

**ADvantage Program**  
**Consumer-Directed Personal Services and Supports**  
**(CD-PASS)**  
**Documentation of Qualifications**  
**to Provide Personal Assistant Services**

Name of Personal Service Assistant (PSA):

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PSA Demonstrates the Ability to Perform the Following Tasks:	PSA Initials	Employer/ Initials	Date
1. Assistance with mobility <ul style="list-style-type: none"> <li>• Transfer in and out of bed</li> <li>• Wheelchair and/or motor vehicle transfer</li> </ul>			
2. Bathing and/or personal hygiene			
3. Dressing and/or grooming			
4. Eating including meal preparation and clean up			
5. Homemaker type task <ul style="list-style-type: none"> <li>• Shopping</li> <li>• Laundry</li> <li>• Cleaning</li> </ul>			
6. Companion service <ul style="list-style-type: none"> <li>• Letter writing</li> <li>• Reading mail</li> <li>• Transportation</li> </ul>			
<i>Other competencies</i>			
7.			
8.			
9.			
10.			

\_\_\_\_\_  
Signature of PSA

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Employer

\_\_\_\_\_  
Date