

# Financial Management Services

Agency with Choice

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Customer Service: 1-800-471-3086

## Self-Directed Employee Status and Hourly Rate Request Form

Consumer Name: \_\_\_\_\_

DDD #: \_\_\_\_\_

### Self-Directed Employee Information

SDE First Name	SDE Last Name	SDE Email	SDE Phone Number	Proposed Weekly Hours	Proposed Hourly Rate
1.					\$

Self-Directed Employee	Timesheet Choice (Electronic OR Paper)		Administering Medication?		Providing Transport?		CPR Certified? (If yes please provide the expiration date)			First Aid Certified? (If yes please provide the expiration date)		
1.	E:	P:	Y:	N:	Y:	N:	Y:	N:	Exp:	Y:	N:	Exp:

If you are working with a Support Broker, please enter the following information.

Support Broker Name	Support Broker Number	Support Broker Email

Managing Employer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Confirmation - Managing Employer Email: \_\_\_\_\_