

RON YOST PERSONAL ASSISTANCE SERVICES APPLICATION

Name: _____
Last First M.I.

DOB: _____ Age: _____

Home Phone: () _____ Cell Phone: () _____

E-mail Address: _____

Address: _____
Street / P. O. Box

City County State Zip Code

Current Residence: Own Home With Family Nursing Home
 Other (please specify) _____

Other Contact Person: _____
Name

Parent/Guardian? _____ Yes _____ No

Contact Information (if different than above)

Address: _____
Street / P. O. Box

City State Zip Code

Home Phone: () _____ Cell Phone: () _____

What is your disability? _____

Are you currently receiving personal assistance services from another organization/agency? _____ Yes _____ No

If so, please identify: _____

What would happen to your living situation if you are not approved for RYPAS?

I have been informed of other programs that provide personal assistance for which I may be eligible (Medicaid Aged and Disabled Waiver, and Medicaid Personal Care). I will apply for them and, should I become eligible and start receiving said services, will inform the Ron Yost Personal Assistance Services Board immediately.

****Should you decide not to accept the Medicaid services for which you are eligible, you will forfeit your eligibility for RYPAS and therefore be disqualified.***

I will self-manage the financial responsibilities of these services
OR

I have appointed _____ to be my financial manager. This person can not and will not provide me personal assistance services through this program.

Note: The omission of any of the above information may delay determination of eligibility for services.

I certify that the above information is true and correct, and understand that providing false information on this application is illegal.

I hereby authorize the RYPAS Board to release this information to a Board-approved provider for the purpose of obtaining a full functional assessment of my needs.

Applicant's Signature

Date

(If Applicable) Signature of Parent/Guardian/Power of Attorney

Date

Submit to: RYPAS, c/o WVSILC, PO Box 625, Institute, WV 25112-0625
or fax to 304-766-4721

If you have any questions or need assistance,
please call 304-766-4624 or 1-800-642-8207 ext. 4624