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 Waiver (MPW)/Acquired Brain Injury (ABI) Service Provider:

SCL/MPW/ABI providers include regional comprehensive care centers along with 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/MPW/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:

Case Management: An approach to coordinating care, supports and services for a participant receiving Supports for Community Living (SCL) funding using a Person-Centered Planning process. It provides the participant and his/her family with a point person/Case Manager who assists in connecting with community and waiver resources. The Case Manager works closely with the participant to ensure ongoing satisfaction and that needs are met, and that health, safety and welfare assurances are in place. **The Case Manager is to serve as an advocate to safeguard the participant's choices among many potential providers.**

Community Access: Designed to provide an opportunity for a participant to connect and become involved with clubs, associations and any other groups in the community including recreational, educational, religious, civic and volunteer opportunities with an outcome of less reliance on formal supports and an emphasis on the development of personal social networks, membership opportunities, friendships, and relationships for the participant.

Community Living Supports: A one-on-one service used to increase or maintain personal self-sufficiency, facilitating the participants achievement of his/her goals of community inclusion and participation, independence or productivity.

Path Forward of Kentucky, INC.

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

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 they would do for themselves, if he/she did not have a disability. This may include hands-on assistance; reminding, observing, guiding or training during an activity; assistance in managing medical care and transportation to access community services, activities and appointments, if these are not available under the Medicaid Program. Personal Assistance Services are available only to those who live in their own residence or in their family's residence.

Positive Behavior Supports: Designed to support participants when there is a need to develop a plan which identifies prevention strategies to reduce significant challenging behaviors which interfere with activities of daily living, social interaction or work. The plan will instruct on replacement skills and new ways to respond to the challenging behaviors.

Residential Supports: Our agency offers residential support through matching up participants with a family home provider. Family home providers, also known as adult foster care, 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 participants receiving waiver services can live in any residential setting at one time unless they are in a group home.

Respite: A short-term support that is provided in the absence of, or to give relief to, any individual providing care to the participant. It is available for a participant who does not receive residential services and resides in his/her own home or family's home and is unable to independently administer self-care. Respite may be provided in the home or community.

Supported Employment: Designed to assist in creating personalized employment opportunities. This service is utilized when the participant has the need for support in finding, negotiating, and maintaining employment in an integrated setting with competitive wages and benefits commensurate to the job responsibilities. It may also be used to pursue job advancement. **Funding through the Office of Vocational Rehabilitation must be exhausted before Supports for Community Living waiver services can be used.**

Path Forward of Kentucky, INC.

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

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

Path Forward of Kentucky, INC.

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

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:** **____Full-Time** **____Part-Time** **____Temporary** **____Seasonal**
Locations Desired:			
Expected Earnings **$ _____ per _____**			
Date Available to Start:	**Days Available/Times** **Mon_____Tues_____Wed_____Thurs_____Fri_____Sat_____Sun_____**		**Shift Preferred:** **1st____2nd____3rd____**

EDUCATION:

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

Path Forward of Kentucky, INC.

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

MILITARY:

Dates of Service (MONTH/YEAR): **FROM:_____ TO:_____**	**RESERVE MEMBERS COMPLETE**	
Highest Rank:	**_____Active** **_____Inactive**	**Branch:**
_____Active _____Reserve	**_____National Guards** **_____AGR Program**	**Unit:**

Emergency Contact

Name:	Address:	Phone:	Relationship:

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:**	**Reason For Leaving:**
Base Salary: **$_____ Per _____**	**May We Contact Employer?** **_____ YES _____No**	

Path Forward of Kentucky, INC.

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

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**	

Path Forward of Kentucky, INC.

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

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 PROFESSIONAL REFERRENCES AND ONE PERSONAL REFERENCE, NO RELATIVES)

NAME	ADDRESS	YEARS KNOWN:	PHONE NUMBER:

Path Forward of Kentucky, INC.

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

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/or contract 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 (s) of where you **LIVED** or **WORKED** below.

_____

_____

_____

_____ _____

SIGNATURE **DATE**

Revised 2/2018