

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

PERSONAL CARE ATTENDANT (PCA) REQUEST FOR REFERRAL

The Personal Care Attendant (PCA) program provides personal care assistance (attendant) for **adults aged 18 to 64** who have chronic, severe, and permanent disabilities. This program allows the adult to remain at home as opposed to institutionalization (placement in a long-term care facility, nursing home, etc.). A personal care attendant (PCA) is hired to assist you in performing activities of daily living (ADLs) and stay at home. **There is a waiting list for acceptance into this program.**

Eligibility for PCA is a two part process:

Part 1: Functionally you must have a need for these services. Specifically, you must physically demonstrate that you have significant need for hands-on assistance in performing 3 of the 7 core Activities of Daily Living (ADLs). These ADLs are outlined below:

- Bathing need help to properly bath yourself?
- Dressing need help to properly get dressed?
- Eating/Feeding need help to properly feed yourself? (This does not mean making or preparing meals.)
- Toileting need help going to/from toilet and/or properly clean yourself afterwards?
- Transfer need help to safely transfer in and out of chairs / bed?
- Medication need help preparing and/or taking your daily medications?
- Behavioral need daily supervision to keep from harming yourself or others?

Part 2: Financially you must have qualified for Medicaid by the time you start to receive services. You don't have to be within the financial limits of Medicaid while on the waiting list for PCA (see below) but you must have applied and qualified for Medicaid by the time your name comes up on the waiting list.

MEDICAID INCOME AND ASSET INFORMATION			
Medicaid Monthly Income Limits:			
	(Federal) Medicaid waiver limit:	\$2,199.00 (gross) per month or less	
Medicaid Asset Limits:			
	Individual:	\$1600.00 or less	

Notice to Married Couples – Under state and federal law, a married couple can protect assets for the spouse who is living at home while the other spouse is either in a nursing home or receiving nursing home level-of-care at home. This process is called a Spousal Assessment. A Spousal Assessment will be provided when you apply for Medicaid.

Income - How DSS Counts Your Monthly Income:

- We count your total (gross) monthly income, before any deductions, including any deductions for Medicare premiums. This includes all income you get on a regular basis, like wages, pension, Social Security, Veteran's benefits and Supplemental Security Income.
- We count only your income, not your spouse's or anyone else's income. Please list only your income and no one else's.

Assets - How DSS Counts All of Your Assets:

We count all assets owned by you and your spouse. This includes, but is not limited to, real estate not used as
your home, non-essential motor vehicles, campers, boats, bank/credit union accounts (savings, checking, CD,
IRA, Vacation or Christmas Club), stocks, revocable trust funds, bonds, U.S. Savings Bonds, total cash
surrender value of life insurance with a total face value that exceeds \$1,500.00.

We do NOT count the following:

- The house that you use as your (primary) home and its furnishings, your personal belongings (clothes, jewelry) or the vehicle that you use for transportation.
- Certain burial funds irrevocable up to \$5,400.00 for each person OR revocable up to \$1,800.00. Burial plots: for single individuals, one plot. For married individuals, one plot for each spouse and certain other family members under certain conditions. A plot may include a casket, outer container and opening and closing of the grave. Life insurance policies if the total face value of all policies does not exceed \$1,500.00.

CAREFULLY READ THE NEXT PAGE AND ANSWER ALL OF THE QUESTIONS

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Costion A ADDITIONAL OF CONTRACTOR			
Section A APPLICANT'S PERSONAL INFORMATION Applicant's Lost Name			
Applicant's Last Name First Name First Name			
Date of BirthMarital Status: Single Married Separated Divorced			
Social Security Number Gender: Male Fema	ale		
Address (of applicant)			
Phone Medicaid Number (if you have one)			
I live: (check one) ☐ Alone ☐ With family ☐ Group home ☐ Assisted living			
Section B FINANCIAL ASSESSMENT			
1. My monthly income is: \$ 2. My (total) assets are: \$			
Notice to Married Couples – Under state and federal law, a married couple can protect assets for the spouse who is living at home while the other spouse is either in a nursing home or receiving nursing home level-of-care at home. This process is called a Spousal Assessment. You can request a Spousal Assessment before you apply for state or federal services.			
☐ Yes ☐ No I would like a Spousal Assessment to see what I can protect for my spouse.			
Section C FUNCTIONAL ASSESSMENT			
1. Personal Needs: Tell us if you need help with these tasks. (Write the number of help you need): 0 = No help 1 = Supervision / Reminders Needed 2 = Hands-on help 3 = Total dependence Bathing Dressing Eating Toileting Transfer (in and out of bed/chairs) Walking Medications (Do you need help taking your daily meds? If so, tell us how much help you need.) Continence (Bowel and/or Bladder Control) 2. Living Arrangements: (Circle one) Homeless Home with Family Home Alone Group Home Shelter Other At home, does someone from your family or community (neighbors) help you whenever you need it? Yes No 3. Behavioral Problems: (Circle all that apply) Wandering Abusive / Assaultive Self Injurious Verbally Aggressive Unsafe / Unhealthy Habits Threats to safety 4. Medical Diagnosis or Condition: (Write in below)			
Section D POINT OF CONTACT	I am the:		
Please contact me instead of the applicant: Name	Power-of-AttorneyConservatorGuardian(Circle if appropriate)		
X			
Applicant's signature or mark (X) Date Witness' signature if signed with an X			
Person completing form on applicant's behalf Relationship Phone N	lumber		
FACILITY STAFF ONLY: Please complete if the person is in a hospital or a nursing home. (Not needed if a health screen is attached.)			
Name of facility:			
Staff Member / Date Phone #			

Mail to: Department of Social Services, Home and Community Based Services, 9th floor, 55 Farmington Ave, Hartford, CT 06105-3725 or Fax to 860 424-4963

REMEMBER! A fully completed form will prevent delays in processing your application.

Persons who are deaf or hard of hearing and have a TDD/TTY device can contact DSS at 1-800-842-4524. Persons who are blind or visually impaired, can contact DSS at 1-860-424-5040.