



*Consumer Directed Personal Assistant Service (CDPAS)*

**Are you taking care**  
**of someone you love?**

**QUALITY FAMILY CARE,**  
**WILL PAY YOU TO HELP YOUR**  
**FAMILY, FRIENDS, OR NEIGHBORS! \***

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**\$15 AN HOUR**

**NO CERTIFICATE & NO BACKGROUND CHECK**

**718 475-4735 or [referrals@qualityny.com](mailto:referrals@qualityny.com)**

- Patient must either have Medicaid or be eligible



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# Elija a la persona que le dará los cuidados

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***\$15 la hora!***

Miembros de su familia pueden obtener un  
ingreso

718 475-4735 or [referrals@qualityny.com](mailto:referrals@qualityny.com)

**NO se necesita un certificado!**  
**NO verificación de antecedentes!**

\*El Paciente debe de tener Medicaid o elegible