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** |  |  |  |  |  |  |  |
| **Afternoon** |  |  |  |  |  |  |  |
| **Evening** |  |  |  |  |  |  |  |
| **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** |  |  |  |  |  |  |  |
| **Afternoon** |  |  |  |  |  |  |  |
| **Evening** |  |  |  |  |  |  |  |
| **Notes:** | | | | | | | |
| Click here to enter text. | | | | | | | |