



Living Independently in Northwest Kansas

---

2401 E. 13<sup>th</sup>  
(785) 625-6942 (V/TT)

Hays, KS 67601  
(785) 625-6137 (FAX)

## WAGE DETERMINATION FORM

Consumer Name: \_\_\_\_\_

Direct Support Worker: \_\_\_\_\_

Effective Date: \_\_\_\_\_

As the employer, you have the right to choose the wage your Direct Support Worker starts at, as long as it is within the following guidelines:

### **OVERNIGHT ONLY**

- The maximum amount your worker can receive is \$8.63/hr.
- The minimum amount your worker can receive is \$7.25/hr.

I (consumer name) \_\_\_\_\_, wish to start my Direct Support Worker \_\_\_\_\_, at a rate of \$ \_\_\_\_\_ Per hour.

- If you wish to change the rate of pay for your DSW, you must request a new Wage Determination Form.

\_\_\_\_\_  
Employer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
DSW Signature

\_\_\_\_\_  
Date

