Home and Community Based Services

Employment-related Personal Assistance Services (EPAS)

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

**SAS Employees\***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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 : |  | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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 : |  | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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 : |  | |