



Attendant Information Form

Attendant Name: _____

Street Address: _____

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: ____/____/____

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: _____