

IRIS PARTICIPANT-HIRED WORKER PAPERWORK CHECKLIST

| DOCUMENT NAME | REQUIRED/OPTIONAL |
|--|-------------------|
| Form F-01201: IRIS Participant-hired Worker Set-Up | Required |
| Form I-9: Employment Eligibility Verification | Required |
| Form W-4 | Required |
| Form WT-4: Employee's Wisconsin Withholding Exemption Certificate | Required |
| Form F-01246: Background Information Disclosure Addendum | Required |
| Form F-82064: Background Information Disclosure (BID) | Required |
| Form F-01201A: IRIS Participant-hired Worker Relationship Identification | Required |
| Form F-00180C: Wisconsin Medicaid Program Provider Agreement | Required |
| Form F-01201C: IRIS Participant Employer/ Participant-hired Worker Agreement | Required |
| Form F-01201B: IRIS Supportive Home Care/ Self-Directed Personal Care/Respite Care Training Verification | Optional |
| Direct Deposit Form | Required |

Note:

Please ensure all **REQUIRED** documents are filled out accurately before submitting them for processing.

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