

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 :	

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 :	

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 :	

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 :	