



INDEPENDENCE CENTER – COLORADO
VETERAN DIRECTED CARE
WORKER SET-UP FORM

Instructions: Please fill out any information in Sections 1 and 2, where applicable. Both the worker and the Veteran, or the Veteran’s Authorized Representative, must sign and date the bottom in order to be considered complete. Please submit the completed form to Premier Financial Management Services (PremierFMS) via one of the following options:

Mail
10425 W North Ave
Suite 345
Milwaukee, WI 53226

Email
ICVIC@premier-fms.com

Fax
855.325.4668

SECTION 1: WORKER’S INFORMATION

First Name: _____ Middle Initial: _____ Last Name: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Home #: _____ Mobile #: _____ Work #: _____
Email Address: _____
Date of Birth: ____ / ____ / ____ Social Security Number: _____ - _____ - _____

SECTION 2: VETERAN’S INFORMATION

First Name: _____ Middle Initial: _____ Last Name: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Home #: _____ Mobile #: _____ Work #: _____
Email Address: _____ Date of Birth: ____ / ____ / ____

EMPLOYER INFORMATION

First Name: _____ Middle Initial: _____ Last Name: _____

By signing below, you certify that the information on this form is accurate and that you have all supporting documentation that may be needed to verify your selection. For any questions or concerns, please contact our office at: 855.275.3948.

Worker Signature: _____ Date: ____ / ____ / ____

Veteran/Authorized Representative Signature: _____ Date: ____ / ____ / ____