

NC Independent Living Consumer Sample Forms Packet

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**Please use the enclosed sample forms as a guide for filling out the Consumer Packet forms.
If you need help, call iLIFE at 1-888-851-2420.**



Consumer Sample Forms Checklist

If needed, use the enclosed samples as a reference when filling out the forms in your Attendant Packet. Unless otherwise noted, every form in your packet is required to complete your application.

✓	Sample Consumer Forms	When Forms are Required
	Sample Consumer Information Form	New Consumer
	Sample Form 2678	New Consumer
	Sample Form SS-4	New Consumer
	Sample Form 8821	New Consumer
	Sample Form NCUI 604 Employer Status Report	New Consumer
	Sample Form GEN-58	New Consumer
	Sample iLIFE Consent for the Release of Confidential Information	Optional: Consumer wants to allow someone access to his/her NC Independent Living information
	Sample Consumer Status Change Form	When Consumer's personal information changes or an Attendant is terminated
	Sample Timesheet	To be filled out and sent for each Attendant for each pay period he or she works

If you need help, call iLIFE at 1-888-851-2420.

Print Consumer Name: _____

Consumer Signature: _____ Date: _____

Print iLIFE Staff Name: _____

iLIFE Staff Signature: _____ Date: _____



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Consumer Information Form Instructions

Purpose of form: The Consumer Information Form is used to collect the Consumer's personal information.

Instructions

1. Write the Consumer's name.
2. Write the Consumer's home address (street address, city, state and ZIP code).
3. If the Consumer's mailing address is different than their home address, write the Consumer's mailing address (street address, city, state and ZIP code).
4. Write the Consumer's primary phone number. Check if the primary phone number is the Consumer's cell, home or work phone number.
5. Write the Consumer's alternate phone number. Check if the alternate phone number is the Consumer's cell, home or work phone number.
6. Write the Consumer's birth date and Social Security number.
7. Write the Consumer's email. Optional: Check opt in for iLIFE email if you want to receive information from iLIFE by email.
8. Check the Consumer's gender (male or female).
9. Check the Consumer's preferred language. If Other, write which language is preferred.
10. Write the Consumer's local office.
11. Write Consumer's Case Manager name.
12. Write Case Manager email.
13. The Consumer or Guardian signs and writes today's date.



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Sample Consumer Information Form

Consumer Name: John Doe 1. Write Consumer name.

Home Address: 1234 Main Street 2. Write Consumer mailing address.

City: Raleigh State: NC ZIP: XXXXX

Mailing Address (if different): _____ 3. Write Consumer home address. If same as mailing address, can check box instead.

City: _____ State: _____

Primary Phone Number: (XXX) - XXX - XXXX Cell 4. Write Consumer primary phone number.

Alternate Phone Number: (XXX) - XXX - XXXX Cell 5. Write Consumer alternate number.

Birth Date: MM / DD / YYYY Social Security Number: XXX - _____ 6. Write Consumer birth date and SSN.

Email: johndoe@xxxxx.com Opt in for email 7. Write Consumer email. Optional: Check to opt in for iLIFE email.

Male Female 8. Check gender.

Preferred Language: English Spanish Hmong Other: _____ 9. Check Consumer preferred language.

Local Office: Raleigh 10. Write local office.

Case Manager Name: John Smith 11. Write Case Manager name.

Case Manager Email: johnsmith@xxxxx.com 12. Write Case Manager email.

By signing below, you agree the information on this form is accurate and you have all supplied documents in your possession. 13. Consumer signs and dates.

Consumer Signature: John Doe Date: MM/DD/YY



Form 2678 Instructions

Purpose of form: Form 2678 is used to appoint iLIFE as the Consumer's representative for Federal tax purposes.

Part 2: Employer or Payer Information

1. In box 2 Employer's or payer's name, write the Consumer's full name.
2. In box 4 Address, write the Consumer's street address, city, state and ZIP code.

Signature and Date

3. In Sign your name here box, the Consumer or Guardian signs his or her name. In Date box, write today's date.
4. In Print your name here box, write the Consumer or Guardian's full name.
5. In Best daytime phone box, write the Consumer or Guardian's daytime phone number including area code.

Sample Form 2678

Part 2: Employer or Payer Information: Complete this part if you want to appoint an agent or revoke an appointment.

1 Employer identification number (EIN) -

2 Employer's or payer's name
(not your trade name) 1. Write Consumer name.

3 Trade name (if any)

4 Address

2. Write Consumer address.

Number Street Suite or room number

2. Write Consumer address.

City State ZIP code

Foreign country name Foreign province/county Foreign postal code

5 Forms for which you want to appoint an agent or revoke the agent's appointment to file. (Check all that apply.)

	For ALL employees/ payees/payments	For SOME employees/ payees/payments
Form 940, 940-PR (Employer's Annual Federal Unemployment (FUTA) Tax Return)*	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Form 941, 941-PR, 941-SS (Employer's QUARTERLY Federal Tax Return)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Form 943, 943-PR (Employer's Annual Federal Tax Return for Agricultural Employees)	<input type="checkbox"/>	<input type="checkbox"/>
Form 944, 944(SP) (Employer's ANNUAL Federal Tax Return)	<input type="checkbox"/>	<input type="checkbox"/>
Form 945 (Annual Return of Withheld Federal Income Tax)	<input type="checkbox"/>	<input type="checkbox"/>
Form CT-1 (Employer's Annual Railroad Retirement Tax Return)	<input type="checkbox"/>	<input type="checkbox"/>
Form CT-2 (Employee Representative's Quarterly Railroad Tax Return)	<input type="checkbox"/>	<input type="checkbox"/>

*Generally you cannot appoint an agent to report, deposit, and pay tax reported on Form 940, Employer's Annual Federal Unemployment (FUTA) Tax Return, unless you are a home care service recipient.

Check here if you are a home care service recipient, and you want to appoint the agent to report, deposit, and pay FUTA tax for you. See the instructions.

I am authorizing the IRS to disclose otherwise confidential tax information to the agent relating to the authority granted under this appointment, including disclosures required to process Form 2678. The agent may contract with a third party, such as a reporting agent or certified public accountant, to prepare or file the returns covered by this appointment, or to make any required deposits and payments. Such contract may authorize the IRS to disclose confidential tax information of the employer/payer and agent to such third party. If a third party fails to file the returns or make the deposits and payments, the agent and employer/payer remain liable.

X Sign your name here

Date

Print your name here 3. Consumer signs and dates.

Print your title here 4. Write Consumer name.

Best daytime phone 5. Write Consumer phone number.

Now give this form to the agent to complete



Form SS-4 Instructions

Purpose of form: Form SS-4 is used to apply for the Consumer's FEIN (Federal Employer Identification Number). The FEIN is required for tax filing and reporting purposes.

Top Section

1. In box 1 Legal name of entity (or individual) for whom the EIN is being requested, write the Consumer's name.
 2. In box 5a, write Consumer's street address. P.O. boxes are not allowed.
 3. In box 5b, write Consumer's city, state, and ZIP code.
 4. In box 7a, write the Consumer's name.
 5. In box 7b SSN, ITIN, or EIN, write the Consumer's Social Security number.
-

Bottom Section

6. In Name and title box, write the Consumer or Guardian's full name.
7. In Applicant's telephone number box, write the Consumer or Guardian's phone number including area code.
8. In Signature box, the Consumer or Guardian signs his or her name. In Date box, write today's date.



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Sample Form SS-4

Top Section:

Form SS-4 (Rev. December 2023) Department of the Treasury Internal Revenue Service		Application for Employer Identification Number (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) See separate instructions for each line. Keep a copy for your records. Go to www.irs.gov/FormSS4 for instructions and the latest information.		OMB No. 1545-0003 EIN	1. Write Consumer name.	
Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested John Doe		HCSR		2. Write Consumer street address.	
	2 Trade name of business (if different from name on line 1)		3 Executor, administrator, trustee, "care of" name		3. Write Consumer city, state and ZIP code.	
	4a Mailing address (room, apt., suite no. and street, or P.O. box) 2020 W WELLS ST		5a Street address (if different) (Don't enter a P.O. box.) 1234 Main Street			
	4b City, state, and ZIP code (if foreign, see instructions) MILWAUKEE, WI 53233		5b City, state, and ZIP code (if foreign, see instructions) Raleigh NC XXXXX		4. Write Consumer name.	
	6 County and state where principal business is located MILWAUKEE COUNTY WI		7a Name of responsible party John Doe		7b SSN, ITIN, or EIN XXX-XX-XXXX	5. Write Consumer Social Security number.

Bottom Section:

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.		Applicant's telephone number (include area code) XXX-XXX-XXXX		6. Write Consumer name.
Name and title (type or print clearly) John Doe		Title: HCSR		7. Write Consumer phone number.
Signature		Date MM/DD/YYYY		
For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.		Cat. No. 16055N Form SS-4 (Rev. 12-2023)		8. Consumer signs and dates.



Form 8821 Instructions

Purpose of form: Form 8821 is used to authorize iLIFE to discuss the Consumer's information with the IRS.

Instructions

1. In area 1 Taxpayer information, write the Consumer's full name, address, and daytime phone number.
2. In area 3 Tax Information, check the box.
3. In area 7 Signature of taxpayer, the Consumer signs and prints his or her name, and writes today's dates.

Sample Form 8821

Form 8821
(Rev. January 2021)
Department of the Treasury
Internal Revenue Service

Tax Information Authorization

▶ Go to www.irs.gov/Form8821 for instructions and the latest information.
▶ Don't sign this form unless all applicable lines have been completed.
▶ Don't use Form 8821 to request copies of your tax returns or to authorize someone to represent you. See instructions.

OMB No. 1545-1186
For IRS Use Only

Received by: _____
Name: _____
Telephone: _____
Function: _____
Date: _____

1 Taxpayer information. Taxpayer must sign and date this form on line 6.

Taxpayer name and address John Doe 1234 Main Street Raleigh, NC XXXXX	Taxpayer identification number(s) Daytime telephone number XXX-XX-XXXX
Plan number (if applicable)	

2 Designee(s). If you wish to name more than two designees, attach a list to this form. **Check here if a list of additional designees is attached**

<p>Name and address</p> <p>ANDREA HOETTELS ILIFE LLC FISCAL AGENT 2020 WEST WELLS ST, MILWAUKEE, WI 53233</p> <p>Check if to be sent copies of notices and communications <input checked="" type="checkbox"/></p> <p>Name and address</p> <p>SANA KHAN ILIFE LLC FISCAL AGENT 2020 W WELLS ST, MILWAUKEE, WI, 53233</p> <p>Check if to be sent copies of notices and communications <input type="checkbox"/></p>	<p>CAF No. 0315-82663R</p> <p>PTIN _____</p> <p>Telephone No. 414-459-3086</p> <p>Fax No. 414-755-7104</p> <p>Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/></p> <p>CAF No. 0315-05206R</p> <p>PTIN _____</p> <p>Telephone No. 414-937-2035</p> <p>Fax No. 414-937-2034</p> <p>Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/></p>
--	---

3 Tax information. Each designee is authorized to inspect and/or receive confidential tax information for the type of tax, forms, periods, and specific matters you list below. See the line 3 instructions.

By checking here, I authorize access to my IRS records via an Intermediate Service Provider.

(a) Type of Tax Information (Income, Employment, Payroll, Excise, Estate, Gift, Civil Penalty, Sec. 4980H Payments, etc.)	(b) Tax Form Number (1040, 941, 720, etc.)	(c) Year(s) or Period(s)	(d) Specific Tax Matters
INCOME TAX WITHHOLDING	940, 940R, 941, 941B, 941R, 941-X	2023-2025	NOT APPLICABLE
EMPLOYMENT TAXES	W-2, W-2C, W-3, SS-4, 2678	2023-2025	NOT APPLICABLE

4 Specific use not recorded on the Centralized Authorization File (CAF). If the tax information authorization is for a specific use not recorded on CAF, check this box. See the instructions. If you check this box, skip line 5

5 Retention/revocation of prior tax information authorizations. If the line 4 box is checked, skip this line. If the line 4 box isn't checked, the IRS will automatically revoke all prior tax information authorizations on file unless you check the line 5 box and **attach a copy** of the tax information authorization(s) that you want to retain

To revoke a prior tax information authorization(s) without submitting a new authorization, see the line 5 instructions.

6 Taxpayer signature. If signed by a corporate officer, partner, guardian, partnership representative (or designated individual, if applicable), executor, receiver, administrator, trustee, or individual other than the taxpayer, I certify that I have the legal authority to execute this form with respect to the tax matters and tax periods shown on line 3 above.

▶ **IF NOT COMPLETED, SIGNED, AND DATED, THIS TAX INFORMATION AUTHORIZATION WILL BE RETURNED.**

▶ **DON'T SIGN THIS FORM IF IT IS BLANK OR INCOMPLETE.**

Signature John Doe	Date MM/DD/YY
Print Name	Title (if applicable)

For Privacy Act and Paperwork Reduction Act Notice, see the instructions. Cat. No. 11596P Form 8821 (Rev. 01-2021)

1. Write Consumer name, address, and daytime phone number.

2. Check the box to authorize access to Consumer's IRS records.

3. Consumer signs and prints name. Write today's date.



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Form NCUI 604 Employer Status Report Instructions

Purpose of form: Form NCUI 604 is used to determine liability under the North Carolina Employment Security Law, General Statute 96 and division regulations.

Instructions for Page 1

1. In line 4, write the Consumer's name.
 2. In line 6, write the Consumer's mailing address, including street, city, state and zip code.
 3. In line 7, write the Consumer's phone number.
 4. In line 10, write the Consumer's street, city, zip code and county. Write the number of Attendants you expect to hire in the next 12 months.
 - a. If the Consumer is not going to hire any Attendants in the next 12 months, write zero.
-

Instructions for Page 2

5. In box 25, write the following Consumer information:
 - a. First name
 - b. Middle name
 - c. Last name
 - d. Title: IL Consumer
 - e. Social Security number
 - f. Street address
 - g. City of residence
 - h. State of residence
 - i. Zip code
 - j. Phone number including area code
6. Consumer signs his or her name, writes the title as NC Independent Living Consumer and today's date.



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Sample Form NCUI 604 Employer Status Report

Page 1:

THIS REPORT IS REQUIRED OF EVERY EMPLOYING UNIT AND WILL BE USED TO DETERMINE LIABILITY UNDER THE NORTH CAROLINA EMPLOYMENT SECURITY LAW, GENERAL STATUTE 96 AND DIVISION REGULATIONS.

Employer Status Report
Please Read Instructions!
 NC Dept. of Commerce
 Division of Employment Security
 Post Office Box 26504
 Raleigh, N.C. 27611-6504

Please Type or Print in Black Ink or File Online www.ncesc.com
 Return Within 10 Days

For Agency Use Only:		Account No.		Liable Y N		A/C/AS	
Root	OW/OF	S Add	ET AL	S/PR	BR	Liab Date	
Del After		Law Sec		M/W	County	ERA	Own
Curr	P1	P2	P3	P4	P5	Next	
Orig	Ind Ctr	React Date		L Let		St Adj	TA
PC Let							

1. Federal ID number: _____ 2. N.C. Dept. of Revenue withholding ID number: _____

3. Enter any previously assigned North Carolina unemployment tax numbers: _____

4. **Employer name:** **John Adam Doe**
Enter exact name of legal entity – for further details see instructions)

5. Trade name: **1234 Main Street**

6. Mailing address: **Raleigh NC XXXXX**
Street or P.O. Box City State Zip Code

7. Phone number: **XXX) XXX-XXXX** 8. FAX number: () _____

9. Contact person: **Andrea Hoettels** Title **Director - Payroll Operations**
 Phone number: (414) 459-3068 E-mail Address: **andrea.hoettels@cfihope.org**

10. N.C. business location: **1234 Main Street** **Raleigh** **XXXXX** **Wake**
Street (Do not use a post office box) City State Zip Code County Number of Employees expected in the next 12 months: **0**

- 1. Write Consumer name.
- 2. Write Consumer address.
- 3. Write Consumer phone number.
- 4. Write Consumer address and # of Attendants to be hired in 12 months (if any).

Page 2:

25. List owners (parent corporation, sole proprietor, ALL general partners, principal corporate officers, or members.) Attach a list of those for which there is no space below.

John <i>First Name</i>	Adam <i>Middle Name</i>	Doe <i>Last Name</i>	NC Independent Living Consumer <i>Title</i>	XXX-XX-XX <i>SSN or FEIN</i>
1234 Main Street <i>Street or P.O. Box</i>	Raleigh <i>City</i>	NC <i>State</i>	XXXXX <i>Zip Code</i>	(XXX) XXX-XXXX <i>Phone</i>
_____ <i>First Name</i>	_____ <i>Middle Name</i>	_____ <i>Last Name</i>	_____ <i>Title</i>	_____ <i>SSN or FEIN</i>
_____ <i>Street or P.O. Box</i>	_____ <i>City</i>	_____ <i>State</i>	_____ <i>Zip Code</i>	() _____ <i>Phone</i>
_____ <i>First Name</i>	_____ <i>Middle Name</i>	_____ <i>Last Name</i>	_____ <i>Title</i>	_____ <i>SSN or FEIN</i>
_____ <i>Street or P.O. Box</i>	_____ <i>City</i>	_____ <i>State</i>	_____ <i>Zip Code</i>	() _____ <i>Phone</i>

Be Sure That All Applicable Items Are Completed Before Signing

I certify that the information entered on this form is true and accurate, and that I am authorized by the named employing unit to complete this report for determining unemployment tax liability.

NC Independent Living Consumer **MM/ DD/ YYYY**
Signature Title MM DD YYYY

- 5. Write Consumer information: first name, middle name, last name, title (NC Independent Living Consumer), SSN, address and phone number.
- 6. Consumer signs, writes title (NC Independent Living Consumer) and date.



Instructions for Form GEN-58

Purpose of form: Form GEN-58 is used to authorize iLIFE to discuss the Consumer's information with the North Carolina Department of Revenue.

Page 1

1. In box 1, write the following Consumer information:
 - a. Name
 - b. Address, including:
 - i. City
 - ii. State
 - iii. ZIP code
 - c. Social Security number
 - d. Daytime phone number including area code.
-

Page 2


2. In line 7, the Consumer signs his or her name, writes today's date and prints his or her name.
 - a. If the Consumer has a Guardian, the Guardian signs his or her name, writes today's date, prints his or her name and writes the title as "Guardian."



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Sample Form GEN-58

Part 1. Power of Attorney:

 <p>GEN-58 Power of Attorney and Declaration of Representative North Carolina Department of Revenue, P. O. Box 25000, Raleigh, NC 27640-0005 Fax: 919-715-1786</p>	Part 1. Power of Attorney (Please type or print.)	
	1 Taxpayer Information (Taxpayer(s) must sign and date this form on page 2, line 7.)	
Taxpayer name(s) and address John Doe 1234 Main Street Raleigh, NC XXXXX	Social security number(s) XXX-XX-XXXX	Fed Employer ID Number
		Daytime telephone number XXX-XXX-XXXX

1. Write Consumer name, address, SSN, and phone number.

Line 7 Page 2:

7 Signature of Taxpayer(s). - If a tax matter concerns a joint return, both spouses must sign if joint representation is requested. If signed by a corporate officer, partner, guardian, tax matters partner/person, executor, representative, receiver, administrator, or trustee on behalf of the taxpayer, I certify that I have the authority to execute this form on behalf of the taxpayer.
 ► IF NOT SIGNED AND DATED, THIS POWER OF ATTORNEY WILL BE RETURNED.

Signature	MM/DD/YYYY	Title (if applicable)
John Doe		
Print Name		
Signature	Date	Title (if applicable)
Print Name		

2. Consumer signs, prints name and dates. If Guardian, he or she signs, prints name, dates and writes title as "Guardian."



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iLIFE Consent for Release of Information Instructions

Purpose of form: The iLIFE Consent for the Release of Confidential Information is used if the Consumer would like to have his or her information released to a person other than his or her guardian or Power of Attorney. Without this form, iLIFE cannot release the Consumer's information to anyone other than the Consumer, the Consumer's Guardian or the Consumer's Power of Attorney.

Instructions

1. Write the Consumer's name.
2. Write the name of the person you want to receive the Consumer's information.
3. Write the full address of the person to whom the disclosure will be made.
4. Write the phone number of the person to whom the disclosure will be made.
5. Write a short phrase or four-digit code. This phrase or code will need to be supplied whenever a request for disclosure is made.
6. Check what information is to be released. If Other, write what information you would like released.
7. Optional: If you want the consent to expire automatically, check which actions will terminate the consent. If Other, write which actions will terminate the consent automatically.
8. The Consumer signs his or her name. Write today's date.
9. If the Consumer is not signing, other authorized person signs her or her name.
10. The authorized person writes why he or she is authorized to sign (such as legal Guardian, Power of Attorney, etc.). Write today's date.



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OPTIONAL

Sample iLIFE Consent for the Release of Confidential Information

Consumer Name: John Doe 1. Write Consumer name.

Name of person to which disclosure is authorized: Jane Doe 2. Write name of person to receive information.

Full address of recipient of disclosure: 2345 Main Street, Raleigh, NC 3. Write address of person to receive information.

Phone number of recipient of disclosure: XXX-XXX-XXXX 4. Write phone number of person to receive information.

Phrase or four-digit code to be supplied for disclosure: XXXX 5. Write phrase or four-digit passcode.

Information authorized for disclosure (check all that apply):

The Attendants' pay rates, hours and payment amounts 6. Check information to be released. If Other, write what information is to be released.

The Consumer's budget details, including pay rates and services

All details regarding relevant Consumer-directed services from NC Independent Living

Other (please explain the information to be released in detail): _____

The Consumer acknowledges that he or she may revoke this consent at any time except to the extent that the Consumer has been taken in reliance on it, and that in any event this consent expires automatically as follows:

Upon termination from receiving Consumer-directed services from NC Independent Living 7. Optional: If consent to expire automatically, check which actions terminate the consent. If Other, write which actions terminate the consent.

Upon termination of the relationship with the person to which the disclosure is to be made

Other (please explain the action in detail with applicable dates): _____

8. Consumer signs and dates.

Consumer Signature: John Doe Date: MM/DD/YYYY

Signature of person signing form if not Consumer: _____ 9. If Consumer not signing, authorized person signs.

Describe authority to sign on behalf of Consumer: _____ 10. Authorized person writes authorization and date.



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Consumer Status Change Form Instructions

Purpose of form: The Consumer Status Change Form is used to update the Consumer's personal information, to mail the check or check stub to the Attendant, and to document the Attendant's termination date.

Use this form when the Consumer:

- Has a new legal name (i.e. married or divorced)
- Has a new address
- Has a new phone number
- Has a new email address
- Puts his or her services on hold
- Stops receiving services
- Wants the Attendant's check stubs mailed to the Attendant's address instead of the Consumer's address
- Terminates his or her Attendant (i.e. the Attendant resigns or is fired)
- Hires a new Attendant
- Has a change in cost share
- Has any other changes that affect the Consumer's NC Independent Living program information

Please call iLIFE at 1-888-851-2420 for help filling out this form.

Instructions

1. Write the Consumer's name.
2. Write the local office.
3. Check which section(s) are to be changed.
 - a. Only fill out the sections that need to be changed. Do not fill out a section if it does not need to be changed.
 - b. If the Consumer has a new name, attach a copy of the signed Social Security card with the new name listed.
4. Fill out information as needed.
5. The Consumer signs his or her name and writes today's date.

Sample Consumer Status Change Form

Consumer Name: John Doe 1. Write Consumer name. Local Office: Raleigh 2. Write local office.

Fill out only the sections you need changed.	
<input type="checkbox"/>	New Name: _____ Please attach a copy of your updated, signed Social Security card.
<input checked="" type="checkbox"/>	New Address: <u>2345 Main Street</u> City: <u>Raleigh</u> State: <u>NC</u> ZIP: <u>XXXX</u>
<input checked="" type="checkbox"/>	New Phone Number: (____) _____ - _____ <input type="checkbox"/> Cell <input type="checkbox"/> Home
<input type="checkbox"/>	New Email Address: _____
<input type="checkbox"/>	On Hold Starting This Date: _____ Off Hold Starting This Date: _____ On Hold Reason: _____
<input type="checkbox"/>	No longer receiving services. Reason: _____ Last Day of Service: _____
<input type="checkbox"/>	Consumer Deductible Amount: \$ _____ Deducted <input type="checkbox"/> Monthly or <input type="checkbox"/> Per Pay Period
<input type="checkbox"/>	Other: _____

3. Check which section(s) are to be changed.

4. Fill out information as needed.

Fill out only the sections your Attendant needs changed.	
Attendant Name: _____	
<input checked="" type="checkbox"/>	Send check or check stub to Attendant instead of Consumer.
<input type="checkbox"/>	Employment Termination Date: _____ <small style="margin-left: 100px;">Write the last day the Attendant worked.</small> Reason for Termination: _____

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

Consumer or Local Office Representative Signature: John Doe 5. Consumer signs and dates.

Date: MM/DD/YY

Attendant Timesheet Instructions

Purpose of form: The Attendant Timesheet is used to document and certify the Attendant's hours.

Instructions

1. Write the Attendant's number.
2. Write the Period Beginning and End dates. Time worked should be recorded following the payment schedule.
3. Write the Consumer's name. The Consumer is the person receiving the services.
4. Write the Attendant's name. The Attendant is the person providing the services.
5. Write the month and day of each time the Attendant worked. The first day of each pay period is Sunday.
6. Write the start time and stop time for each day the Attendant worked.
 - a. Two sets of start and stop time columns are provided for those who work twice in the same day.
 - b. If the Attendant works only one time per day, use only one set of start and stop time columns.
 - c. Remember to write AM or PM for each time written.
 - d. Hours must be recorded in 15-minute increments (i.e. 1:00 PM, 1:15 PM, 1:30 PM, 1:45 PM).
7. Add the total number of hours together for both sets of columns. Write the number in the Total Hours column.
8. Add the total number of hours worked for each week. Write the number on the total hours for week 1 line.
9. Repeat steps 5 – 8 for week 2.
10. Total the hours worked for both weeks. Write the number on the total hours for both weeks line.
11. The Attendant signs the timesheet.
12. The Consumer or legal representative signs the timesheet.
13. The timesheet must be dated after the Attendant's last shift on the last day worked.

Helpful Hints

- Please write clearly with black ink.
- Timesheets cannot be submitted before all of the hours have been worked.
- The Attendant may not submit timesheets while the Consumer is hospitalized, in a nursing facility or receiving services through another state program.
- The payroll week begins on Sunday and ends on Saturday.
- The submitted hours must not exceed the weekly hours approved by NC Independent Living.
- Timesheets are accepted until 11:59 PM (Eastern Standard Time) on the due date.
- Late timesheets will be held until the next pay period.

Sample Attendant Timesheet

Attendant Number: XXXXXX

Period Begins: 08/10/14 Consumer Name: John Doe

Period Ends: 08/23/14 Attendant Name: Jane Doe

Day of Week	Date mo/day	Start time hh:mm am/pm	Stop time hh:mm am/pm	Start time hh:mm am/pm	Stop time hh:mm am/pm	Total Hours hh:mm
SUNDAY	08/10	8 AM	12 PM	1:30 PM	4 PM	6.5
MONDAY						
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						
SATURDAY						

Total hours for week 1: 6.5

SUNDAY	08/17	8 AM	12 PM	1:15 PM	4 PM	6.75
MONDAY						
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY	08/22	8:30 AM	12 PM			3.5
SATURDAY						

Total hours for week 2: 10.25

Total hours for both weeks: 16.75

1. Write Attendant number.

2. Write period dates.

3. Write Consumer name.

4. Write Attendant name.

5. Write month and day worked.

6. Write start and stop time for each day worked.

7. Add total hours.

8. Add total hours for the week.

9. Repeat 5-8 for week 2.

10. Total hours for both weeks.

11. Attendant signs.

12. Consumer signs.

13. Date must be after last shift worked.

I certify that I worked the hours shown on this timesheet on the days indicated, and that this timesheet has been signed by the person receiving the services or his or her legal representative.

Attendant Signature: _____ Date: _____

As the person receiving the services, I certify that the Attendant's hours shown on this timesheet are correct and that the work was performed satisfactorily.

Consumer Signature: _____ Date: _____