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.

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 or **Fax:** 1-833-5TEMPUS (1-833-583-6787)

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:	
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:
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: ☐ Home Phone Number ☐ Mobile Phone Number ☐ Email Address		
Home Phone Number:	Mobile Phone Number:	
Email Address:		

Tempus Unlimited, Inc. | 600 Technology Center Drive | Stoughton, MA 02072
Phone: 1-844-983-6787 | Fax to 1-833-583-6787 | Email:PAEnrollment@tempusunlimited.org

Participant ID _____ DCW ID _____

Participant Name	Employer Name	DCW Name

DCW Relationship to Participant

DCW Relationship to Participant:

☐ Parent ☐ Child ☐ Grandparent ☐ Non-Relative
☐ Stepparent ☐ Stepchild ☐ Grandchild ☐ Other Relative:
☐ Parent-In-Law ☐ Child-In-Law ☐ Sibling _____

DCW Relationship to Common Law Employer (CLE)

DCW Relationship to Common Law Employer:

☐ Parent ☐ Child ☐ Grandparent ☐ Non-Relative
☐ Stepparent ☐ Stepchild ☐ Grandchild ☐ Other Relative:
☐ Parent-In-Law ☐ Child-In-Law ☐ Sibling _____
☐ Spouse of Employer

Program Eligibility Questions

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

1. Does a child under the age of 18 live in the home of the Participant? ☐ Yes ☐ No
2. Have you continuously lived in the state of PA for the past 2 years? ☐ Yes ☐ No
3. Are you a spouse of, legal guardian for, representative payee or Power of Attorney to the Participant? ☐ Yes ☐ No
4. 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.*

How did DCW learn about this job

How did DCW learn about this job:

☐ Community board ☐ Directcarecareers.com site ☐ Employee referral
☐ Friend or neighbor ☐ Job posting site ☐ Social media
☐ Other: _____ ☐ Family/Personal

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