

Direct Support Worker Data Sheet for Authenticare

DSW INFORMATION

Direct Support Worker Name:	
Social Security Number:	
Employer (<i>participant receiving services</i>):	
Indicate services worker provides:	<input type="checkbox"/> Personal Assistant Services <input type="checkbox"/> Sleep Cycle <input type="checkbox"/> Overnight Respite <input type="checkbox"/> Specialized Medical Care
Is the worker Bilingual? (<i>yes/no</i>)	
Is the worker fluent in sign language? (<i>yes/no</i>)	
Language Accommodation Required? (<i>yes/no</i>)	

DISCLOSURE OF RELATIONSHIP TO HCBS WAIVER PARTICIPANT (*CHECK ONE*)

<input type="checkbox"/>	Parent (natural or adoptive) AND Guardian of Participant**
<input type="checkbox"/>	Parent (natural or adoptive) but NOT Guardian of Participant**
<input type="checkbox"/>	Spouse of Participant
<input type="checkbox"/>	Separated spouse of Participant
<input type="checkbox"/>	Ex-spouse of Participant
<input type="checkbox"/>	Grandparent AND Guardian of Participant
<input type="checkbox"/>	Grandparent but NOT Guardian of Participant
<input type="checkbox"/>	Sibling of Participant (must be 18+ years of age) Guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Child of Participant
<input type="checkbox"/>	Other family member (i.e. step-parent, foster parent, aunt/uncle, first cousin, etc.):
<input type="checkbox"/>	No family relationship

DISCLOSURE OF PHYSICAL DWELLING: (*CHECK ONE*)

<input type="checkbox"/>	I live in the same physical dwelling as the Participant
<input type="checkbox"/>	I do NOT live in the same physical dwelling as the Participant

In accordance with Medicaid policies, it is the Employer's (HCBS waiver participant or their guardian/representative) responsibility to notify the FMS provider (Life Patterns, Inc.) of any changes in the status of a Direct Support Worker. If any of the information provided on this form changes, it is the Employer's responsibility to notify Life Patterns within 3 working days.

Signature of Direct Support Worker

Date

**I understand that I am a parent employed by my child in domestic service. Therefore, based on State and Federal requirements, I understand Life Patterns Inc., the FMS provider for the above named Participant/Employer, will not withhold FICA (Social Security & Medicare) from my paycheck. I further understand that I will not have Federal or State Unemployment coverage.