

Individual/Family Agreement with Employee

(Adding Services or Rate Changes Only)

Name and Address of Employer (Guardian / Client / Sponsoring Person):

(First Name) (Last Name) (Phone)

(Street) (City) (State) (Zip Code)

Name of person services will be provided to:

(First Name) (Last Name)

Name of Case Manager:

(First Name) (Last Name) (Phone Number)

Name and Address of Employee:

(Name) (Address) (City) (State)

Type of support:

Effective date of addition/change:

(Attach Qualifications for Support Type)

Days/Hours of Work:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours							

Rate of Pay: \$ _____ Workman's Compensation Insurance: Yes No

Training

Specific Training from individual plan required before working alone with Individual: _____

Conditions of Employment (Work Rules): _____

Employee Emergency Contact:

(Name) (Phone Number) (Relationship to employee)

I agree to provide the services and supports identified in this agreement and included in the consumer's individual plan, and prior to working alone with individual complete the standard training and specific training identified in the individual plan.

Employee Signature: _____ Date: _____

Employer Signature: _____ Date: _____
(Guardian / Client / or Sponsoring Person)