

IRIS Status Change Form

- Instructions:**
1. Complete only the sections the participant-hired worker needs changed.
 2. This form is for participant-hired worker information only.
 3. Participant status changes must go through the consultant.

Participant-hired Worker Name: _____

Participant-hired Worker Number: _____

Last four digits of Participant-hired Worker's Social Security number: _____

Participant Name: _____

Completed by Participant-hired Worker	
<input type="checkbox"/>	New Name: _____ Please attach your updated, signed Social Security card.
<input type="checkbox"/>	New Address*: _____ City: _____ State: _____ Zip: _____
<input type="checkbox"/>	New Phone: (_____) _____ - _____ <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
<input type="checkbox"/>	New Email: _____
<small>* If your new address changes your live-in status, please also complete the IRIS Participant-hired Worker Relationship Identification form at: https://www.dhs.wisconsin.gov/forms/f0/f01201a.docx</small>	
Completed by Participant or Participant-hired Worker	
<input type="checkbox"/>	Send check stub to participant-hired worker instead of participant.
<input type="checkbox"/>	Employment Termination Date: _____ Please write the last day worked.

Participant-hired Worker Signature: _____ **Date:** _____

Participant/Guardian Signature: _____ **Date:** _____