

Participant Name	Employer Name	DCW Name

Qualified Worker Rate Change Form

Complete this form for each new DCW and service procedure code **or** when there is a change to an existing DCW rate or service procedure code. DCW wage changes will be processed after the date received and will always go into effect at the beginning of pay period. If there is no rate entered minimum wage will be entered until a rate is received. If wage entered is more than allowed, then the maximum rate will be entered.

If this form is being used to change an existing pay rate, the rate change will go into effect on the next payroll after The Office of Long-Term Living (OLTL), though its contractor Public Partnerships receives the form. Changes will not be applied to dates already paid.

DCW Name: _____ DCW Social Security No: _____

New Service
 Change of Existing Service
 New Rate
 Change of Existing Rate

Service (Procedure Code)	DCW Rate per Hour
Personal Assistance Services (W1792)	\$
Respite (S5150)	\$
Participant Directed Community Supports (W1900)	\$

DCW Signature: _____ Date: _____

Participant Name: _____

Representative's Name (if applicable): _____

Participant/Representative Signature: _____ Date: _____