



PO Box 1160
Salina, KS 67402-1160

4/9/18 31.22f

This is a list of those that want to work as a PA or are current PA's that would like more hours. OCCK Fiscal Agent does not hire for this position. You work in a person's home and that person is the Self-Direction Employer.

Please complete this form to put your name on the list. If your contact information changes, contact OCCK's FMS Department within three working days. You can do this by email, calling or stopping by the Salina office in person.

We require that you contact us every 90 days to remain active on the list. Information not updated within 90 days, or reports of inaccurate contact information, will result in your name being removed from the current list.

Thank You,

FMS Staff
785-827-9383
1-800-526-9731
fms@occk.com

Personal Assistant (PA) List Request

OCCK Fiscal Agent - Financial Management Service (FMS) Provider

PLEASE PRINT CLEARLY

Name _____

Phone Number (home) _____ (cell) _____

E-mail _____

Mailing Address _____

City _____ State _____ Zip _____

Preference of Work (please check **all** that apply)

- | | | |
|----------------------------------|------------------------------------|--|
| <input type="checkbox"/> Daytime | <input type="checkbox"/> Overnight | <input type="checkbox"/> Weekend |
| <input type="checkbox"/> Child | <input type="checkbox"/> Adult | <input type="checkbox"/> Elderly Adult |

Special Skills

Towns you are willing to work in/travel to:

Are you 18 years of age or older? Yes No

Do you have your own reliable transportation? Yes No

Have you had a Child Abuse and Neglect Central Registry and/or Kansas Adult Abuse & Neglect Registry background check(s) completed in the last twelve months? Yes No

If yes, please list date completed and employer name:

Date Completed: ____/____/____ Employer: _____

Would you be willing to be listed as an emergency substitute (last minute) Yes No

I am aware that OCCK, Inc. will not be my employer, OCCK is only taking names on behalf of the employer. I am aware OCCK FMS Provider will obtain the following background checks and the results will be shared with my potential employer:

- Health Occupation Credentialing (HOC)
- DCF Adult Abuse, Neglect & Exploitation Central Registry
- DCF Child & Neglect Central Registry
- DMV (Drivers License) & Office of Inspector General (OIG)

Signature

Date