Fiscal Employer Agent
Employer/Client Information Form

Instructions: 1. Complete, sign and date this form using the child's info as the Employer/Client.
2. Return form using contact information listed at bottom.

Employer/Client Name: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Birth Date: _____

Social Security Number: _____

Email: _____

Primary Phone Number: _____
☐ Cell ☐ Home ☐ Work

Alternative Phone Number: _____
☐ Cell ☐ Home ☐ Work

Preferred Language: ☐ English ☐ Spanish ☐ Hmong ☐ Other: _____

Case Manager Name: _____

By signing below, you agree that the information on this form is accurate and you have all supporting documentation in your possession.

Employer/Client Signature: _____

Date: _____