



## PA Orientation Intake Form

Please be aware that this is **NOT** an application for employment. You must fill out this form if you would like to be invited to attend the Personal Assistant (PA) Orientation. Once you have attended the orientation, your name will then be placed on our PA Referral List. The list is shared with consumers who hire and maintain PA's, who are then paid through the Division of Rehabilitation Services (DRS) and/or the consumer requiring assistance. Being added to the PA Referral List is **NOT** guaranteed employment.

**RAMP does not employ or recommend PAs to consumers. The decision to hire a PA is entirely up to the consumer. However, it's important to note that if a PA has a criminal background, the Department of Human Services may prevent them from being eligible to work as a PA. Additionally, any instance of yelling, cursing, or being disrespectful toward RAMP staff or consumers will result in removal from the PA Referral List. Severe misconduct, such as theft, threatening behavior, abuse, fraud or neglect will lead to permanent removal from the PA referral list. RAMP is committed to maintaining a safe and respectful environment for both consumers and staff.**

Filling out **ALL** of the below information is required. **You will receive an email with orientation information.**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ M.I. \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Best Contact Phone Number: \_\_\_\_\_

Gender: Male \_\_\_ Female \_\_\_ Both \_\_\_ Other \_\_\_ Not Specified \_\_\_ Date of Birth: \_\_\_\_\_

Email Address \_\_\_\_\_

How did you hear about our program?

Indeed  DRS  Flyer  Social Media  Family/Friend  Other \_\_\_\_\_

### **RELEASE OF INFORMATION WAIVER PLEASE READ CAREFULLY AND SIGN:**

I understand that RAMP will give my information that I provide, to potential consumers, whom then will decide who to call and hire. I understand that completing the program requirements does not mean that I will be hired as a PA by a consumer.

\_\_\_\_\_  
Signature of Individual for the RAMP PA Referral Program      Date