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WAGE CHANGE AND NEW SERVICE FORM

Please complete this form and submit to your Consultant when changing wages or adding services.
The Consultant will need to adjust your budget and then submit the form to the FEA.

Name of Participant _____

Name of Employee _____

Wage Change(s):

Services	Pay Rate	Effective Date (do not backdate)
Supportive Home Care		
Self Directed Personal Care		
Respite Care		
Other		
Mileage		

New Service(s):

Services	Pay Rate	Effective Date (do not backdate)
Supportive Home Care		
Self Directed Personal Care		
Respite Care		
Other		
Mileage		

Participant Signature _____

Date _____

Participant Hired Worker Signature _____

Date _____

Please call 877-901-5826 if you have any questions.