Forms Checklist for Employees Using iLIFE

Please return ALL of the forms listed below, including this checklist, to iLIFE, and may be returned via mail, fax, or email. You are encouraged to make copies of anything you sign before mailing. You may also contact iLIFE for copies of your paperwork if needed.

Each employee you hire will receive an Employee Handbook. It will have two releases of information for you to sign: one to allow your employee and Waukesha County to share information, and one for your employee and iLIFE. There will also be several forms for both you and the employee to sign.

iLIFE
PO Box 80455
Milwaukee, WI 53208

Fax: 414-918-8130
Email: fiscal@iLIFE.org
Phone Number: 1-888-490-3966

Scans or pictures of your documents need to be clearly legible.

- ☐ Forms Checklist - page 3
- ☐ Participant Specific Training Certification - page 4
- ☐ Relationship Disclosure Form - page 5
- ☐ Statement of Understanding - page 6
- ☐ Client Worker Interest Availability - page 9
- ☐ Form W-4 - Employee's Withholding Certificate - page 10
- ☐ Form WT-4 - Withholding Exemption Certificate - page 15
- ☐ Form I-9 - Employment Eligibility Verification - page 17
- ☐ Copy of Social Security Card (optional) - page 21
- ☐ Wisconsin Medicaid Agreement - page 22
- ☐ Background Information Disclosure - page 29
- ☐ Employer/Client and Employee Agreement - page 33
- ☐ Direct Deposit Authorization - page 34
- ☐ Mileage Log - page 37
- ☐ Status Change Form - page 38