

IRIS PARTICIPANT-HIRED WORKER SET-UP

INSTRUCTIONS: Completion of this form is not required through Wisconsin State Statute; however, completion of this form is an IRIS program requirement. Both the participant-hired worker and the participant employer must sign and date the bottom in order to be considered complete. A participant-hired worker may not begin working for a participant before the IRIS start date, indicated in the participant's start date letter.

Personally identifiable information on this form is collected to verify that the application is complete, and will be used for this purpose and the electronic visit verification enumeration process. As a result, all participant-hired workers must provide their email address in order for this form to be processed.

Completed forms should be submitted to the participant's fiscal employer agent.

SECTION I – PARTICIPANT-HIRED WORKER DEMOGRAPHICS (all fields must be filled)

Name – Participant-Hired Worker (Last, First, MI)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth
Mailing Address	City	Phone Number	
State	Zip	Email Address (Required)	

SECTION II – PARTICIPANT EMPLOYER DEMOGRAPHICS (all fields must be filled)

Name – Participant Employer (Last, First, MI)		Date of Birth	Master Client Index (MCI)
Mailing Address	City	Phone Number	
State	Zip	Email Address	

By signing below, I (we) agree the information on this form is accurate and I (we) have all supporting documentation in my possession. Both signers agree to only submit time reports within the hours authorized. Without prior approval, excess hours claimed above the authorization may be rejected for payment. Both signers also acknowledge that no hours worked prior to a passed background check will be authorized.

SIGNATURE – Participant Hired-Worker	Date Signed
SIGNATURE – Participant Employer	Date Signed