



UCP Fiscal Agent – Respite Care Worker Set-Up

INSTRUCTIONS:

Completion of this form is not required through Wisconsin State Statute; however, completion of this form is a Respite Care requirement. Both the Respite Care worker and the Fiscal Agent employer must sign and date the bottom in order to be considered complete. A Respite Care worker may not begin working for a Fiscal Agent employer before the start date, indicated in the Respite Care start date letter.

Personally identifiable information on this form is collected to verify that the application is complete, and will be used only for this purpose.

Completed forms should be submitted to the UCP Fiscal Agent program.

SECTION I – UCP RESPITE CARE WORKER DEMOGRAPHICS (all fields must be filled)

Name – Respite Care Worker (Last, First, Middle)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth
Mailing Address		City	
State	Zip	Email Address	
Home Phone Number	Cell Number	Can we text you? Yes <input type="checkbox"/> No <input type="checkbox"/>	

By signing below, I (we) agree the information on this form is accurate and I (we) have all supporting documentation in my possession. Both signers agree to only submit time reports within the hours authorized. Without prior approval, excess hours claimed above the authorization may be rejected for payment. Both signers also acknowledge that no hours worked prior to a passed background check will be authorized.

SIGNATURE – Respite Care Worker	Date Signed
SIGNATURE – Respite Care Employer	Date Signed