LIFE PATTERNS INC.

# Direct Support Worker Data Sheet for Authenticare

## DSW INFORMATION

| | |
|---|---|
| Direct Support Worker Name: | Employee Name |
| Social Security Number: | Employee Social Security Number |
| Employer (*participant receiving services*): | Person employee will be working for |
| Indicate services worker provides: ☐ Personal Assistant Services ☐ Sleep Cycle ☐ Overnight Respite ☐ Comprehensive Support | Service you will provide |
| 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)

Check the box that applies to you as the employee

| | |
|---|---|
| ☐ | **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., stepparent, 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 three business days.**

Signature of employee
_____
*Signature of Direct Support Worker*

Current Date
_____
*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. ****