PUBLIC AUTHORITY REGISTRY UPDATE FORM

1. Please print clearly and provide your CURRENT contact information. Check all boxes that apply. Please do not leave any sections blank.

Last Name: ___________________________ Middle Initial: ____________ First Name: ___________________________

Last 4 Digits of SS#: _______________ Current city you live in? _________________________________

Have you moved? □ Yes  □ No  If checked yes, please list the cities you are willing to work 20 miles from your home.
Cities: _______________________________________________________________________________________

□ Home Address: ____________________________ Apt #_____ City: _________________ Zip Code: _________

□ Mailing Address: ___________________________ Apt #_____ City: _________________ Zip Code: _________

□ Phone Number (where clients can reach you):   Home# ___________________ Cell # _______________________

Email Address: ________________________________________

□ I am NO longer working with Clients: _________________________________

2. I am not available to work for any clients at this time and DO NOT wish to have my name referred out because:

□ I have enough clients and would like to be placed as Fully Employed (I will be required to check in once every 3 months to update).

□ I have a job outside of the Registry.

□ I would like my name removed from the registry.  □ I would like to be inactive for personal/medical reasons.

If you checked one of the boxes in Question #2, PLEASE STOP HERE, SIGN, DATE AND RETURN THIS FORM. If not, please answer questions 3 and 4, Sign, date, and return this form.

3. Are you currently working for a client? If yes, how many ______. Please provide names of the clients.
Client : ___________________________ Client: ___________________________ Client: ___________________________

4. I am available to work for Clients on (Please enter available days and times you wish to start working.)

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<td>Example:</td>
<td>9am-8pm</td>
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Provider Signature ___________________________ Date ___________________________