

IMPORTANT NOTICE

PLEASE READ AND SIGN BELOW AND RETURN WITH THE COMPLETED APPLICATION

The Personal Care Attendant position pays in accordance with the Massachusetts PCA Union, 1199SEIU for work performed between 6:00AM and 12:00AM (midnight). Work performed between midnight and 6:00AM is paid at a two-hour minimum, whether the work takes only a few minutes or up to two hours.

As a Personal Care Attendant, you are employed by the consumer for whom you work. You must complete a W-4 and Immigration and Naturalization form (I-9) before you can be paid, and you will receive a W-2 in January showing your earnings and taxes paid for the previous year. Any references or income verification requests should be directed to your employer (the consumer), not to your employer's personal care management agency (Options) or Fiscal Intermediary (Cerebral Palsy of Mass payroll company).

Personal Care Attendant services are MassHealth funded. PCAs receive a paycheck every two weeks. From the gross pay rate, deductions are made for your share of FICA (Social Security) and applicable federal and state income taxes. You will also have workers' compensation and unemployment insurance coverage.

All PCAs are welcome to register online at www.mass.gov/findpca. Consumers are encouraged to visit this website when recruiting PCAs.

Signature _____

Date _____

NOTE: PCAS WILL ONLY BE PAID WHEN THERE IS A DECISION LETTER FROM MASSHEALTH AUTHORIZING THE PCA PROGRAM.

PCA CAN BEGIN WORK ON THE EFFECTIVE DATE OF THE DECISION LETTER.

Consumer/Employer Name: _____

Application for PCA Employment:

Name _____ Date _____

Address _____ Phone (h) _____ (c) _____

City/State _____ SS# _____

~~~~~  
Have you ever worked before as a Personal Care Attendant? YES NO

If yes please describe: \_\_\_\_\_

What days are you available to work? MON TUES WED THURS FRI SAT SUN

Please circle all that you are willing to work.

What hours are you available? \_\_\_\_\_

Can you work overnight (12AM-6AM)? YES NO Do you have a car? YES NO

Are you available for emergency relief? YES NO

What is your primary language? \_\_\_\_\_ Do you speak other languages? \_\_\_\_\_

Can you perform all the hands-on tasks associated with being a PCA: such as bathing, grooming, mobility, dressing/undressing, bladder care, bowel care, medications, housekeeping, laundry, shopping? YES NO

**EDUCATION**

High School: \_\_\_\_\_ Grade Completed 9 10 11 12

Training Program or College: \_\_\_\_\_

Degree: \_\_\_\_\_

Certification: \_\_\_\_\_

Do you have any other special skills or qualifications? \_\_\_\_\_

Do you have any special hobbies you may want to share? \_\_\_\_\_

**REFERENCES**

Please give the names and telephone numbers of (3) three personal/professional/medical references not related to you:

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_

**EMPLOYMENT HISTORY**

Please give the name, address, and telephone numbers of the last three (3) places you were employed or list any previous work history which relates to the health care field. Include consumers you previously worked for.

Company: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Dates of employment: \_\_\_\_\_ Can we contact? YES/NO

Why did you leave? \_\_\_\_\_

Company: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Dates of employment: \_\_\_\_\_ Can we contact? YES/NO

Why did you leave? \_\_\_\_\_

Company: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Dates of employment: \_\_\_\_\_ Can we contact? YES/NO

Why did you leave? \_\_\_\_\_

Please explain any gaps in your work history:

\_\_\_\_\_  
\_\_\_\_\_

**I have written information that is truthful to the best of my ability.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Sample Job Description of a Personal Care Attendant

**Employer:** Consumer and/ or Surrogate

**Qualifications:** Willingness to cooperate and work as an employee of the person (or their official representative/surrogate) receiving the care. Ability to take direction and cooperate with tasks assigned as appropriate to the PCA program.

**Responsibilities** may include:

1. Hands on Physical Assistance
  - a. Bathing/showering/grooming
  - b. Dressing/undressing
  - c. Bladder or Bowel Care
  - d. Assist with Range of Motion only when consumer cannot move themselves
  - e. Transfers – bed, tub, wheelchair, shower. May involve Hoyer Lift
  - f. Assistance with Medication as directed only
  - g. Eating
2. Household (tasks are for consumer and consumer living area only)
  - a. Meal Preparation and Cleanup
  - b. Laundry
  - c. Shopping
  - d. Housekeeping
  - e. Wheelchair cleaning and help with maintenance as directed
  - f. Other duties approved by MassHealth
3. Doctor's appointments
  - a. PCA approved time is from door of consumer to door of doctor's office only.
  - b. PCAs are not approved time to attend appointments.
4. Report all suspected incidents of consumer abuse: sexual, emotional, physical, financial or neglect to the Disabled Persons Protection Commission (DPPC).

### **A PCA may not:**

Provide respite, recreation, babysit, take care of animals, help others in the home, do finances, sit and wait just in case.

Receive payment through the PCA program when a consumer is admitted to a hospital, rehab center, long term care or other in patient facility.