



Employee Rate Form LA Self Directed Services Option

In efforts to ensure proper payment, please provide Acumen with the following information so the employee is paid the correct rate for the service(s) provided. This is a request for Acumen to make the following rate change for the below employee. Rate changes will take effect on the 1st and 16th of each month. Rate change forms must be received by Acumen 2 weeks prior to the pay period start date for which they are to take effect. Retroactive rate changes are not allowed.

Please consult the "Show me the Money" for rate information.

Employee Name (please print): _____

Employee Social Security Number (last 4 digits): _____

Service: FSS Rate: \$ _____

Service: FS2 Rate: \$ _____

FSS = Family Support Services

FS2 = Shared Family Support

Effective Date (must be 1st or 16th of the month): _____
Rate changes cannot be retroactive

Employer Name (please print): _____

Employer Signature: _____ **Date:** _____

Participant Name (if different from employer): _____

- Please complete this form for each new employee
- Please complete a new form for any employee that will receive a change in pay
- This form must be received by Acumen 2 weeks prior to the pay period start date for which it is to take effect, if this form is not received 2 weeks prior to the pay period start date, **it will not be processed**

EMAIL, FAX or MAIL to:

enrollment@acumen2.net

Fax: 866-923-5334

Acumen Fiscal Agent, LLC

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