

**PROVIDER CERTIFICATION APPLICATION ADDENDUM  
HOMEMAKER/PERSONAL CARE**

Please carefully review and complete this form and submit all appropriate documentation.

NAME OF INDEPENDENT/AGENCY PROVIDER	
NAME OF CEO OF AGENCY PROVIDER, IF APPLICABLE	

**DEFINITION OF HOMEMAKER/PERSONAL CARE**

“Homemaker/Personal care” means the coordinated provision of a variety of services, supports and supervision necessary for the health and welfare of an individual which enables the individual to live in the community. These are tasks directed at increasing the independence of the individual within his/her home or community. The service includes tasks directed at the individual’s immediate environment that are necessitated by his or her physical or mental condition (including emotional and/or behavioral) and is of a supportive or maintenance type. This service will help the individual meet daily living needs, and without this service, alone or in combination with other waiver services, the individual would require institutionalization.

**The following standards apply to each independent provider and each employee, contractor, and employee of a contractor of an agency provider who is engaged in a direct services position. Independent providers must submit evidence of the following standards upon application. Please check the box to indicate that the documentation is included.**

Hold valid American Red Cross or equivalent certification in First Aid

Hold valid American Red Cross or equivalent certification in CPR

Have completed eight hours of training that addresses the following topics:

- Overview of serving individuals with developmental disabilities
- Rights of individuals set forth in sections 5123.62 to 5123.64 of the Ohio Revised Code
- Overview of basic principles and requirements for providing HCBS waiver services
- Requirements of rule 5123:2-17-02 (*Incidents Adversely Health and Safety*) of the Ohio Administrative Code
- Universal precautions for infection control, including hand washing and the disposal of bodily waste

**Agency providers do not need to submit this information for each employee, contractor, and employee of a contractor upon application, but must maintain evidence of compliance with these standards.**

**Each applicant must initial the following to indicate your understanding and assurance to comply.**

\_\_\_\_\_ The provider acknowledges the provider's ongoing responsibility to coordinate with designated persons and family members, where appropriate, to ensure the provision of coordination of services.

**I have submitted the evidence as requested, understand the requirements, and certify that I will meet the above initialed assurances. I understand that misrepresentation or falsification of this application or any supporting documentation may result in denial or revocation of provider certification.**

\_\_\_\_\_  
Signature of Independent Provider/Agency CEO Applicant

\_\_\_\_\_  
Date

**Return completed application with supporting documentation to:**  
Ohio Department of Developmental Disabilities  
Office of Provider Certification  
30 East Broad Street, 13<sup>th</sup> Floor  
Columbus, Ohio 43215  
1-877-289-3636  
Or email [Provider.Certification@dmr.state.oh.us](mailto:Provider.Certification@dmr.state.oh.us)