

Peaceful Living Fiscal Agent Services
Member Enrollment Packet



Member/Participant/FEIN Holder Information

Name _____
First *MI* *Last*

Address _____

City _____ **State** _____ **Zip** _____ **County** _____

Phone _____
Home *Cell*

Email _____ **Member ID #** _____ **DOB** _____

SSN _____ **FEIN** (if prev. assigned) _____ **UI Acct #** (if prev. assigned) _____
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If FEIN previously assigned, does FEIN holder have employees other than the caregivers?
 Yes No
(if not prev. assigned, check no)

Guardian Ship? Yes No

Guardian Name: *First* _____ *Last* _____

Participant (if applicable)

Name _____
First *MI* *Last*

Street _____

City _____ **State** _____ **Zip** _____ **County** _____

Phone _____
Home *Cell*

Email _____ **Relation to Member** _____