

Participant Information

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

Date of Birth: _____

Social Security Number: _____ - _____ - _____

County / Host Agency: _____

Supports Coordinator: _____

Supports Coordinator Telephone Number: () _____

DHS (FIA) Worker (if applicable): _____

DHS (FIA) Worker Telephone Number: () _____

Guardian /Authorized Rep: _____

Guardian /Authorized Rep. telephone number: () _____

Will the Guardian /Authorized Rep. be acting as the common law employer?

Yes No

Guardian /Authorized Rep. Social Security number: _____ - _____ - _____

Only required if acting as the common law employer

Guardian's Date of Birth: _____

Only required if acting as the common law employer

Guardian's Driver's License number: _____

Only required if acting as the common law employer

Contact Name for questions: _____

Contact Telephone number: () _____

Provider's Names: _____

Not required for Participant registration

Start Date: _____ / _____ / _____