LIFE PATTERNS
Financial Management Services
for quality in-home supports

# Direct Support Worker Data Sheet for Authenticare

## DSW INFORMATION

| | |
|---|---|
| Direct Support Worker Name: | |
| Social Security Number: | |
| Employer (*participant receiving services*): | |
| Indicate services worker provides: ☐ Personal Assistant Services ☐ Sleep Cycle ☐ Overnight Respite ☐ Specialized Medical Care | |
| Is the worker Bilingual? (*yes/no*) | |
| Is the worker fluent in sign language? (*yes/no*) | |
| Language Accommodation Required? (*yes/no*) | |

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

| | |
|---|---|
| ☐ | Parent (natural or adoptive) **AND** Guardian of Participant (ALSO COMPLETE PARENT CLARIFICATION FORM) |
| ☐ | Parent (natural or adoptive) but **NOT** Guardian of Participant (ALSO COMPLETE PARENT CLARIFICATION FORM) |
| ☐ | Spouse of Participant — Check the box that applies to you the Direct Support Worker. |
| ☐ | Separated spouse of Participant |
| ☐ | Ex-spouse of Participant |
| ☐ | Grandparent and Guardian of Participant |
| ☐ | Grandparent but **NOT** Guardian of Participant |
| ☐ | Sibling of Participant (must be 18+ years of age) |
| ☐ | Child of Participant |
| ☐ | Other family member (i.e. step-parent, foster parent, aunt/uncle, first cousin, etc.): |
| ☐ | No family relationship |

## DISCLOSURE OF PHYSICAL DWELLING: (*CHECK ONE*)

| | |
|---|---|
| ☐ | I live in the same physical dwelling as the Participant |
| ☐ | 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 the individual providing services ____________________ Current Date (MM/DD/YY)

Signature of Direct Support Worker — Date