



Paid Neighbor Agreement

Participant's Name: _____ **CIN:** _____

_____ is an adult who has chosen to Self-Direct the supports and services s/he receives through the OPWDD, and has a desire to live independently in a non-certified residential setting at _____, NY _____. S/he has decided with her/his respective Planning Team (aka Circles of Support, COS) that the best option to increase safety and independence would be to include a Concern/Paid Neighbor in her/his live. The "overarching purpose" of the Concern/Paid Neighbor is to ensure the wellbeing, and in helping her/him with any emergency that might present.

The purpose of this document is to establish guidelines pertaining to the roles and responsibilities of the Concern/Paid Neighbor and the Self-Directed Plan Participant.

1. The relevant parties for this Concern/Paid Neighbor agreement are as follow:

- Self-Directed Program Participant (PP) _____
Full Name of Program Participant
- Concern/Paid Neighbor _____
Full Name of Paid Neighbor
- Independent Support Services (ISS) acting as Fiscal Intermediary (FI) with overall oversight and budgetary responsibilities related to the PP.
- Although not bound by this agreement but worthy of mention are the PP's Planning Team/COS which includes: Self-Direction Support Broker, Self-Direction Coordinator (SDC/FI), Care Manager (CM), Family and/or Friends that PP might include in her/his team.

2. The Concern/Paid Neighbor is not a family member, and resides at _____

_____ ; and it would make her/himself available to PP in case of an emergency and/or medical concern that may occur. Should be an emergency, after checking and ensuring PP's safety, Concern/Paid Neighbor must contact a designated member of the Planning Team/ COS: _____

Name of Designated Member

3. Concern/Paid Neighbor will follow-up with at least one member of the SDPP Planning team. The primary people to contact are her/his Support Broker, _____ ; her/his Care Coordinator, _____, her/his FI, _____. A contact list would be provided to Concern/Paid Neighbor.
4. In the event of a pending emergency (major storm, natural disaster, man-made treat), Concern/Paid Neighbor should check in on PP ensuring s/he has the basic supplies (water, non- perishable food, batteries, etc.)
5. Concern/Paid Neighbor would check in with PP, generally between the hours of ___:___ _M and ___:___ _M. These calls would provide reassurance to PP of the safety of having someone nearby.
6. When Staff Support is not readily available, PP might require assistance from Concern/ Paid Neighbor with transportation to doctor appointments, grocery store, community events, etc.
7. Concern/Paid Neighbor will support PP overseeing apartment maintenance as well as assisting her/him with sorting the mail, and clarifying and completing paperwork s/he might have trouble comprehending.
8. When PP has reason to interact with Land Lord (Building super), or any service person (cable) or town employee (Police, Fire Dpt. etc.) Concern/Paid Neighbor could offer assistance in communication if there is a need.
9. It is understood by all parties that the Concern/Paid Neighbor is to provide a neighboring support, general

oversight, and nearby assistance and safety. PP has Self-Directed Staff Support resources to assist her/him with completing daily household activities and tasks as per Hab-plan.

10. When Staff Support are unable to work, and PP needs assistance with Community Hab goals or activities associated with valued outcomes, Concern/Paid Neighbor could provide the support and should complete a Com-Hab Timesheet. Day and hours worked, as well as activities supported, as per the Hab Plan, must be reflected on timesheet and billing sheet. Self-directed Staff Support and Concern/Paid neighbor involve different and distinctive responsibilities, therefore, Human Resources will entail a separate process for background check and approval for staff support positions (Com-hab and/or SEMP) the Concern/Paid Neighbor might wish to apply.
11. There is a stipulated stipend paid to neighbor to be “on-call” to assist a PP who lives independently. If the Concern/Paid Neighbor is called upon to provide direct services, s/he is paid an hourly wage for the delivery of Self-directed Staff Support Com-hab services.
12. When Concern/Paid Neighbor performs Community Hab duties, s/he will receive compensation at the hourly rate established on the SD plan for a Self-hired Com-hab. Community- Habilitation/Support staff rate is \$ _____ /hr.
13. As part of accepting this position, Concern/Paid Neighbor agrees to perform the specific duties and responsibilities defined in this agreement, and in compensation for these services the Concern/Paid Neighbor will received a monthly stipend of \$_____.
14. Should the PP be absent due to circumstances such as hospitalizations greater than a month, or circumstances where the cost cannot be reimbursed by FI, the Concern/Paid Neighbor will not receive the monthly stipend.
15. Concern/Paid Neighbor agrees to facilitate the required documentation and meet all requirements for background check, and training that would be required of a self-hired staff person.
16. It is agreed by all parties that four (4) weeks’ notice must be given prior to the termination of this agreement.
17. This agreement is effective on: _____ and it must be reviewed at the LP annual review, or once a year from the effective date of this agreement.
- 18: All payments pursuant to the Paid Neighbor Agreement will be paid as taxable income and made payable as part of regular payroll processing. A year-end W-2 will be issued.

My signature below attest that I understand the role of a “Concern/Paid Neighbor” and agree to provide these services until the termination of this agreement; by either party.

Paid Neighbor

Date

Individual

Date

Broker

Date

FI

Date



Paid Neighbor Agreement

Paid Neighbor Agreement Review History				
Date	Participant/Designee	Paid Neighbor	Support Broker	Comments



Paid Neighbor Contact List		
Name	Title	Phone Number