

EMPLOYEE APPLICATION PACKET- Limited License

Name of Employee: _____

Individual to be receiving HCBS services by this employee: _____

To begin working with an individual under the HCBS waiver program, ALL attached documents MUST be completed and returned to the Life Patterns office. The application and background check process generally takes **about 2 weeks**, at which point the employee will be notified that he/she can begin providing HCBS services.

This packet should be returned with the following (check boxes for verification):

- Application
- W-4
- K-4
- ***I-9--- Worker should fill out section 1; **Employer should fill out section 2.** An instruction sheet is included. A hard copy must be returned to us. **We MUST receive a hard copy of this document.**
- Direct Deposit Form ---If you prefer not to have direct deposit to your account, please include a copy of your driver's license and social security card, and you will be issued a payroll card. You *must* still complete this form.
- 3 Background Check Forms:
 - o Child Abuse
 - o Adult Abuse
 - o KBI

*****PLEASE NOTE: The employer is NOT Life Patterns.**

The employer is the individual receiving services. ***

If the employer would like notification of the completion of this application process, please print your name and phone number/e-mail address here:

Return COMPLETED Packet to:

Life Patterns, Inc.
Attn: Kristen Gerdel, Employment Coordinator
3300 SW 29th, Suite 100
Topeka, KS 66614

Please don't hesitate to contact Life Patterns with any questions or concerns during this process. Our phone number is (785) 273-7189, or you can e-mail Kristen at kristen@lifepatternsks.org.