

Status Change Form

1. Complete form to update information in Worker's PICS records.
2. Submit completed form to PICS by email (HR@picsmn.org), fax, or mail.
3. Once received, PICS will update the Worker's record within 1-2 business days.

Worker Name: _____

Participant Name: _____

| Payroll | |
|---|---|
| <input type="checkbox"/> Change Current Wage Rate | Wage Type: <input type="checkbox"/> Staffing <input type="checkbox"/> Respite <input type="checkbox"/> Homemaker <input type="checkbox"/> Other _____ New Wage: \$_____ per hour Effective Date: ____/____/____ |
| <input type="checkbox"/> Add New Wage Rate Type | Wage Type: <input type="checkbox"/> Staffing <input type="checkbox"/> Respite <input type="checkbox"/> Homemaker <input type="checkbox"/> Other _____ New Wage: \$_____ per hour Effective Date: ____/____/____ |
| <input type="checkbox"/> Schedule Change | Schedule Status: <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time |
| Person | |
| Mail Address Change <input type="checkbox"/> <i>Representative ONLY; check box if change applies also to PARTICIPANT listed above.</i> | Street Address: _____ City: _____ State: _____ Zip: _____ |
| <input type="checkbox"/> Phone Number Change | Phone Number: _____ - _____ - _____ |
| <input type="checkbox"/> Email Address Change | Email Address: _____ |
| <input type="checkbox"/> Legal Name Change | <i>*Must provide proof that new name was updated with Social Security Administration.</i> Former Name: _____ New Name: _____ Date of Legal Name Change: ____/____/____ |
| <input type="checkbox"/> Marital Status Change | <ul style="list-style-type: none"> Are you employed under the FEA / Payroll Model? Are you now or were the parent, stepparent, or spouse of the Participant? <i>*If "yes" to both questions, must provide proof of marital status (Ex: marriage certificate).</i> |

 Worker's Signature

 Date

 Representative's Signature

**Required Only for Payroll Changes*

 Date