fello. SELF-DIRECTED SERVICES

Applicant Data & Payroll Information Form

Direct: 1.866.252.6871 | Fax: 1.888.272.2236
Submittal/Questions: SDSNewHirePackets@fello.org
Open a Customer Service Ticket: felloselfdirection.zendesk.com/
Website: fello.org/selfdirectedservices/

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 Full Legal Name: _____ Department Number:

(Please use the full legal name. If department number is unknown, please list LTSS ID#)

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:

- ☐ Parent/step-parent (Natural or adoptive)
- ☐ Grandparent/Step-Grandparent
- ☐ Child/Step-Child
- ☐ Sibling/Step-Sibling
- ☐ Aunt/Uncle
- ☐ Niece/Nephew
- ☐ In-Law
- ☐ Other (Please Specify or N/A) _____

Is the applicant related to the Participant?

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 appliable): _____

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: (_____) _____

Social Security #: _____ ***Needed for verification while applicant is in pre-hire status.***

	Yes	No
Will the applicant be providing transportation for the Participant?	☐	☐

**If yes, the team will need to provide Fello with a driver's license and a copy of the applicant's auto insurance information.*

Is the applicant a rehire for the Participant Employer?	☐	☐

Please Note: If an employee does not work for 12 months or more, Fello will end their job to ensure compliance. In the event this occurs a new application will need to be submitted.

Service Codes & Rates

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Please note only codes authorized in an approved annual PCP and budget can be added to an Employee's Evvie account. For assistance with budget revisions and modifications, please contact the Participant Employer's CCS.

	Service Code / Type	Rate of Pay	Notes
	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		
	Nursing		
	Nursing – Staff Wages		
	Nursing – Paid Time Off		
	Nursing – Staff Working Holiday Hours		
	Nursing – Sick & Safe Wages		

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	Service Code / Type	Rate of Pay	Notes
	Day-to-Day Administrator		
	Day-to-Day Admin - Wages		**Please Note:** Relatives may be hired if they are not a legally responsible person or legal guardian of the Participant
	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		
	Respite		
	Respite – Staff 1:1 Wages		**Please Note:** Primary caregivers are not able to provide respite services
	Respite – Training Wages		
	Respite – Paid Time Off		
	Respite – Staff 1:1 Working Holiday Hours		
	Respite – Sick & Safe Wages		
	Support Broker		
	SB – Staff Wages		
	SB – Training Wages		
	SB – Paid Time Off		
	SB – Staff Working Holiday Hours		
	SB – 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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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 Full Legal Name (Please Print): _____

Applicant Signature: Date: _____

Participant Full Legal Name (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: