Avenues to Consumer Employer Services & $upport
ACES$

State of Illinois Department of Human Services
Developmental Disabilities
Vendor Fiscal/Employer Agent Services
Consumer Choice…Consumer Control

Daniel P. Loftus, MSW MS
Executive Director

CERTIFICATION OF PARTICIPANT/PERSONAL SUPPORT WORKER RELATIONSHIP

A participant enrolled in the Illinois Medicaid Waiver for Children and Adults with Developmental Disabilities may wish to employ family members as Personal Support Workers. The following are the only exclusions and may NOT be employed by the participant:

- Spouse (including common-law spouse) of the participant
- Power of Attorney (POA), Guardian, or representative of the participant (relative and non relative) that is acting as the employer on behalf of the participant

Please sign, date, and certify your relationship, where indicated below.

PARTICIPANT/EMPLOYER
SIGNATURE_____

DATE _____

PERSONAL SUPPORT WORKERS
SIGNATURE_____

DATE _____

PERSONAL SUPPORT WORKERS (S) RELATIONSHIP TO PARTICIPANT

_____

(If no relationship to participant exists, please state "NO RELATIONSHIP")