

PASREP
Personal Assistance Services Reimbursement for Employment Program

Request for Waiting List Consideration

Name: _____			
Address: _____			
Phone #: _____		City	zip code
email: _____			
Closest CIL Location: _____			

Disability: _____
How many hours per week of personal assistance do you currently use? _____
Funding currently used for personal assistance: _____
Amount you currently pay out of pocket for personal assistance: _____
Are you on Freedom To Work? Y N

Occupation/Job Title: _____
Hours worked per week? _____ Wage/hr or Salary/yr: _____
Do you have a job offer that depends on receiving funding for personal assistance? Y N
Are you in danger of losing your job because of personal assistance issues? Y N

Comments: _____

I understand that this request is for the waiting list only. Eligibility for the program will be determined when my name is at, or near the top of the waiting list.

Signature: _____ Date: _____

Mail completed request to: DNMM/PASREP
1705 S SAGINAW RD.
MIDLAND MI 48640

Or fax to: (989) 835-8121
Attn: PASREP