Special Touch CDPAP
A CONSUMER DIRECTED PERSONAL ASSISTANCE COMPANY

Special Touch Home Care Services, Inc.
2091 Coney Island Avenue
Brooklyn, NY 11223

Facsimile Transmittal

To:	Special Touch CRPU	Fax:	718-907-3377
From:		Date:	
Re:		Pages:	

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

FAX THE COMPLETED CDPAP APPLICATION (M13D) TO 718-907-3377.

If you have any questions call 718-627-1122 and select option #2 to speak with our Intake Department.

Notes: Is there anything else you would like us to know? Tell us here....

CONFIDENTIAL

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T: 718-627-1122, Option #2
F: 718-907-3377

Tips on accurate completion of the CDPAP Application (M-13D)

1. A consumer or designated responsible representative who wishes to participate in the Consumer Directed Personal Assistance Program must answer all questions on the application, Form M-13D and sign the Consumer's Declaration agreeing to assume all the required obligations of the program. (Please note #6 on page 3.)

2. In the event of an emergency, if the responsible adult is unable to meet his/her responsibilities there must be a designated back up for the responsible adult whether he/she resides with the consumer or maintains a daily presence. (*Please note page 5)

3. Explain how the consumer or designated responsible representative will screen prospective personal assistants for the basic job qualifications suited to meet the consumer's needs, maintain time sheets and other personnel data to be submitted to the Home Care Services Program.

4. Describe the consumer's or designated responsible representative's plan for finding additional personal assistants to serve as replacement workers and the formal or informal referral sources that will be used.

5. Explain how the consumer or designated responsible representative will arrange for and contact back-up service in the absence of the regularly assigned personal assistant.

6. Describe the consumer or designated responsible representative's plan to familiarize personal assistants with their general duties.

7. Consumers who require skills typically provided by a Home Health Aide, Licensed Practical Nurse must have a Registered Nurse complete the required certification. (*Please note page 4)

8. The Registered Nurse must certify that either the consumer or designated responsible representative is self-directing and capable of providing such instruction and sign, date and provide his/her license number on the certification form.

Have questions?
Your CDPAP Care Representative has the answers. Call 718-627-1122 and ask for the Intake Department.

THE CONSUMER DIRECTED PERSONAL ASSISTANCE PROGRAM APPLICATION

1a. CONSUMER IDENTIFYING INFORMATION

Consumer's Surname	First Name	M.I.	Social Security Number

Address (No. & Street)	FL./Apt. No.	Boro	Zip	Telephone No.

Age	Date of Birth	Medicaid Number	Sex	Medicare A	Medicare B
			☐M ☐F		

Language(s) Spoken	Language(s) Understood

LIVING ARRANGEMENTS

☐ One Family House
If Walk-Up
number of flights _____
☐ Multi-Family House
☐ Apartment
☐ Other (Specify)_____
☐ Furnished Room
☐ Boarding House
☐ Hotel
☐ Senior Citizen Housing

1b. PARENT, LEGAL GUARDIAN, OR DESIGNATED REPRESENTATIVE INFORMATION

Name	Relationship to Consumer

Address (No. & Street)	FL./Apt. No.	Boro	Zip	Telephone No.

Business Address (if any)	Business Telephone No.

2. CONSUMER'S NEXT OF KIN

Name	Relationship	Telephone Number

Address (No. & Street)	FL./Apt. No.	City	State	Zip

3. PARENT, LEGAL GUARDIAN, OR DESIGNATED REPRESENTATIVE BACK-UP *

Name	Relationship	Telephone Number

Address (No. & Street)	FL./Apt. No.	City	State	Zip

BACK-UP MUST BE WILLING AND ABLE TO MAINTAIN SIGNIFICANT CONTACT AND COMPLETE PAGE 5

4. DESCRIBE CONSUMER'S MEDICAL CONDITION AND PERSONAL SITUATION.

5. SCREENING AND RECRUITMENT PLAN:

A. Describe how the consumer, legal guardian or designated representative will screen and recruit prospective personal assistants.

B. Describe how the consumer, legal guardian, or designated representative will screen and recruit sufficient, additional personal assistants to serve as replacement workers when needed.

C. Describe how the consumer, legal guardian or designated representative will arrange for emergency coverage to maintain continuity of service in the absence of the regularly assigned personal assistant.

D. Explain how the consumer, legal guardian or designated representative will provide orientation to conditions of employment for new personal assistants.

E. Describe how the consumer, legal guardian or designated representative plans to direct and monitor the personal assistant's job performance.

F. Describe how the designated representative will supervise the personal assistant when he/she is performing skilled nursing tasks.

G. Describe how the consumer, legal guardian, or designated representative will resolve all personal assistant complaints.

H. Describe how the consumer, legal guardian or designated representative will **train** personal assistants to provide the needed services.

6. CONSUMER'S DECLARATION:

I, the consumer, parent, legal guardian or designated representative, am willing to assume all of the required obligations in the Consumer Directed Personal Assistance Program.

Signature _____

Relationship to Consumer _____

Date _____

If the consumer has skilled nursing tasks, a registered nurse must complete the attached certification.

REGISTERED NURSE'S CERTIFICATION

Consumer's Name: _____ Social Security Number: _____

If the consumer is not self-directing, the nurse must assess the ability of the parent, legal guardian, or designated representative to supervise the performance of skilled nursing tasks by a personal assistant.

Name of Designated Representative (if needed):_____

THE CONSUMER IS CURRENTLY RECEIVING SERVICES FROM:

Home Care Provider or Hospital: _____

Name of Contact Person: _____

Title:_____ Telephone Number:_____

In my opinion as a registered nurse who has assessed this consumer's service needs and training capabilities, I have determined the following:

☐ The consumer is self-directing and is capable of providing assistance, supervision and direction to the personal assistant performing skilled nursing tasks.

☐ The designated representative is capable of providing assistance, supervision and direction to the personal assistant performing skilled nursing tasks.

Please indicate nursing tasks. Check all that apply:

☐ Ostomy Care (specify) _____
☐ Decubitus Care
☐ Indwelling Catheter Care
☐ Measuring glucose, sugar and/or acetone to monitor medical condition
☐ Suctioning
☐ Tube feeding
☐ Administering medication
☐ Administering oxygen
☐ Nebulizer treatment
☐ Other _____

Comments:

NURSE'S NAME _____SIGNATURE_____DATE_____

AGENCY_____LICENSE NUMBER _____TELEPHONE NUMBER _____

DESIGNATED REPRESENTATIVE BACK-UP STATEMENT

The Designated Representative **Back-Up** must write a statement **below** confirming that she or he is willing to direct and supervise the Personal Assistant (Aide) in the event of the temporary inability or absence of the Designated Representative. **The Designated Representative Back-Up** must **sign and date** the statement in the spaces provided below.

SIGNATURE: _____DATE:_____