

Fiscal Agent Case Manager Checklist

#	Start-up Forms	When Required
1	iLIFE Fiscal Agent Authorization	For all Employer/Clients

	Resources	When Needed
	Employer/Client Status Change Form	Optional; not required for start up. Only needed if Case Manager needs to terminate Employee.

 **IMPORTANT:**

To process the application, iLIFE must receive the iLIFE Fiscal Agent Authorization. To be processed, the document must be complete and signed.



iLIFE Fiscal Agent Authorization

Program Name: _____ Case Manager: _____ Funding Source: _____

Authorization: New Update End Phone Number: _____

Effective Date: _____ Email Address: _____

EMPLOYER/CLIENT		GUARDIAN/POA		TOTALS	
Name:		Name:		Service Code	Monthly Authorized Amount
Address:		Address:			
Date of Birth:		Phone:			
Phone:		Relationship to Employer/Client:			
EMPLOYEES/PROVIDERS					
Name:		Service Code/Description:			
Phone:		Quantity:			
Hourly Wage:		Unit:		Grand Total	
Relationship to Employer/Client:		Frequency:		Notes:	
Name:		Service Code/Description:			
Phone:		Quantity:			
Hourly Wage:		Unit:			
Relationship to Employer/Client:		Frequency:			
Name:		Service Code/Description:			
Phone:		Quantity:			
Hourly Wage:		Unit:			
Relationship to Employer/Client:		Frequency:			

Employer/Client Signature: _____ Date: _____

Case Manager Signature: _____ Date: _____



Fiscal Agent Employer/Client Status Change Form

Instructions: Complete only the sections the Employer/Client needs changed.

Employer/Client Name: _____

Fill out only the sections you need changed.	
<input type="checkbox"/>	New Name: _____ Please attach a copy of your updated, signed Social Security card.
<input type="checkbox"/>	New Address: _____ City: _____ State: _____ ZIP: _____
<input type="checkbox"/>	New Phone Number: (_____) _____ - _____ <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
<input type="checkbox"/>	New Email Address: _____
<input type="checkbox"/>	On Hold Starting This Date: _____ Off Hold Starting This Date: _____ On Hold Reason: _____
<input type="checkbox"/>	No longer receiving services. Reason: _____ Last Day of Service: _____
<input type="checkbox"/>	Other: _____

Fill out only the sections your Employee needs changed.	
Employee Name: _____	
<input type="checkbox"/>	Send check or check stub to Employee instead of Employer/Client.
<input type="checkbox"/>	Employment Termination Date: _____ <small style="text-align: center;">Write the last day the Employee worked.</small>
<input type="checkbox"/>	Reason for Termination: _____ _____
<input type="checkbox"/>	New Employee Name: _____

Employer/Client or Case Manager Signature: _____ Date: _____