Ohio | Department of Developmental Disabilities

PROVIDER CERTIFICATION APPLICATION ADDENDUM
PERSONAL EMERGENCY RESPONSE SYSTEMS

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

NAME OF AGENCY PROVIDER (Independent Providers cannot provide this service.)	
NAME OF CEO OF AGENCY PROVIDER	

DEFINITION OF PERSONAL EMERGENCY RESPONSE SYSTEMS

"Personal emergency systems" (PERS) means an electronic device, which enables certain individuals at high risk of institutionalization to secure help in an emergency. The individual may also wear a portable "help" button to allow for mobility. The system is connected to the individual's phone and programmed to signal a response center once a "help" button is activated. PERS services are limited to those individuals who live alone, or who are alone for significant parts of the day, and have no regular caregiver for an extended period of time, and who would otherwise require extensive routine supervision.

☐ **Each applicant must submit documentation (e.g., letters from previous customers, resume outlining experience, or contractor's license) verifying experience in providing the service. Please check the box to indicate that the documentation is included.**

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

_____ The provider shall meet all applicable state and local regulations that apply to the operation of the provider's business or trade.

_____ The provider shall provide switchboard coverage 24 hours per day and seven days per week.

_____ The provider shall ensure that its equipment is in operating order, that the provider conducts preventative maintenance checks to ensure the operational integrity of the equipment, and that equipment is tested at least quarterly.

_____ The provider shall have an adequate system for the provider's capacity to notify, by electronic means, emergency personnel such as police, fire, ambulance, and psychiatric crisis response entities.

_____ The provider shall train individuals to utilize their personal emergency response systems.

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 Agency CEO Applicant Date

Return completed application with supporting documentation to:

Ohio Department of Developmental Disabilities
Office of Provider Certification
30 East Broad Street, 13th Floor
Columbus, Ohio 43215
1-877-289-3636

Or email to Provider.Certification@dmr.state.oh.us