

**Assistance Note:** Please ensure that all fields are completed in full. If you need assistance completing this packet, please reach out to Fello at the contact info listed above. Thank you!

**Participant Name:** \_\_\_\_\_

(Name of the employer you will be providing services for.)

**Applicant's relationship to the Participant:** - The participant may choose to hire a relative, legally responsible person, or unpaid legal guardian in certain situations.

**Please indicate your specific relationship to the participant employer below:**

- |   |  |
|---|--|
| <input type="checkbox"/> Natural or adoptive parent/step parent | <input type="checkbox"/> Aunt/Uncle                    |
| <input type="checkbox"/> Grandparent/Step-Grandparent           | <input type="checkbox"/> Niece/Nephew                  |
| <input type="checkbox"/> Child/Step-Child                       | <input type="checkbox"/> In-Law                        |
| <input type="checkbox"/> Sibling/Step-Sibling                   | <input type="checkbox"/> Other (Please Specify or N/A) |

**Is the applicant related to the Participant Employer?**

Yes:  No:

**APPLICANT DEMOGRAPHICS** - *Print clearly and legibly. Use applicant's full legal name and avoid use of nicknames or shortened names.*

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Middle Name:** \_\_\_\_\_

Maiden name, nickname, alias (if applicable): \_\_\_\_\_

*The applicant's email and phone # are required to initiate a background screening through our onboarding system Paycom. Please look for an email from Paycom and submit the required information upon receipt to avoid onboarding delays. Clearance is contingent upon receipt of background screening results, training certifications, and fully completed new hire paperwork.*

**Email:** \_\_\_\_\_

**Note:** Email must be unique to applicant

**Primary Phone:** ( \_\_\_\_\_ ) \_\_\_\_\_ **Alt Phone:** ( \_\_\_\_\_ ) \_\_\_\_\_

**Last 4 Digits of SSN:** \_\_\_\_\_ *Needed for verification while applicant is in pre-hire status.*

**EMERGENCY CONTACTS** - *Utilized only if an applicant is seriously ill or injured.*

**Emergency Contact Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**APPLICANT QUALIFICATIONS** - *Provide copies of all training certifications with the new hire packet.*

*Please note that both CPR and First Aid must include in-person skills assessment testing for compliance.*

Required for Employment:	Issue Date:	Expiration Date:
CPR Certification		
First Aid Certification		
Other Certifications (If Applicable) <i>Examples: Nursing, Med Tech, etc.</i>		



**ACKNOWLEDGEMENT AND RELEASE**

The completion of the applicant paperwork is to establish an employment relationship between the applicant and the employer, identified as Participant/Employer or their Authorized Representative, if applicable. The employment relationship is not with Fello.

By signing below, you acknowledge that you may not be paid for work by Fello until all the required application forms, trainings, and other required documents have been submitted and processed, and Fello issues the Participant/ Employer or their Authorized Representative a clearance form for the applicant to begin working. You understand that your employment remains conditional and may not start working until the clearance form is issued with an official work start date.

By signing below, you acknowledge that all information provided within the employment packet is true and accurate. Further, you agree that a facsimile (fax), electronic or photographic copy of the employment packet documents shall be as valid as the original documents.

Clearance is contingent upon receipt of fully complete new hire paperwork, fulfillment of training requirements, and receipt of clear background screening results.

Applicant Name (Please Print): \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participant (please print): \_\_\_\_\_

Participant (Signature): \_\_\_\_\_ Date: \_\_\_\_\_

**Authorized Representative (If Applicable)**

**Printed Name:**

I/We \_\_\_\_\_, Am/Are signing for Participant Employer, \_\_\_\_\_ as a legally authorized representative(s).

**The nature of my legal authorization is (please check one):**

Legal Guardian:

Designated Representative:

Parent (If Participant is under 18 ONLY):

Other (Please Specify): \_\_\_\_\_

Guardian or Authorized Representative for Participant: \_\_\_\_\_

Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Guardian or Authorized Representative for Participant (If Applicable): \_\_\_\_\_

Co-Guardian or Authorized Representative (If Applicable): \_\_\_\_\_

Date: \_\_\_\_\_



## Service Codes

Direct: 1.866.252.6871 | Fax: 1.888.272.2236

Submittal/Questions: [SDSNewHirePackets@fello.org](mailto:SDSNewHirePackets@fello.org)

Open a Customer Service Ticket: [felloselfdirection.zendesk.com/](https://felloselfdirection.zendesk.com/)

Website: [fello.org/selfdirectedservices/](https://fello.org/selfdirectedservices/)

**Please note only codes authorized in an approved annual PCP and budget can be added to an Employee's Evvie account.**

### **Personal Supports:**

PS - Staff 1:1 Wages  
PS - Staff 2:1 Wages  
PS - Training Wages  
PS - Paid Time Off  
PS - Overnight Staff 1:1 Wages  
PS - Overnight Staff 2:1 Wages  
PS - Staff 1:1 Working Holiday Hours  
PS - Staff 2:1 Working Holiday Hours  
PS - Sick & Safe Wages

### **Personal Supports Enhanced:**

PS Enhanced - Staff 1:1 Wages  
PS Enhanced - Training Wages  
PS Enhanced - Paid Time Off  
PS Enhanced - Overnight Staff 1:1 Wages  
PS Enhanced - Staff 1:1 Working Holiday Hours  
PS Enhanced - Sick & Safe Wages

### **Community Development Services:**

CDS - Staff 1:1 Wages  
CDS - Staff 2:1 Wages  
CDS - Staff Hourly Wages (Groups 1-4)  
CDS - Training Wages  
CDS - Paid Time Off  
CDS - Staff 1:1 Working Holiday Hours  
CDS - Staff 2:1 Working Holiday Hours  
CDS - Staff (Group 1-4) Working Holiday Hours  
CDS - Sick & Safe Wages

### **Employment Services:**

ES - Ongoing Job Supports - Staff  
Wages ES - Training Wages  
ES - Paid Time Off  
ES - Staff Working Holiday Hours  
ES - Sick & Safe Wages



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### **Day-to-Day Administrator:**

Day-to-Day Admin - Wages  
Day-to-Day Admin - Training Wages  
Day-to-Day Admin - Paid Time Off  
Day-to-Day Admin - Staff Working Holiday Hours  
Day-to-Day Admin - Sick & Safe Wages

Please note for Day to Day administrative services, relatives may be hired if they are **not** a legally responsible person or legal guardian of the participant"

### **Nursing Support Services:**

Nursing - Staff Wages  
Nursing - Paid Time Off  
Nursing - Staff Working Holiday Hours  
Nursing - Sick & Safe Wages

### **Respite:**

Respite - Staff 1:1 Wages  
Respite - Staff Training Wages  
Respite - Paid Time Off Respite  
Respite - Staff 1:1 Working Holiday Hours  
Respite - Sick & Safe - Wages

Please note, primary caregivers are not able to provide respite services.

### **Support Broker:**

SB - Staff Wages  
SB - Training Wages  
SB - Paid Time Off  
SB - Staff Working Holiday Hours  
SB - Sick & Safe Wages