

## Attendant Information Form

Attendant Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Birth Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  Male  Female

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Primary Phone Number: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_  Cell  Home  Work

Alternate Phone Number: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_  Cell  Home  Work

Email: \_\_\_\_\_  Opt in for iLIFE email.

Preferred Language:  English  Spanish  Hmong  Other: \_\_\_\_\_

What type of worker are you?

Primary (I am a main Attendant for my Consumer. I typically work every week.)

Back up (I am a substitute Attendant who provides services when a primary Attendant cannot.)

Consumer Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Consumer Case Manager Name: \_\_\_\_\_

Case Manager Email: \_\_\_\_\_

By signing below, you agree the information on this form is accurate and you have all supporting documentation in your possession. Both signers agree to only submit timesheets within the hours authorized.

Attendant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Consumer Signature: \_\_\_\_\_ Date: \_\_\_\_\_