

Home and Community-Based Services
Employment-related Personal Assistance Services (EPAS)
Participant Information Form

Date of Interview:		DWS Review Date:	
Next Care Plan Renewal Date:		Next MDS-HC Renewal Date:	
Original EPAS Enrollment Date :		Participant SSN:	

EPAS Participant Information

Name:		Date of Birth:		Medicaid ID:	
Gender:	Select One	Select Phone		Other Phone:	
Physical Address:	City:		Zip Code:		
Mailing Address:	City:		Zip Code:		
Type of Residence:	Select One			County of Residence:	Select One
Email Address:					
Medical Diagnosis:		Description of Disability:			

Guardian or Representative Information

Name:		Select Phone		Other Phone:	
Relationship to Participant:		Description of Legal Authority to act on their behalf, if applicable:			
Physical Address:	City:		Zip Code:		
Mailing Address:	City:		Zip Code:		
Email Address					

Provider Agency Information

Service Coordinating Agency:	Select One	
	Name:	
	Email:	

	Phone:	
EPAS Assessor:	Select One	
	Name:	
	Email:	
	Phone:	
Financial Management Agency:	Select One	
	Name:	
	Email:	
	Phone:	
Personal Care Agency:		
	Name:	
	Email:	
	Phone:	

SAS Employees*

Name of Employee #1:		Select Phone	
Relationship to EPAS Participant:		Agreed Upon Rate of pay	
FMS Agency Hire Date:		Signed Employer/Employee Agreement:	Select One
Email :		Address :	

Name of Employee #2:		Select Phone	
Relationship to EPAS Participant:		Agreed Upon Rate of pay	
FMS Agency Hire Date:		Signed Employer/Employee Agreement:	Select One
Email :		Address :	

Name of Employee #3:		Select Phone	
Relationship to EPAS Participant:		Agreed Upon Rate of pay	
FMS Agency Hire Date:		Signed Employer/Employee Agreement:	Select One
Email :		Address :	

Name of Employee #4:		Select Phone	
Relationship to EPAS		Agreed Upon Rate of pay	



Participant:			
FMS Agency Hire Date:		Signed Employer/Employee Agreement:	Select One
Email :		Address :	

Name of Employee #5:		Select Phone	
Relationship to EPAS Participant:		Agreed Upon Rate of pay	
FMS Agency Hire Date:		Signed Employer/Employee Agreement:	Select One
Email :		Address :	

* If participant has more than five SAS Personal Assistants, please attach "Participant Information Form-Additional SAS Employees."

Self-Employment

Name of Business #1:		Business License:	
Business Phone:		Number of Employees:	
Business Address		City	Zip Code:
Product or Service Offered:		Description of Business:	
Hours worked each week:		Hours worked each month:	Average Monthly Wage:

Self-Employment Work Schedule

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes:

[Click here to enter text.](#)

Employed By Others*

Employer's Name #1		Name of Supervisor:	
Employer's Address		City	Zip Code:
Employer's Phone:		Job Start Date:	
Hours worked per week:		Hours worked per month:	
Job Title:		Job Description:	

Employer's Name #2		Name of Supervisor:	
Employer's Address		City	Zip Code:
Employer's Phone:		Job Start Date:	
Hours worked per week:		Hours worked per month:	
Job Title:		Job Description:	

* If participant has more than two places of employment, please attach "Participant Information Form-Additional Employment."

Employed By Others Work Schedule

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes:

[Click here to enter text.](#)

Additional Information:

Describe other supports are being utilized by participant? (Reflected on Other Supports on Care Plan)		
<input type="checkbox"/> Natural Supports at Home	<input type="checkbox"/> Subsidized Housing	<input type="checkbox"/> Supplemental Security Income (SSI)
<input type="checkbox"/> Natural Supports at Work	<input type="checkbox"/> Mental or Behavioral Health Services	<input type="checkbox"/> Social Security Disability Insurance (SSDI)
<input type="checkbox"/> Voc Rehab or Job Coach	<input type="checkbox"/> Division of Services for People with Disabilities (DSPD) Program	<input type="checkbox"/> Benefit Planning
<input type="checkbox"/> Home Health Services	<input type="checkbox"/> Food Stamps or Food Assistance	
Other: (i.e. other Medicaid or Medicare benefits, personal care services, waiver program)		
Click here to enter text.		
Strengths/Goals of Participant:		
Click here to enter text.		
Care Plan or MDS-HC Changes: (i.e. Did client's needs increase or decrease from the previous year that affected their employment?)		
Click here to enter text.		
Additional Notes:		

Click here to enter text.

Care Plan Renewal Checklist:

Forms to Submit:	Other Items:
<input type="checkbox"/> Care Plan	<input type="checkbox"/> Participant's Home is a safe environment for services to be rendered.
<input type="checkbox"/> Program Participation Form	<input type="checkbox"/> EPAS Participant is able to Self-Administer Services appropriately and manage Employees, if applicable
<input type="checkbox"/> Employer/Employee Agreement from each SAS Employee, if applicable	<input type="checkbox"/> Capture any updates to information i.e. phone numbers, place of employment
<input type="checkbox"/> Freedom of Choice Form, if applicable	<input type="checkbox"/> Remind participant of DWS Review date, and to updated DWS of any Address, Phone, Employment, or Income updates.
<input type="checkbox"/> Employment Verification (See Section 8 of EPAS Manual for requirements)	<input type="checkbox"/> Participant was visited in the home face-to-face.