



Self-Directed Services Employee Change Form

FMS Direct: 1.866.252.6871 | FMS Fax: 1.888.272.2236

Submittal Only: FMSEmployeeUpdates@thearcccr.org

Open a Customer Service Ticket: thearcselfdirection.zendesk.com/

FMS Website: thearcccr.org/self-directed-services/

Please identify the employee and employer requesting the update.

EMPLOYEE NAME:		FAMILY AS STAFF: <input type="checkbox"/> YES <input type="checkbox"/> No	
EMPLOYER NAME:			DEPT #:

Please complete only the sections that apply.

CHECK (✓) ALL THAT APPLY	CHANGE TYPE	DATA/DOCUMENTATION REQUIRED FOR CHANGE	EFFECTIVE DATE (Required)
	NAME	Previous Legal Name: _____ New Legal Name: _____ NOTE: Please provide a copy of your Social Security Card for confirmation. A marriage license CANNOT be accepted for confirmation purposes.	
	CONTACT INFO	Address: _____ <input type="checkbox"/> RESIDENCE _____ <input type="checkbox"/> MAILING _____ <input type="checkbox"/> BOTH Phone: _____ Email: _____	
	SERVICE CODE	Service Code: _____ <input type="checkbox"/> ADD _____ <input type="checkbox"/> REMOVE Service Code: _____ <input type="checkbox"/> ADD _____ <input type="checkbox"/> REMOVE Service Code: _____ <input type="checkbox"/> ADD _____ <input type="checkbox"/> REMOVE	
	PAY RATE	Current Hourly Rate: _____ New Hourly Rate: _____ NOTE: For updated pay rates, rate increases will be effective starting the next pay period after the pay period in which the form is received. The Arc does not process backdated retro payment. <input type="checkbox"/> APPLY TO THE FOLLOWING SERVICE CODE(S): _____	
	OTHER	Please specify:	

By signing below, I have been notified of and agree to the changes being submitted.

EMPLOYEE SIGNATURE:	DATE:
EMPLOYER / AUTHORIZED REPRESENTATIVE SIGNATURE:	DATE: