

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

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

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