Home and Community Based Services

Employment-related Personal Assistance Services (EPAS)

**Participant Information Form Attachment-Additional SAS Employees**

**SAS Employees\***

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| Name of Employee #6: |       | Select Phone |       |
| Relationship to EPAS Participant: |       | Agreed Upon Rate of pay |       |
| FMS Agency Hire Date: |       | Signed Employer/Employee Agreement: | Select One |
| Email : |       | Address : |       |

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| Name of Employee #7: |       | Select Phone |       |
| Relationship to EPAS Participant: |       | Agreed Upon Rate of pay |       |
| FMS Agency Hire Date: |       | Signed Employer/Employee Agreement:  | Select One |
| Email : |       | Address : |       |

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| Name of Employee #8: |       | Select Phone |       |
| Relationship to EPAS Participant: |       | Agreed Upon Rate of pay |       |
| FMS Agency Hire Date: |       | Signed Employer/Employee Agreement:  | Select One |
| Email : |       | Address : |       |

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| Name of Employee #9: |       | Select Phone |       |
| Relationship to EPAS Participant: |       | Agreed Upon Rate of pay |       |
| FMS Agency Hire Date: |       | Signed Employer/Employee Agreement:  | Select One |
| Email :  |       | Address : |       |

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| Name of Employee #10: |       | Select Phone |       |
| Relationship to EPAS Participant: |       | Agreed Upon Rate of pay |       |
| FMS Agency Hire Date: |       | Signed Employer/Employee Agreement:  | Select One |
| Email : |       | Address :  |       |

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| Name of Employee #11: |       | Select Phone |       |
| Relationship to EPAS Participant: |       | Agreed Upon Rate of pay |       |
| FMS Agency Hire Date: |       | Signed Employer/Employee Agreement:  | Select One |
| Email : |       | Address :  |       |