



Choice. With Confidence.

Attendant Information Form Instructions

Purpose of form: The Attendant Information Form is used to verify the Attendant's and Consumer's information.

Top Section

1. Write the Attendant's full name.
2. Write the Attendant's street address, city, state and ZIP code.
3. Write the Attendant's birth date. Check the Attendant's gender (male or female).
4. Write the Attendant's Social Security number.
5. Write the Attendant's primary phone number. Check if the primary phone number is the Attendant's cell, home or work phone number.
6. Write the Attendant's alternate phone number. Check if the alternate phone number is the Attendant's cell, home or work phone number.
7. Write the Attendant's email address. Optional: Check opt in for iLIFE email if you want to receive information from iLIFE by email.
8. Check the Attendant's preferred language. If Other, write which language is preferred.
9. If the Attendant has his or her wages currently garnished for any reason, check yes. If not, check no.
 - a. If Attendant checks yes, please write the details of the garnishment, such as garnishment agency and amount.

Middle Section

10. Write the Consumer's full name.
11. Write the Consumer's birth date.

Bottom Section

12. The Attendant signs and writes today's date.
13. The Consumer or Guardian signs and writes today's date.



Choice. With Confidence.

Sample Attendant Information Form

Attendant Name: Jane Doe 1. Write Attendant name.

Street Address: 1234 Main Street 2. Write Attendant address.

City: Raleigh State: NC 3. Write Attendant birth date. Check gender.

Birth Date: MM / DD / YYYY Male Female

Social Security Number: XXX - XX - XXXX 4. Write Attendant SSN.

Primary Phone Number: (XXX) - XXX - XXXX Cell 5. Write Attendant primary phone number.

Alternate Phone Number: (XXX) - XXX - XXXX Cell 6. Write alternate phone number.

Email: janedoe@xxxxx.com Opt in for iLIFE email.

Preferred Language: English Spanish Hmong Other: _____ 7. Write Attendant email. Optional: Check to opt in for iLIFE email.

What type of worker are you?
 Primary (I am a main Attendant for my Consumer. I typically work every week.) 8. Check Attendant's preferred language.

Back up (I am a substitute Attendant who provides services when a primary Attendant is unavailable.) 9. Check worker type for Attendant (Primary or Back up).

Consumer Name: John Doe 10. Write Consumer name.

Birth Date: MM / DD / YYYY 11. Write Consumer birth date.

By signing below, you agree the information on this form is accurate and you have all support documents in your possession. Both signers agree to only submit timesheets within the hours authorized. 12. Attendant signs and dates.

Attendant Signature: Jane Doe Date: MM/DD/YY

Consumer Signature: John Doe Date: MM/DD/YY

13. Consumer signs and dates.