



Request for Hiring of Self Directed Staff

Participant's Name: _____

Staff Name: _____

Staff Email: _____

Will the staff work Community Habilitation?: Yes No

Hourly Community Habilitation wage: _____

Will the staff work Respite?: Yes No

Hourly Respite wage: _____

Anticipated work hours per week: _____

Will your staff be driving the participant?: Yes No

**-If yes, staff MUST send in proof of insurance as well as their car type/license plate.
They can send this information to SDstaff@childrenatplayeic.org**