



## DSW/PCA Workers List Form

New (Must be Signed) or Update **Circle one**

Name: \_\_\_\_\_  
                            First                                      Middle Initial                                      Last Name

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Additional Contact #:(\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Have you previously received payment for services from RCIL under a different name? If so, list that name: \_\_\_\_\_

List cities/counties you would be able to work in:

\_\_\_\_\_

\_\_\_\_\_

Have you already passed the required background checks? \_\_\_\_\_

I understand that this form is not an application for employment and my name will be available, upon request, to any interested consumer or their authorized representative that is receiving services from RCIL. I also understand that a background check must be paid for by either the consumer or myself and successfully passed before I can be hired as a Direct Service Worker/Personal Care Attendant.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Revised 10/12/2020)