



**Self Direct Option
Statement of Competency Certification**

Representative Name: _____

I certify that (Attendant's name): _____ has demonstrated competency in the following areas:

- Ability to follow oral or signed and written instructions and carry out tasks as directed by the employer
- Disability awareness
- Use of adaptive and mobility equipment
- Ability to perform transfers
- Ability to perform bathing, dressing, skin care, locomotion, toileting, and eating
- Ability to assist with Health Maintenance Activities (as defined on the referral)

Representative Signature: _____ Date: _____

Attendant Signature: _____ Date: _____

A signed copy of this form must be kept in the in the client's record.

If this form is not submitted within 21 days from the attendant's date of hire (as required by program regulations), your attendant will be terminated and your ability to remain representative will be at risk for non-compliance. For a copy of this regulatory requirement, please contact your Skills Trainer.

Mail to: SeniorsPlus
8 Falcon Road
Lewiston ME 04240

Email: skillstrainer@seniorsplus.org
Fax: 207-795-4009