

Developmental Disabilities Employer/Personal Support Worker/ Domestic Employee Information

Please Print and Write Clearly

Personal Support Worker Information

Name			Social Security Number	
Last	First	Middle		
Residential Address			Date of Birth	
Address	City	Zip Code	(MM/DD/YYYY)	
Mailing Address <small>If different from Residential Address</small>			Phone	
Address	City	Zip Code	Is this a Mobile Number <input type="checkbox"/> Yes <input type="checkbox"/> No	
Email				

Client Information

Name			Client Date of Birth	
Last	First	Middle	(MM/DD/YYYY)	
Prime Number (if known)				

Employer Information

For clients 17 and younger, this may be the Parent or Guardian
 For adults 18 and older this may be the client, Guardian or other designated person (Employer of Record)

Name			Date of Birth	
Last	First	Middle	(MM/DD/YYYY)	
Residential Address			Phone	
Address	City	Zip Code	Is this a Mobile Number <input type="checkbox"/> Yes <input type="checkbox"/> No	
Mailing Address <small>If different from Residential Address</small>				
Address	City	Zip Code		
Email				

RETURN COMPLETED DOCUMENT TO:

Lane County Developmental Disabilities Services
 125 E 8th Eugene, OR 97401
 Fax: (541) 682-3879

Personal Support Worker Provided Services

Please check all the services that your employee will provide. If an activity is not included, please add it in the "other services provided" column.

Community Living Support

- Eating Dressing Mobility Community Participation Communication
- Bathing Personal Hygiene Socialization Personal Environmental Skills

Homecare/Chore Services

- Giving and Setting up Medications Housekeeping Chores Shopping
- Special Diet/Meal Preparation Laundry

Non-medical Transportation (Please check all that apply)

- Drives your vehicle Escorts you in your vehicle
- Drive you in their car Escorts you on public transportation

Community Inclusion Supports (list a sample of activities in the boxes below)

- Activities supporting independence and community inclusion

- Individual choice of activities

- Respite Services

Other Services provided by your employee (write in)

- Create & Submit hours worked using online eXPRS system

- Utilize EEV for logging in and out of work shifts

PSW/Employee Signature

Date

Employer/Representative Signature

Date