



## Attention Personal Assistants and Personal Assistant Applicants:

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**Independent Home Care, Inc. (IHC)** offers IHC Personal Assistants (PAs) an opportunity advertise to Consumers for employment and for additional hours, should they choose!

If you are interested, please complete the attached waiver and form with your name, phone number, email, counties and townships that you are willing to work in.

Consumers who would like support in finding Personal Assistants receive a list with the first name and last initial, phone number and email address of individuals who are interested in working in their area. If the Consumer would like to move forward with recruiting off this list, they will be in touch with you directly.

In order to be included on this list, you must review and agree to the enclosed waiver. Please note that ILI/ IHC does not do background checks on Consumers, those who live with them or Personal Assistants. This is not an offer of employment.

If you would like to be included on our PA Advertising list for Consumers to be aware of your job interest, please complete and return the waiver and form.

You may return the signed waiver and form by e-mail, fax or mail.

Email: [\*\*palist@myindependentliving.org\*\*](mailto:palist@myindependentliving.org)

Phone: **(845) 565-1162 ext. 214**

Fax: **(845) 565-0567**



**Español**

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*We are dedicated to supporting individual choice and enhancing the quality of life for older adults and people with disabilities through a comprehensive approach to care.*



## Personal Assistant Listing For Job and Hours Availability

FIRST NAME:

LAST NAME:

CELL PHONE:

LAND LINE:

EMAIL:

Currently on IHC Payroll:      Yes      No

Counties where you would consider working (check all that apply):

DUTCHESS

ORANGE

SULLIVAN

ULSTER

ROCKLAND

TOWNSHIPS:

Please PRINT CLEARLY in the spaces provided above.

You must **sign** and **date** the **Waiver Statement** on the **reverse side of this form**. *\*If the form is returned without the signature on the Waiver Statement, your name will not be included on the list.*

Return the completed Form & Waiver in the enclosed Business Reply Envelope or via fax or email.

Fax:            (845) 565-0314

Email:        [palist@myindependentliving.org](mailto:palist@myindependentliving.org)

Questions Call: (845) 565-1163 ext 214

Available in Espanol

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**Waiver to PA:**

Independent Living, Inc. and Independent Home Care, Inc. work with the Consumer Directed Personal Assistance Services (CDPAS) program, which was created by Consumers with disabilities for the individuals who need home care. The Independent Home Care Consumer Directed program is NOT a home health care agency and it does not maintain or employ any Personal Assistants.

Independent Living, Inc., Independent Home Care, Inc. and its Consumer Directed Home Care program do NOT provide employment. The program only places names on the attached list to be distributed to Consumers looking for interested candidates. Consumers are responsible for the recruiting, interviewing and hiring of their Personal Assistants (PA); they are also responsible for training, management and termination. Independent Home Care serves only as the Fiscal Intermediary (FI) in the process.

There is no guarantee that you will be contacted or offered a position because your name is placed on the list. The Consumer may contact individuals on this list directly if interested.

Consumers will schedule interviews, determine job duties and responsibilities, create schedules, train and terminate any PA that they retain. Independent Home Care does not offer legal advice regarding the steps necessary to employ or hire you as a PA.

By providing us with your information to be included on this list, you represent and warrant to Independent Home Care, Inc., its Consumer Directed Home Care Program, and Independent Living, Inc. that all of the information is truthful and accurate and that you are legally permitted and qualified to provide services as a Personal Assistant.

**Independent Living, Inc. and Independent Home Care, Inc. do not verify the legitimacy or validity of the information provided by you nor do we conduct background checks on you or the Consumers that may contact you.** By agreeing to include your name and information on this list, you are agreeing to the above-terms. In consideration of Independent Home Care's Consumer Directed Home Care Program agreeing to include you on this list, you agree:

(a) to authorize Independent Home Care, Inc. to publish and disseminate your name, contact information and other information that you provide to be included on the list; (b) to release, discharge and hold harmless Independent Living, Inc., Independent Home Care, Inc. and its Consumer Directed Home Care Program, for any claims related to your privacy or confidentiality and for any claims related to your potential or actual employment or engagement by the Consumers to provide services.

**PERSONAL ASSISTANT SIGNATURE**

**DATE**

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