iLIFE

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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
☐	**New Name:** _____ Please attach the following acceptable forms of official documentation: **signed** social security card, marriage/divorce certificate, and/or court order, etc.
☐	**Please check all that apply:** ☐ **Residence Address** ☐ **Mailing Address** **New Address*:** _____ **City:** _____ **State:** _____ **Zip:** _____
☐	**New Phone:** (_____) _____- _____ ☐**Home** ☐**Work** ☐**Cell**
☐	**New Email:** _____
	* 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
	Completed by Participant or Participant-hired Worker
☐	**Send check stub to participant-hired worker instead of participant.**
☐	**Employment Termination Date:** _____ Please write the last day worked.

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

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