

# Developmental Disabilities Employer/Personal Support Worker/ Domestic Employee Information

Please Print and Write Clearly

## Personal Support Worker Information

Name			Social Security Number	
Last	First	Middle		
Residential Address			Date of Birth	
Address	City	Zip Code	(MM/DD/YYYY)	
Mailing Address			Phone	
If different from Residential Address				
Address	City	Zip Code	Is this a Mobile Number <input type="checkbox"/> Yes <input type="checkbox"/> No	
Email				

## Client Information

Name			Client Date of Birth	
Last	First	Middle	(MM/DD/YYYY)	
Prime Number (if known)				

## Employer Information

For clients 17 and younger, this may be the Parent or Guardian  
 For adults 18 and older this may be the client, Guardian or other designated person (Employer of Record)

Name			Date of Birth	
Last	First	Middle	(MM/DD/YYYY)	
Residential Address			Phone	
Address	City	Zip Code	Is this a Mobile Number <input type="checkbox"/> Yes <input type="checkbox"/> No	
Mailing Address				
If different from Residential Address				
Address	City	Zip Code		
Email				

**RETURN COMPLETED DOCUMENT TO:**

Lane County Developmental Disabilities Services  
 2513 Martin Luther King Jr Blvd, Eugene, OR 97401  
 Fax: (541) 682-3879

Personal Support Worker Provided Services

Please check all the services that your employee will provide. If an activity is not included, please add it in the "other services provided" column.

Community Living Support

- Eating       Dressing       Mobility       Community Participation       Communication
- Bathing       Personal Hygiene       Socialization       Personal Environmental Skills

Homecare/Chore Services

- Giving and Setting up Medications       Housekeeping Chores       Shopping
- Special Diet/M Meal Preparation       Laundry

Non-medical Transportation (Please check all that apply)

- Drives your vehicle       Escorts you in your vehicle
- Drive you in their car       Escorts you on public transportation

Community Inclusion Supports (list a sample of activities in the boxes below)

- Activities supporting independence and community inclusion

\_\_\_\_\_

- Individual choice of activities

\_\_\_\_\_

- Respite Services

\_\_\_\_\_

Other Services provided by your employee (write in)

- Create & Submit hours worked using online eXPRS system

- Utilize EEV for logging in and out of work shifts

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
PSW/Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employer/Representative Signature

\_\_\_\_\_  
Date