Services My Way
Representative Screening Questionnaire for the Aging Waiver

Name of Participant: _____

Phone #: (_____)_____

Name of Proposed Representative: _____

Address: _____

City: _____, **State:** _____ **Zip:** _____

Phone #: (_____)_____ Relationship: _____

If you are not a family member, please describe your relationship, how long you have known the participant and how often you have contact with the participant:
_____
_____
_____

Do you receive money from the participant or anyone else to care for the participant?
Yes: _____   **No:** _____

If yes, please identify the source and purpose of the funds?
_____
_____
_____

After reading the attached description that outlines the responsibilities of the representative, do you understand your functions and are you willing to volunteer to serve as the participant's representative?   Yes: _____   **No:** _____

Are you willing to sign a designation form stating that you will serve in this capacity?
Yes: _____   **No:** _____

Do you understand that you cannot pay yourself for this role and cannot become a paid caregiver? Yes: _____   **No:** _____

SERVICES MY WAY REPRESENTATIVE REQUIREMENTS

DEFINITION:

A Services My Way Representative may be a Pennsylvania Aging Waiver participant's legal guardian or other legally appointed personal representative, an income payee, a family member, friend, or any other person identified by the participant in consultation with the Services My Way staff. The Services My Way Representative will manage the participant's Spending Plan when the participant is not otherwise able to do so without assistance.

The Services My Way Representative WILL:

- **Be willing and able to meet all participant requirements under the waiver**
- **Be willing and able to meet all responsibilities listed in the Services My Way Representative Agreement**
- **Show a strong personal commitment to the participant**
- **Be able to be immediately available to provide or obtain back-up services when a worker does not show**
- **Show knowledge about the participant's preferences**
- **Agree to a visit the participant at least weekly**
- **Be at least 18 years old**

The Services My Way Representative CANNOT:

- **Be paid for this service**
- **Be hired by the participant**