

**RI PersonalChoice
Representative Screening Questionnaire**

Name of Participant: _____

Medical Assistance #: ____ - ____ - ____ **Phone # ()** _____

Name of Proposed Representative: _____

Address: _____

Phone #: () _____ **Relationship:** _____

If you are not a family member of the participant, please describe your relationship, how long you have known the participant, and how often you have contact with the participant: _____

Do you receive money from or are dependent on, the participant for support? Yes _____ **No:** _____

If yes, please identify the amount of money or support you receive from the participant and the reason you receive it. _____

After reading the description of the roles and responsibilities of the Representative, do you understand your functions and are you willing to volunteer to serve as the participant's Representative?

Yes: _____ **No:** _____

Are you willing to sign a designation form stating that you will serve in this capacity? Yes: _____ **No:** _____

Do you understand that you cannot pay yourself for this role and also cannot become a paid caregiver for the Participant?

Yes: _____ **No:** _____

Representative Requirements

Definition:

A Representative is an individual chosen by the Participant who is enrolled in the RI PersonalChoice program to assist the participant in the management of his/her self-directed personal assistance program and spending plan. The Representative may be the Participant's legal guardian, family member, friend or anyone the Participant chooses in consultation with PersonalChoice program staff.

A Representative Must:

- **Demonstrate a strong personal commitment to the Participant**
- **Demonstrate knowledge of the Participant's preferences**
- **Assist participant in making decisions according to the participant's preferences while ensuring the participant's health and safety is not compromised**
- **Agree to visit the Participant at least weekly**
- **Be willing and able to meet all program requirements listed of the Participant**
- **Be at least 18 years of age**
- **Be willing to submit to a Criminal Background Check (BCI)**
- **Obtain the approval of the Participant and PersonalChoice Program staff.**

A Representative Cannot:

- **Be paid for this service**
- **Be hired by the Participant as a caregiver**
- **Be known to abuse Drugs or Alcohol**
- **Have any history of committing physical, emotional or financial abuse**

I have read, and agree to the above:

Representative's Initials

Date

Name of participant