

## WAGE CHANGE AND NEW SERVICE FORM

Please complete this form and submit to your Consultant when changing wages or adding services.  
The Consultant will need to adjust your budget and then submit the form to Outreach.

Name of Participant \_\_\_\_\_

Name of Employee \_\_\_\_\_

### Wage Change:

Services	Pay Rate	Effective Date
Supportive Home Care		
Self Directed Personal Care		
Respite Care		
Other		
Mileage		

### New Service:

Services	Pay Rate	Effective Date
Supportive Home Care		
Self Directed Personal Care		
Respite Care		
Other		
Mileage		

Participant Signature \_\_\_\_\_

Date \_\_\_\_\_

Participant Hired Worker Signature \_\_\_\_\_

Date \_\_\_\_\_

**Please call Outreach if you have any questions at 877-901-5827**