



DocuSign Contact Form

Recipient Name:

Recipient Program (Circle One):

- CDCS
- PCA Choice
- Personal Support
- Respite
- Homemaker Only

Managing Party Name:

Managing Party E-Mail:

Employee Name:

Employee E-Mail:

Employee Relationship (Circle One):

- | | | |
|-----------------|---------------------|---------------|
| Aunt | Grandson | Sister |
| Brother | Grandparent | Sister-In-Law |
| Brother-In-Law | Nephew | Son |
| Cousin | Niece | Son-In-Law |
| Daughter | Other – No Relation | Spouse |
| Daughter-In-Law | Parent | Uncle |
| Granddaughter | Parent-In-Law | |

Date of Birth:

Age pertains to eligibility to work in specific programs

Please e-mail completed form to: GetHired@lifeworks.org, fax to: #651-454-3174, or drop it off at: 2965 Lone Oak Drive, Suite 160, Eagan, MN 55121.

Thank you!

Fiscal Support Team

Lifeworks Services, Inc.
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