



DBHDD Participant Direction Family Hire Request Form

Date: _____

Waiver Participant Information

Last Name: _____ First Name: _____

DOB: _____ Medicaid #: _____

Street Address: _____

City/State: _____ County: _____ Zip code: _____

Fiscal Agency: _____ Support Coordination Agency: _____

PD Representative/Employer Information

Name: _____ Email: _____

Phone Number: _____ Relationship to Waiver Participant: _____

Family Hire Staff Information

Annual Renewal or new family hire: _____

Name: _____

Address: _____

Relationship to Waiver Participant: _____

What services will the family hire staff provide: _____

Community Living Support, Community Access, Supported Employment, and Transportation are the Waiver Services eligible for Family Hire.

- The Representative for Participant Directed Services cannot be hired as staff.
- If the Representative is interested in becoming paid staff, another rep must be identified.
- The representative must be at least 18 years old.
- The paid staff must be at least 18 years old.
- The payrate cannot be more than what the traditional provider bills Medicaid for that same service.
- The paid staff may not provide more than 40 hours of paid waiver services in a 7-day period.

People with a history of abuse, neglect, or exploitation as substantiated by DBHDD, Division of Aging or any Agency, may not be hired as employees via the Participant-Direction service delivery model.

People with a felony conviction as evidenced in the criminal records check may not be hired as employees via the Participant-Direction service delivery model.

Please submit this request form via email to: Participant.Direction@dbhdd.ga.gov

Comments: