

Note: To fill out the forms in this PDF packet on you computer before printing, complete this Data Form **and** the top of the next form first, then review the remaining documents to verify data inserted properly.



Employee Information

Complete this form entirely to begin the enrollment process as an employee in the self-direction program. Completion of this form does not constitute a hiring by the employer.

PARTICIPANT INFORMATION	
Full Name	ID/Last 4 of SSN

EMPLOYER INFORMATION	
Full Name	ID/Last 4 of SSN

EMPLOYEE (APPLICANT) INFORMATION			
First Name	Middle Name	Last Name	
Social Security Number	Email (REQUIRED)	Date of Birth (mm/dd/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Do you share a residence with the participant? <input type="checkbox"/> No <input type="checkbox"/> Yes. Please specify who owns or rents the residence: _____			
Physical Address (Street Address, Including Apt. #, CANNOT BE A PO BOX)			
City	State	Zip	County
Mailing Address (Street Address, Including Apt. #) – if different than the physical address			
City	State	Zip	County
Phone1	Phone2	Preferred Method of Communication <input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Phone / Voicemail	