



Choice. With Confidence.

Attendant Information Form Instructions

Purpose of form: The Attendant Information Form is used to verify the Attendant's and Consumer's information.

Top Section

1. Write the Attendant's full name.
 2. Write the Attendant's home address (street address, city, state, and ZIP code).
 3. If the Attendant's mailing address is different than their home address, write the Attendant's mailing address (street address, city, state, and ZIP code).
 4. Write the Attendant's birth date. Check the Attendant's gender (male or female).
 5. Write the Attendant's Social Security number.
 6. Write the Attendant's primary phone number. Check if the primary phone number is the Attendant's cell, home, or work phone number.
 7. Write the Attendant's alternate phone number. Check if the alternate phone number is the Attendant's cell, home, or work phone number.
 8. Write the Attendant's email address. Optional: Check opt in for iLIFE email if you want to receive information from iLIFE by email.
 9. Check the Attendant's preferred language. If Other, write which language is preferred.
 10. Check what type of worker the Attendant is.
 - a. If the Attendant is the main Attendant for the Consumer, check Primary.
 - b. If the Attendant is a substitute Attendant who fills in when the primary Attendant cannot, check Back up.
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Middle Sections

11. Write the Consumer's full name.
 12. Write the Consumer's birth date.
 13. Write the Consumer's Case Manager's name.
 14. Write the Consumer's Case Manager's email address.
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Bottom Section

15. The Attendant signs and writes today's date.
16. The Consumer or Guardian signs and writes today's date.



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Sample Attendant Information Form

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| Attendant Name: <u>Jane Doe</u> | 1. Write Attendant name. |
| Home Address: <u>1234 Main Street</u> | 2. Write Attendant home address. |
| City: <u>Raleigh</u> State: <u>NC</u> ZIP: _____ | 3. Write Attendant mailing address (if different). |
| Mailing Address (if different): _____ | 4. Write Attendant birth date. Check gender. |
| City: _____ State: _____ | 5. Write Attendant SSN. |
| Birth Date: <u>MM</u> / <u>DD</u> / <u>YYYY</u> <input type="checkbox"/> Male | 6. Write Attendant primary phone number. |
| Social Security Number: <u>XXX</u> - <u>XX</u> - <u>XXXX</u> | 7. Write Attendant alternate phone. |
| Primary Phone Number: (<u>XXX</u>) - <u>XXX</u> - <u>XXXX</u> <input checked="" type="checkbox"/> Cell | 8. Write Attendant email. Optional: Check to opt in for iLIFE email. |
| Alternate Phone Number: (<u>XXX</u>) - <u>XXX</u> - <u>XXXX</u> <input type="checkbox"/> Cell | 9. Check Attendant's preferred language. |
| Email: <u>janedoe@xxxxx.com</u> <input type="checkbox"/> Op | 10. Check worker type for Attendant (Primary or Back up). |
| Preferred Language: <input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Hmong <input type="checkbox"/> Other: _____ | 11. Write Consumer name. |
| What type of worker are you? <input checked="" type="checkbox"/> Primary (I am a main Attendant for my Consumer. I typically work every week.) <input type="checkbox"/> Back up (I am a substitute Attendant who provides services when a primary Attendant cannot.) | 12. Write Consumer birth date. |
| Consumer Name: <u>John Doe</u> | 13. Write Consumer Case Manager name. |
| Birth Date: <u>MM</u> / <u>DD</u> / <u>YYYY</u> | 14. Write Consumer Case Manager email. |
| Consumer Case Manager Name: <u>John Smith</u> | 15. Attendant signs and dates. |
| Case Manager Email: <u>johnsmith@xxxxx.com</u> | 16. Consumer signs and dates. |
| By signing below, you agree the information on this form is accurate and you have all supplies in your possession. Both signers agree to only submit timesheets within the hours authorized. | Date: <u>MM/DD/YY</u> |
| Attendant Signature: <u>Jane Doe</u> | |
| Consumer Signature: <u>John Doe</u> | |