



Worker Name	Employer of Record Name	Member Name

Please select at least one service type below and enter the wages to be paid to the Worker. The hourly rate of pay for the Worker is based on the Member’s Self-Directed Services budget. Service provided that exceeds the Member’s budget will not be paid by CDTN.

**! IMPORTANT:** We need to know the hourly rate of pay, not the hourly rate plus employer taxes or other costs. For example: If a person works in a job, they can tell you how much money they make per hour. That is the number you enter in the “Hourly Rate” field.

To see how much the Worker’s hourly rate will cost the EOR, please refer to the Cost to You form.

**Request Type and Effective Date:**

New Enrollment       Change Hourly Rate      Effective Date: \_\_\_\_\_

Hourly Services – Service Name, Service Codes and Hourly Pay Rate:
<input type="checkbox"/> Personal Assistance \$_____ per hour
<input type="checkbox"/> Supportive Home Care \$_____ per hour
<input type="checkbox"/> Respite \$_____ per hour

**Back-up Support (check one):**

Yes  No The Worker will serve as back-up if other Workers are unable to provide services.

**Agree and Sign**

The Worker and Employer of Record have:

- Read all of this form.
- Agree that the details provided are accurate and complete.
- Discussed and agreed to the above-listed services and/or hourly rate details.

This form is not intended to create a contract of employment or rate of pay for a specific period of time.

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
*Worker Signature*      *Date*      *Employer of Record Signature*      *Date*

