# Direct Support Worker Data Sheet for Authenticare

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| 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*)  |   |

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| DISCLOSURE OF RELATIONSHIP TO HCBS WAIVER PARTICIPANT (*check one*) |
| [ ]  | Parent (natural or adoptive) **AND** Guardian of Participant\*\*  |
| [ ]  | Parent (natural or adoptive) but **NOT** Guardian of Participant\*\*  |
| [ ]  | Spouse of Participant |
| [ ]  | 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) **Guardian?** Yes No |
| [ ]  | Child of Participant |
| [ ]  | Other family member (i.e. step-parent, foster parent, aunt/uncle, first cousin, etc.):  |
| [ ]  | No family relationship |

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| 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.**

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| 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.