WAGE DETERMINATION FORM

Consumer Name: _______________________________

Direct Support Worker: _______________________________

Effective Date: ___________________________

As the employer, you have the right to choose the wage your Direct Support Worker starts at, as long as it is within the following guidelines:

OVERNIGHT ONLY

- The maximum amount your worker can receive is $8.34/hr.
- The minimum amount your worker can receive is $7.25/hr.

I (consumer name) ________________________________, wish to start my Direct Support Worker ________________________________, at a rate of $________________ Per hour.

- If you wish to change the rate of pay for your DSW, you must request a new Wage Determination Form.

____________________  ______________
Employer Signature    Date

____________________  ______________
DSW Signature          Date