

You have been hired to care for _____

You need to complete the following attached paperwork:

- W4 form
- WT-4 form
- Background form
- I-9 form
- WI Medicaid Program Agreement and Acknowledgement
- State Registration of Providers
- CLTS Waivers Qualified Provider Standards Verification
- Direct Deposit form

*****We need to have copies of the necessary IDs for the I-9 employment eligibility form
Before paperwork can be processed*****

This paperwork can be brought in, faxed, emailed, or mailed in. If you have any questions please call:

Jennifer Johnson – Fiscal Agent Assistant

Call: 715-832-1782
Fax to: 715-832-8203
Emailed: ucptimesheets@gmail.com
Mailed: UCP
 206 Water Street
 Eau Claire, Wisconsin 54703-5699

Employee's Name _____

Daytime Phone _____

Email Address Required _____

*****No employee may begin providing services for any UCP client until ALL employee paperwork has been processed and they have been approved for employment*****

<u>OFFICE USE ONLY</u>	
_____	Background CK faxed
_____	I-9 with 2 forms of ID
_____	WT4 faxed
_____	Training Document
_____	Direct Deposit form