

Background and Purpose

The Developmental Disabilities Administration (DDA) supports individuals with intellectual and developmental disabilities and their families to live lives of their choosing and thrive!

The DDA Self-Directed Services (SDS) Family as Staff form is used by participants who are self-directing. Participants use it to inform their team, Coordinator of Community Services (CCS), Fiscal Management Services Agency, and the DDA if they are hiring a relative to provide an approved DDA self-directed service. Relatives are defined as a natural or adoptive parent, stepparent, or sibling.

IMPORTANT: This document can be completed by the participant or another team member.

***All text in red indicates added/revised language since the prior release date**

Section 1: My Family as Staff Choice

Option #1 - I do not want to hire a relative

No - I do not want to hire a relative to be one of my staff.

*If **NO** is selected, then please sign and submit this form to your CCS as it is. You do not need to complete the rest of the form.

Option #2 - I want to hire a relative to be my *Support Broker*

YES - I want to hire a relative to be my Support Broker

*If **YES** is selected, then please complete the entire form and then submit to your CCS.

*If your current direct support staff is a relative, you must change your direct support staff prior to completing this form.

Option #3 - I want to hire a relative(s) to be my *Direct Support Staff*

YES - I want to hire a relative to be my direct support staff

*If **YES** is selected, then please complete the entire form and then submit to your CCS.

*If hiring a relative as a direct support staff, then you are unable to hire a relative as a Support Broker. When relatives work as staff, a neutral, third-party support broker **can be considered to prevent conflict of interest**. If your current Support Broker is a relative, you must change your supportbroker prior to completing this form.

Section 2: Family as Staff

I will be paying the following relatives (natural or adoptive parent, stepparent or sibling) as a member(s) of my staff:

Name of Person	Relationship to Me	Job They Will Have	Rate of Pay	Hours Per Week

IMPORTANT:

1 - Relatives can only have jobs for the following DDA Waiver services:

- Personal Supports (PS),
- Respite Care Services,
- Ongoing Job Supports,
- Support Broker (SB) Services,
- Community Development Services (CDS),
- Nursing Support Services (NSS),
- Supported Living (SL), or
- Transportation

2 - Examples of a "Job They Will Have" include CDS Staff, PS Staff, Transportation, and Job Coach.

Please describe why hiring the person(s) listed above is in your best interest?



Please describe how:

Having a family member as your staff will help you to be more integrated in your community?

Having a family member as your staff will increase your independence?

Having a family member as your staff will expand your circle of support or natural supports?

Any special circumstances (such as location of home, time of day supports are needed, etc.):

Attestation:

- ✓ This is my choice and is supported by my team.
- ✓ My team and I will review and discuss if the staff I have chosen are meeting my needs at least once a year or when needed.
- ✓ There is a lack of qualified staff to meet my needs.
- ✓ My family member provides no more than 40-hours per week of the service unless otherwise authorized by the DDA.
- ✓ My family member has unique abilities to meet my needs such as knowledge of who I am, ability to communicate with me, availability, connect me to the community, special skills or training.
- ✓ My family member will help increase my independence and community participation, integration and belonging.
- ✓ I have a Participant Agreement that identifies people, beyond family members, who will support me in making my own decision.
- ✓ My relative(s) agree to implement my PCP and provide services as required by the federal and State rules, laws and regulations of this program.

Note: It is important for the participant and team to make plans for when the family is no longer available.

Signature

By signing below, I, the participant and, if applicable, my legal guardian or designated representative, hereby acknowledge that I have received and agree to this document. I am aware that if I have any questions, I should contact my Coordinator of Community Services (CCS).

Participant Name

Participant Signature

Date

Legal Guardian Name (if any)

Relationship to Participant

Legal Guardian Signature

Date

Designated Representative Name (if any)

Relationship to Participant

Designated Representative Signature

Date