

Rate Change Form

- Instructions:**
1. This form is for participant-hired worker rates only.
 2. Write pay rate details for all services provided. **The participant-hired worker will only be paid for rates listed on this form.**
 3. Participant employer and participant-hired worker sign at the bottom.
 4. Contact IRIS consultant. New rates and rate changes submitted on Rate Change Forms are not active and cannot be paid until the IRIS consultant updates the participant's plan.

Participant-hired Worker Name: _____

Participant-hired Worker Number: _____

Participant Employer Name: _____

For each service to be provided, check (✓) whether rate is being added, changing or staying the same (No Change). List all rates that participant-hired worker will provide.

✓ option for each service to be provided:			Service Type	Pay Rate	Unit: Hourly or Daily	Effective Date
Add Rate	Change Rate	No Change				
			Supportive Home Care-Routine (SHC)			
			SHC-Supervision (SS)			
			SHC-Companion Care (CC)			
			SHC-Chores (C)			
			Self-Directed Personal Care (PC)			
			Respite Care (R)			
			Mileage:			
			Other:			
			Other:			
			Other:			

By signing below, we understand only the rates on this form can be used to pay the participant-hired worker.

Participant-hired Worker Signature: _____ **Date:** _____

Participant Employer/Guardian Signature: _____ **Date:** _____