

New Direct Care Worker (DCW) Enrollment Application

To start the enrollment process for a new Direct Care Worker (DCW), Common Law Employer (CLE) and DCW work together to complete this application. Tempus Unlimited, Fiscal/Employer Agent (F/EA), must collect all the information below to pre-populate the DCW enrollment packet. An Enrollment Specialist will be assigned to assist and work directly with the CLE/DCW until the DCW is approved to start providing services.

Please return the completed application form to Tempus Unlimited, Inc. by using any of the methods listed below or call Tempus Over-the-Phone Enrollment at 1-844-9TEMPUS (1-844-983-6787).

- Email: PAenrollment@tempusunlimited.org
- Fax: 1-833-5TEMPUS (1-833-583-6787)
- Mail: Tempus Unlimited, Inc., 600 Technology Center Drive, Stoughton, MA 02072

Participant & Employer Information			
Participant First Name:		Participant Last Name:	
Employer First Name:		Employer Last Name:	
Direct Care Worker (DCW) Information			
DCW First Name:	DCW MI:	DCW Last Name:	
DCW Maiden/Alias Name(s):	Date of Birth:	Social Security Number:	
Primary Language:	Gender:		
Relationship to Participant: <input type="checkbox"/> Parent/Step Parent <input type="checkbox"/> Child <input type="checkbox"/> Sibling <input type="checkbox"/> Grandparent <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Relative <input type="checkbox"/> Non-Relative			
DCW Physical Address			
Physical Address (do not use a PO Box):		Physical Address 2 (apt, bldg., unit, ste.):	
City:	State:	Zip Code:	
County:	Municipality (Borough or Township):	School District:	

Participant Name	CLE Name	DCW Name

DCW Mailing Address (if different from Physical Address)

Mailing Address:	Mailing Address 2 (apt, bldg., unit, ste.):	
City:	State:	Zip Code:

DCW Contact Information

Preferred Method of Contact:		
<input type="checkbox"/> Home Phone Number	<input type="checkbox"/> Mobile Phone Number	<input type="checkbox"/> Email Address
Home Phone Number:	Mobile Phone Number:	
Email Address:		

Program Eligibility Questions

Program Qualifications: (Direct Care Worker responses to these four (4) questions are REQUIRED)

- Does a child under the age of 18 live in the home of the Participant? Yes No
- Have you continuously lived in the state of PA for the past 2 years? Yes No
- Are you a spouse of, legal guardian for, representative payee or Power of Attorney to the Participant? Yes No
- Are you at least 18 years of age? Yes No

If you answered **YES** to question number 3, you **DO NOT** qualify for employment in this program.

Direct Care Worker Pay Rate (OPTIONAL to provide on this form)

The DCW's pay rate is negotiated between the CLE and the DCW up to the maximum rate allowed. Please fill in the DCW Hourly Pay Rate for each service this DCW will work. If rate is unknown, keep it blank and add when completing enrollment packet.	
Service	DCW Pay Rate per Hour*
Personal Assistance Services (W1792)	\$
Respite (S5150)	\$
Participant Directed Community Supports (W1900)	\$

*Final rate is dependent on the maximum rate allowed.