

New Employee Set-up Form

Instructions:

1. Employee completes top half, and Participant/Employer completes bottom half.
2. Both Employee and Participant/Employer sign at the bottom.
3. Employee can work after notified of eligibility to work by Peaceful Living, LLC, and all documents are complete.

Employee Name: _____
Last First M.I.

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ - _____ Male Female

Email: _____

Birth Date: ____/____/____ Social Security Number: ____ - ____ - _____

The Employee will provide: Respite Supportive Home Care Personal Care

Pay Rate(s): _____ Mileage Rate: _____

Participant/Employer Name: _____
Last First M.I.

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ - _____ Email: _____

Participant is the Member's:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Parent/Guardian | <input type="checkbox"/> Parent | <input type="checkbox"/> Spouse | <input type="checkbox"/> Domestic Partner |
| <input type="checkbox"/> Step Parent | <input type="checkbox"/> Son/Daughter | <input type="checkbox"/> Grandson/daughter | <input type="checkbox"/> Step Son/Daughter |
| <input type="checkbox"/> Grandparent | <input type="checkbox"/> Other (Specify Relationship): _____ | | |
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Employee Signature:

Date:

Participant/Employer or Guardian Signature:

Date:

