



EMPLOYMENT INFORMATION / AVAILABILITY FOR TRADITIONAL AND CHOICE DSPs

Traditional DSP PCA Choice | PCA Recipient Name: _____

EMPLOYEE INFORMATION

Name				Start Date		
Address						
City			State			Zip
County:			Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Married		
Home Phone	()		Cell Phone	()		
Email				Gender:	<input type="checkbox"/> Female <input type="checkbox"/> Male	
SSN:			Date of Birth			

Emergency Contact Name:	Home Phone	()
	Cell Phone	()
	Relationship	

STATE LEGISLATION LIMITS THE NUMBER OF HOURS WORKED BY DIRECT SUPPORT PROFESSIONALS (DSPs) AND HOMEMAKERS TO 275 HOURS PER MONTH, REGARDLESS OF THE NUMBER OF PCA AGENCIES THE EMPLOYEE MAY WORK FOR. You are required to notify us if you work for another PCA agency.

- I do not currently work for another PCA Provider Agency.
- I **DO** work for another PCA Provider agency. (Use the boxes below to indicate what agency and the number of hours worked/month.

OTHER PCA PROVIDER AGENCY NAME	SCHEDULED HOURS PER MONTH

AVAILABILITY

Are you a PCA Recipient specific employee? Yes No
 If yes, PCA Recipient's name: _____

If you are a PCA Recipient specific employee, are you interested in other hours if/when they become available with a different PCA Recipient? Yes No

Locations for Availability (check all that apply): Rochester Winona Austin/Albert Lea Red Wing

Other: _____

AVAILABILITY

If you will be working with a specific consumer and know what hours you will be working please indicate those in the space provided. If you have other availability please indicate that as well.

<input type="checkbox"/> Monday		<input type="checkbox"/> Friday	
<input type="checkbox"/> Tuesday		<input type="checkbox"/> Saturday	
<input type="checkbox"/> Wednesday		<input type="checkbox"/> Sunday	
<input type="checkbox"/> Thursday			

TRANSPORTATION

Have own vehicle Public Transportation Other (please specify) _____

LIMITATIONS

If you have any limitations or specific preferences, please list: _____

I hereby certify that the information provided on this form is completely true and accurate

Signature

Date

OFFICE USE ONLY: (direct deposit document submitted ____)

ETHNICITY: American Indian/Alaskan Native Black/African American Hispanic/Latino
 Native Hawaiian / Pacific Islander Asian White Unknown

HIRING SOURCE: Newspaper Referral Walk in _____

WAGE PER HOUR: PCA TRADITIONAL \$ _____ PCA CHOICE \$ _____

OFFICE SIGNATURE: _____

DATE: _____