

# Application for Participation in Person-Driven Services Demonstration Project

**Do you want to direct your own services?**

**Are you directing your own services but need more support with managing your paid staff?**

**Are you interested in finding more creative ways to arrange your paid and unpaid supports?**

A Supports Broker can:

- assist you with directing your own services and supports
- help you in hiring and managing your workers
- help you understand and manage your budget for the supports you direct
- help you build natural and community supports

The Institute on Disabilities at Temple University is looking for people who want to direct their own services with the help of a Supports Broker.

For more information or help filling out the application:

Call Kristin Ahrens 215-204-9543

or email [kahrens@temple.edu](mailto:kahrens@temple.edu)

Application can also be filled out online at: <http://tinyurl.com/applicationpds>

This project is supported by a grant from the Pennsylvania Developmental Disabilities Council.

## **Project Description:**

In this two year project, 40-50 people in southeastern PA will have the opportunity to direct their own services with the assistance of a Supports Broker/Recovery Coach.

The project will recruit people interested in directing their own services. This may include people already directing some of their own services and using agencies for some of their support or people in traditional service models who want to move to a person-directed model but have hesitated in the past because of lack of support. Project participants must be eligible for and receiving home and community-based services through the Office of Developmental Programs (ODP) or the Office of Long-Term Living (OLTL). The project will also specifically recruit people who have dual diagnosis and meet the above criteria (have a mental health diagnosis and are eligible to receive Recovery Coaching/Certified Peer Specialist through Medical Assistance).

The Institute on Disabilities at Temple University, Values into Action-PA, the Mental Health Association of Southeastern PA and Philadelphia Coordinated Health Care are collaborating to create a “Supports Brokerage.” This Supports Brokerage will recruit, hire and train Supports Brokers. Recovery Coaches (Certified Peer Specialists) who are trained in person-driven models will also be recruited and connected to the Supports Brokerage.

Project participants will select a Support Broker/Recovery Coach to assist them with planning, budgeting and arranging formal and informal services and supports. Project participants can either choose from the Supports Brokers/Recovery Coaches that have been recruited by the project staff or can refer someone to be trained and supported through the Supports Brokerage.

**Eligibility for Participation:**

1. Person is interested in directing his/her own services

And

2. Eligible for and receiving home and community-based services through the Office of Developmental Programs or the Office of Long-Term Living

And

3. Live in SE Pennsylvania (Philadelphia, Delaware, Chester, Montgomery, Bucks)

**Participant Requirements:**

1. Participate in an interview/survey at both the beginning and end of the project
2. Use the services of a Supports Broker/Recover Coach
3. Attend an orientation for project participants
4. Be willing to share Individual Support Plan and service expenditure information with the project

Questions: Contact Kristin Ahrens at [kahrens@temple.edu](mailto:kahrens@temple.edu) or 215-204-9543

**Send application to:**

Kristin Ahrens  
Institute on Disabilities at Temple University  
1755 N 13<sup>th</sup> Street  
Student Center Room 411S  
Philadelphia, PA 19122

Or EMAIL to: [kahrens@temple.edu](mailto:kahrens@temple.edu) or FAX to: 215-204-6336

## **Application Instructions**

Please fill out the below questions as completely as possible. Some of the questions ask very personal information. The project is committed to supporting a diverse group of participants so we need to collect this information as part of the application process. The information on the applications will only be shared with Kristin Ahrens, the Project Director, and 2-3 advisory board members who will help review the applications.

### **Date of Application**

**Name**

**Gender**

**Age**

**Address**

**City, State, Zip Code**

**County:**

- Bucks**
- Chester**
- Delaware**
- Montgomery**
- Philadelphia**

**Email**

**Daytime Phone**

**Evening Phone**

**Marital/Relationship Status (Check one)**

- single**
- married**
- domestic partner**

**Race/Ethnicity**

**Which Waiver are you enrolled in?**

- P/FDS
- Consolidated
- Attendant
- OBRA
- Commcare

**Are you receiving any Behavioral Health Services?**  Yes  No

**Are you employed?**  Yes  No  
**If yes, how many hours a week do you work on average?**

**Where do you work?**

**How many people do you live with?**

**What is your current living arrangement? (Check all that apply)**

- Live by myself
- Live with family
- Live with friends
- Live in Group Home/Lifesharing
- Other – Please Describe:

**What is your current support arrangement? (Check One)**

- I use an agency for all of the support I need
- My family provides all of my support
- Family and agency: Family provides most support; Agency just for employment support
- Family and agency: Family provides some support; Agency for some help in my home and community
- Family and agency: Family provides some support; Agency for both support in home and community and for employment
- I am not currently receiving support from anyone
- Other: Please describe:

**Please tell us more about how your support is arranged.**

**Are you currently directing any of your own services?    Yes . No**  
**If yes, please describe:**

**Please describe your current network of support for planning and decision-making. Who helps you plan? Who helps you with decisions? Who helps you find resources? How involved are people in helping you live the life you want?**

**Why do you want to participate in this project? What do you want a Supports Broker to help you accomplish?**

**Signature**

**Date**