



Path Forward of Kentucky, INC.

707 Executive Park
Louisville, KY 40207
Phone: 502-451-2565
Fax: 502-451-2732

Path Forward of Kentucky Medicaid services

What is a Supports for Community Living (SCL)/Michelle Phillips (MP)/Acquired Brain Injury (ABI) Service Provider:

SCL/MP/ABI providers include regional comprehensive care centers and public and private human services agencies across the state. These providers are reviewed and certified by the Department for Behavioral Health, Developmental and Intellectual Disabilities at least annually, in accordance with the standards and requirements set forth by the Kentucky Department for Medicaid Services. SCL/MP/ABI providers are continuously monitored to maintain quality of supports. All providers have agreed to provide services according to the best practice accepted by their professional organization and to provide services in compliance with federal and state statutes regardless of age, color, creed, disability, ethnicity, gender, marital status, national origin, race, religion, or sexual orientation.

Path Forward of Kentucky offers the following services:

Behavior Supports: The utilization of evidence based and best practices in behavioral techniques, interventions, and methods to assist a participant with significant, intensive challenges which interfere with activities of daily living, social interaction, or work.

Case Management: The person who helps the participant and/or his/her family develop a plan to meet the participant's goals is called the case manager. The case manager works closely with the participant and other providers and community resources to make sure he/she is pleased with the services and opportunities that he/she receives.

Community Access: Designed to support a participant to participate in meaningful routines, events, and activities through various community organizations. Participant will be empowered to develop natural supports. Participant will receive assistance to focus on acquiring, practicing, utilizing, and improving skills related to: Connecting with others, Independent functioning, self-advocacy, socialization, community participation, personal responsibility, and financial responsibility.



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Community Living Supports: Assistance with daily activities of living provided to a participant who lives at home. The purpose is for the participant to become independent in various activities of daily life.

Companion Care: Assistance with daily activities of living provided to a participant who lives at home. The purpose is for the participant to become independent in various activities of daily life. Participant will be empowered to develop natural supports. Participant will receive assistance to focus on acquiring, practicing, utilizing, and improving skills related to: Connecting with others, Independent functioning, self-advocacy, socialization, community participation, personal responsibility, and financial responsibility.

Personal Assistance: Designed to enable the participant to accomplish tasks that the participant normally would do for him or herself if the participant did not have a disability. Services are provided to the participant if they reside in their own residence or in the participant's family residence. Services include hands on assistance (performing the task for the participant), reminding, observing, guiding, or training a participant in activities of daily living and in independent activities of daily living. Services include assisting a participant in managing medical care and transportation. Services may take place in a participant's home or in the community.

Respite: A time of rest or relief for a person who is the primary caregiver of a participant with a disability. This service is available to a participant living in a family home residence or a family home provider situation. This service is offered at either the individuals own home or the home of the respite provider.

Supported Employment: Designed to provide ongoing supports for a participant to assist them in maintaining gainful employment in the community. This could include performing job development activities and job coaching while building natural supports on the job site.

Residential Supports: Our agency offers residential support through matching up participants with a family home provider. Residential Supports provide 24-hour supervision when needed, and training in activities such as laundry, routine household care, self-care, shopping, money management, socialization, and leisure activities. No more than three individuals receiving waiver services can live in any residential setting at one time unless they are in a group home.



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The following documents need to be submitted to the Human Resources office prior to the first day of training.

- Copy of Current Driver's License
- Copy of Proof of Current Car Insurance (**Card must be in your name or a letter stating you are a covered driver if not listed on the card from the insurance agent**)
- Copy of Social Security Card
- Copy of Licensure (CNA, RN, LPN, etc.)**IF Applicable**
- Copy of High School Diploma/GED or College Transcripts
- Current TB/PPD Assessment
- Negative Drug/Alcohol Screening Form



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Employment Application An Equal Opportunity Employer

Today's Date _____

IDENTIFICATION: PLEASE PRINT

Name: (First, Middle, Last)		Preferred Name:	
Email address:	Known By any other names: (maiden names, changes)	Cell phone:	
Present Address: (No P.O. Boxes)		Years There	Telephone:
How Did You Hear About Us? If Referred By Current Staff, Please List Their Name.		Position Applied For:	Available For: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal
Locations Desired:			
Expected Earnings \$ _____ per _____			
Date Available to Start:	Days Available/Times Mon ___ Tues ___ Wed ___ Thurs ___ Fri ___ Sat ___ Sun ___		Shift Preferred: 1 st ___ 2 nd ___ 3 rd ___

EDUCATION:

Institution Name & Location	Graduated		Degree Received	Major/Minor Field
	Yes	No		
High School Name/Location:				
Technical School/Location:				
College Name/Location				
Other/Location:				
Are you attending school now? YES NO Schedule:				



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MILITARY:

Dates of Service (MONTH/YEAR): FROM: _____ TO: _____		RESERVE MEMBERS COMPLETE	
Highest Rank:		_____ Active	Branch:
		_____ Inactive	
_____ Active _____ Reserve		_____ National Guards	Unit:
		_____ AGR Program	

Emergency Contact

Name:	Address:	Phone:	Relationship:
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EMPLOYMENT HISTORY: PLEASE LIST LAST 10 YEARS. Use Backside of paper if needed.

Employer's Name:		List Major Duties Performed:	
Employer's Address:			
Employer's Phone Number:	Month/Year Employed To:		
Starting Position:	Month/Year Employed: From:		
Last Position:	Supervisor's Name:		
Base Salary: \$ _____ Per _____	May We Contact Employer? _____ YES _____ No	Reason For Leaving:	



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Employer's Name:		List Major Duties Performed:	
Employer's Address:			
Employer's Phone Number	Month/Year Employed: To:		
Starting Position:	Month/Year Employed: From:		
Last Position:	Supervisor's Name:		Reason For Leaving:
Base Salary: \$ _____ Per _____	May we Contact Employer? _____ YES _____ NO		

Employer's Name:		List Major Duties Performed:	
Employer's Address:			
Employer's Phone Number	Month/Year Employed: To:		
Starting Position:	Month/Year Employed: From:		
Last Position:	Supervisor's Name:		Reason For Leaving:
Base Salary: \$ _____ Per _____	May we Contact Employer? _____ YES _____ NO		



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Employer's Name:		List Major Duties Performed:	
Employer's Address:			
Employer's Phone Number	Month/Year Employed: To:		
Starting Position:	Month/Year Employed: From:		
Last Position:	Supervisor's Name:		Reason For Leaving:
Base Salary: \$ _____ Per _____	May we Contact Employer? _____ YES _____ NO		

PAST ADDRESSES: PLEASE LIST LAST 7 YEARS

Address:	Month/Year: From: _____ To: _____
Address:	Month/Year: From: _____ To: _____
Address:	Month/Year: From: _____ To: _____

REFERENCES: (PLEASE LIST TWO PERSONAL REFERENCES AND ONE PROFESSIONAL REFERENCE, NO RELATIVES)

NAME	ADDRESS	YEARS KNOWN:	PHONE NUMBER:



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GENERAL INFORMATION: (Please circle the correct answer)

- Are you age 18 or older?..... YES NO
- Can you provide documents of proof of your citizenship and age?..... YES NO
- Will you work overtime if required?..... YES NO
- Will you travel if position required? If yes what percentage of time: _____ YES NO
- Do you have a valid driver's license?.....D.L. Number _____ YES NO
- Do you have reliable transportation?..... YES NO
- What transportation do you use? _____
- Are you willing to submit to a random drug screening? YES NO
- Have you ever been convicted of a criminal violation? YES NO

*If yes please explain: A conviction will not necessarily bar you from employment as each conviction will be assessed with respect to time, circumstances, and seriousness.

- Have you LIVED or WORKED outside of Kentucky within the last year?..... YES NO

*If yes, an out-of-state criminal background check will need to be run. Please provide the address(es) of where you LIVED or WORKED below.

SIGNATURE

DATE