

**Partners in Personal Assistance**  
**3810 Packard 100B**  
**Ann Arbor, MI 48108**  
**Phone: (734) 214-3890**  
**Fax: (734) 214-0644**  
**Email: [info@annarborppa.org](mailto:info@annarborppa.org)**

Various Federal, State, and Local laws prohibit discrimination based on race, color, sex, religion, national origin, ancestry, age, disability or marital status. PPA is an equal opportunity employer and your response to any question will not be used as a basis for discrimination, but will be judged on its relevance to the assistance you are seeking.

**Personal Information**  
**Consumer Partner**

**Date**             /        /       

Name (Last)	(First)	(Middle initial)
Home Address	City	State      Zip
Home Telephone		
E - Mail Address		Birth Date
<b>In Case of Emergency Notify:</b> Name _____ Relationship _____ Telephone _____ Address _____		
Special Abilities/Skills: _____ _____		
<u>Why do you need a personal assistant?</u> _____ _____		
Personal Requirements for PAs while in your home. (For example, your smoking policy, phone usage, visitor policy, music/noise level preference). _____ _____		
<u>How were you referred to PPA?</u> _____		
Do you have pets?    Please specify: _____		
<u>Do you prefer same sex PAs or does it matter?</u> _____		

Personal References:

1. Name: \_\_\_\_\_ Phone # \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone # \_\_\_\_\_

**Days & Hours Assistance is needed:**

<u>DAY</u> <u>TIME</u>	<u>Mon</u>	<u>Tues</u>	<u>Wed</u>	<u>Thurs</u>	<u>Fri</u>	<u>Sat</u>	<u>Sun</u>
Morning							
Mid day							
Evening							
Night							

Comments:

**We must have a copy of your job description** (how/when you want the work done). Do you have a written job description? \_\_\_ yes \_\_\_ no  
If no, do you need assistance to write one? \_\_\_ yes \_\_\_ no  
How can we assist you with this?

Have you ever supervised PAs before?

How do you pay for personal assistance? Privately \_\_\_ 3<sup>rd</sup> party payer \_\_\_

What is your 3<sup>rd</sup> party payer? DHS \_\_\_ MI Choice \_\_\_ Private Insurance \_\_\_

WCHO \_\_\_ Other (specify) \_\_\_\_\_

How much do you currently pay per hour? \_\_\_\_\_

Consumer Partner Signature

Date signed