



Personal Assistant Listing For Job and Hours Availability

FIRST NAME:		LAST NAME:
CELL PHONE:		LAND LINE:
EMAIL:		
Currently on IHC Pay	roll: Yes N	No
Counties where you would consider working (check all that apply):		
DUTCHESS	ORANGE	SULLIVAN
ULSTE	R	ROCKLAND
TOWNSHIPS:		
Please PRINT CLEARLY in the spaces provided above.		

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

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

Fax: (845) 565-0314

not be included on the list.

Email: palist@myindependentliving.org

Questions Call: (845) 565-1163 ext 214 Available in Espanol

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.

Newburgh Website 5 Washington Terrace, Newburgh, NY 12550 | 845-565-1163 | Fax 845-565-0314

www.myindependenthomecare.org





YOUR LIFE • YOUR CHOICE

YOUR CARE · YOUR WAY

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 ASSITANT SIGNATURE

DATE

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