or adoptive), child, stepparent, stepchild, grandparent, grandchild, brother, sister, half-brother, half-sister, aunt, uncle, niece, or nephew.

*These items will be completed by the Financial Management Services Organization.