# New Employee Set-up Form

**Instructions:**

1. Employee completes top half, and Participant/Employer completes bottom half.
2. Both Employee and Participant/Employer sign at the bottom.
3. Employee can work after notified of eligibility to work by Peaceful Living, LLC, and all documents are complete.

Employee Name: _____
**Last** **First** **M.I.**

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: (__ __ __) __ __ __ - __ __ __ __ □ Male □ Female

Email: _____

Birth Date: ____/____/_____ Social Security Number: __ __ __ - __ __ - __ __ __ __

The Employee will provide: □ Respite □ Supportive Home Care □Personal Care

Pay Rate(s): _____ Mileage Rate: _____

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Participant/Employer Name: _____
**Last** **First** **M.I.**

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: (__ __ __) __ __ __ - __ __ __ __ Email: _____

Participant is the Member's:

□ Parent/Guardian □ Parent □ Spouse □ Domestic Partner
□ Step Parent □ Son/Daughter □ Grandson/daughter □ Step Son/Daughter
□ Grandparent □ Other (Specify Relationship): _____

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_____ _____
Employee Signature: Date:

_____ _____
Participant/Employer or Guardian Signature: Date:

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