



n o l i m i t s

Initial PA Application

Please be aware that this is NOT an application for employment. You must fill out this form if you would like to have your name placed on our PA/IP Referral List which is shared with consumers who hire and maintain PA/IP's. Wages for Personal Assistants/Individual Providers are paid through the Division of Rehabilitation Services (DRS) and/or the individual requiring assistance.

Filling out the below information is REQUIRED. You must also attend a mandatory orientation session and provide copy of ss card and photo ID with current address before your name is added to the Statewide PA/IP Referral List.

(Information required, for RAMP staff to complete a background check, and orientation eligibility)

Last Name _____ First Name _____ M.I. _____

Maiden Name _____ Other Names Used _____

Address _____ City _____ State _____ Zip _____

Phone: Home _____ Work: _____ Cell: _____

Gender: Male ___ Female ___ Both ___ Other ___ Not Specified ___ Date of Birth: _____

Email Address _____

Previous address if less than 2 years at current address: _____

City _____ State _____ County _____ Zip _____

How did you hear about our program?

Tv Radio Bus Social Media Family/friend Other _____

Have you ever been convicted of a criminal violation? _____ Yes _____ No

Please provide date and details: _____

RELEASE OF INFORMATION WAIVER

Please read carefully and sign:

I authorize RAMP to perform a criminal background check on me, and to release the information on this form and the results of the criminal background check to consumers who are looking for a PA/IP so that they may consider hiring me. I understand that RAMP publishes a link to their PA/IP Referral List on the RAMP website and that my contact information will be available on there if my name is added to the Referral List. I understand that completing the program requirements does not mean that I will be hired as a PA/IP by a consumer. I understand that if I am hired as a PA/IP by a program participant that I will **NOT** be an employee of RAMP. I understand that yelling, cursing or being disrespectful to RAMP staff or consumers will get me removed from the RAMP PA/IP Referral List.

Signature of Individual for the RAMP PA/IP Referral Program _____ Date _____

Signature of RAMP Staff/Witness _____ Date _____