

Home and Community Based Services
 Employment-related Personal Assistance Services (EPAS)
Participant Information Form Attachment-Additional Employment

Self-Employment

Name of Business #2:		Business License:	
Business Phone:		Number of Employees:	
Business Address		City	Zip Code:
Product or Service Offered:		Description of Business:	
Hours worked each week:		Hours worked each month:	Average Monthly Wage:

Self-Employment Work Schedule

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes:
 Click here to enter text.

Employed By Others

Employer's Name #3		Name of Supervisor:	
Employer's Address		City	Zip Code:
Employer's Phone:		Job Start Date:	
Hours worked per week:		Hours worked per month:	
Job Title:		Job Description:	

Employer's Name #4		Name of Supervisor:	
Employer's Address		City	Zip Code:
Employer's Phone:		Job Start Date:	
Hours worked per week:		Hours worked per month:	
Job Title:		Job Description:	

* If participant has more than two places of employment, please attach "Additional Employment Information."

Employed By Others Work Schedule

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes:
 Click here to enter text.