



Living Independently in Northwest Kansas

2401 E. 13th
(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:

- The maximum amount your worker can receive is \$13.12/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



TBI Waiver