

ILSP NON-PROFESSIONAL IN-HOME SERVICE PROVIDER SET-UP

INSTRUCTIONS: Completion of this form is an ILSP program requirement. Both the non-professional in-home service provider and the participant must sign and date the bottom to be considered complete. A non-professional in-home service provider may not begin working for a program participant before the ILSP start date included in the authorization letter.

Information in this form will be shared with the Wisconsin Department of Health Services and its

agents for ILSP program administration and evaluation.

Completed forms should be submitted to the ILSP fiscal agent.

SECTION I – NON-PROFESSIONAL IN-HOME SERVICE PROVIDER DEMOGRAPHICS (all fields must be filled)

Name – Non-Professional In-Home Service Provider (Last, First, MI)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth
Are you already registered with ILSP and have an ID number? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, ID number:		
Mailing Address	City	Phone Number

State	ZIP Code	Email Address (if available)
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SECTION II – PARTICIPANT DEMOGRAPHICS (all fields must be filled)

Name – Participant (Last, First, MI)		Date of Birth	ILSP ID
Mailing Address		City	Phone Number
State	ZIP Code	Email Address (if available)	

By signing below, I (we) agree the information on this form is accurate. Both signers agree to only submit invoices for work within the hours authorized. Both parties understand overtime pay is not authorized in the ILSP program. Without prior approval, excess hours claimed above the authorization will be rejected for payment. Both signers also acknowledge that no hours worked prior to the date listed on authorization letter will be paid.

SIGNATURE – Non-Professional In-Home Service Provider	Date Signed
SIGNATURE – Participant/Guardian/POA	Date Signed