



## GEORGIA ICWP Program Employee Rate Form

To ensure proper payment, please provide Acumen with the following information so the employee is paid the correct rate for the service provided. Rate change forms must be received by Acumen two weeks prior to the pay period start date for which the rate is to take effect. **If a two week notice is not provided, the form will not be processed.**

Employee Name (please print): \_\_\_\_\_

Employee Social Security Number (last 4 digits): \_\_\_\_\_

**Service Code: PSS** (Personal Support Services)      **Rate per Hour: \$** \_\_\_\_\_

**Effective Date:** \_\_\_\_\_

\*rate changes cannot be retroactive

Participant Name (please print): \_\_\_\_\_

\_\_\_\_\_  
Participant or Representative Signature

\_\_\_\_\_  
Date

- Please complete this form for each new employee **and** each time you would like to change your employees' pay rate.
- This form **must be received by Acumen two weeks prior to the pay period start date** for which the rate is to take effect. If two week notice is not provided, the form will not be processed.
- Refer to the Pay Schedule\* to see pay period dates.
- Please consult the Show Me the Money\* form for rate information.

Email: [Enrollment@acumen2.net](mailto:Enrollment@acumen2.net)

Fax: 1-866-211-6496

Mail: Acumen Fiscal Agent, LLC  
5416 E Baseline Rd., Suite 200  
Mesa, Arizona 85206

*\*Forms can be found at [www.acumenfiscalagent.com](http://www.acumenfiscalagent.com), click on "Participant Employers" then locate your state and program in Georgia.*