

**Developmental Disabilities
Employer/Personal Support Worker/
Domestic Employee Information**

Employer/participant profile			
Name:		Date of birth:	
Mailing address:		Phone number:	
Physical address:		Services coordinator or personal agent:	
Prime number:		Services coordinator or personal agent phone number:	

Personal support worker/domestic employee profile #1			
Name:		Social Security Number:	
Mailing address:		Date of birth:	
Physical address:		Phone number:	
Program:			
New hire: <input type="checkbox"/> Yes <input type="checkbox"/> No	Original hire date:	Hourly wage rate:	Monthly wage (if applicable):
Name of brokerage/CDDP: Lane County DDS		Start date:	End date:
Please check the types of services provided by this employee. Please see details for each of the areas on the next page.	<input type="checkbox"/> Community living supports	Shift during work days: From: _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. To: _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Regular scheduled days off: <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun	
	<input type="checkbox"/> Homemaker/chore services		
	<input type="checkbox"/> Non-medical transportation		
	<input type="checkbox"/> Community inclusion supports		
<input type="checkbox"/> Other:			

Personal support worker/domestic employee profile #2			
Name:		Social Security number:	
Mailing address:		Date of birth:	
Physical address:		Phone number:	
New hire: <input type="checkbox"/> Yes <input type="checkbox"/> No	Original hire date:	Hourly wage rate:	Monthly wage:

Provider change: <input type="checkbox"/> Yes <input type="checkbox"/> No	Start date:	End date:
Please check the types of services provided by this employee. Please see details for each of the areas on the last page.	<input type="checkbox"/> Community living supports <input type="checkbox"/> Homemaker/chore services <input type="checkbox"/> non-medical transportation <input type="checkbox"/> Community inclusion supports <input type="checkbox"/> Other:	Shift during work days:
		From: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
		To: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
		Regular scheduled days off: <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun

Please check all of the services that your employees provide. If an approved activity is not included, please write in the service in the "other services provided" column.

Community living supports	Employee # 1	Employee # 2	Homecare/ chore services	Employee # 1	Employee # 2	Non-medical transportation (please check all that apply)	Employee # 1	Employee # 2	Community inclusion supports (List a sample of activities in the box below)	Employee # 1	Employee # 2	Other services provided by your employee (write in)	Employee # 1	Employee # 2
Eating	<input type="checkbox"/>	<input type="checkbox"/>	Giving and setting up medications	<input type="checkbox"/>	<input type="checkbox"/>	Drives your vehicle	<input type="checkbox"/>	<input type="checkbox"/>	Activities supporting independence and community inclusion	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Bathing	<input type="checkbox"/>	<input type="checkbox"/>	House-keeping chores	<input type="checkbox"/>	<input type="checkbox"/>	Escorts you in your vehicle	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Dressing	<input type="checkbox"/>	<input type="checkbox"/>	Laundry	<input type="checkbox"/>	<input type="checkbox"/>	Escorts you on public transportation	<input type="checkbox"/>	<input type="checkbox"/>	Individual choice of activities	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Personal hygiene	<input type="checkbox"/>	<input type="checkbox"/>	Special diet/meal preparation	<input type="checkbox"/>	<input type="checkbox"/>	Drives you in their car	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Mobility	<input type="checkbox"/>	<input type="checkbox"/>	Shopping	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	Respite services	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Socialization	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Community participation	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Communication	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Personal environmental skills	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>

Employee signature #1

Date

Employee signature #2

Date

Employer/representative signature

Date