

### BDS Fiscal New Employee Set-Up Form

#### Employee Section

Employee name (print): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  Male  Female  Other

Email address: \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_

#### Employer/Client Section

Child receiving services (employer/participant): \_\_\_\_\_

Employer Representative/Parent/Guardian: \_\_\_\_\_

**By signing below, I agree that the information on this form is accurate.**

\_\_\_\_\_  
Parent/Employer Signature

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date