



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”)