



## 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 \_\_\_\_\_

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 \_\_\_\_\_