



PUBLIC AUTHORITY REGISTRY UPDATE FORM

1. Please print clearly and complete all current contact information below and do not leave any section blank.

Last Name: _____ Middle Initial: _____ First Name: _____

Home Address: _____ City: _____ Zip Code: _____

Primary Phone # (where client's can reach you): _____ Secondary Phone # : _____

Last 4 Digits of SS#: _____ Email Address: _____

Please check if this is a new address. Please check if you have a client.

Please check to remove a phone #: _____ Please check to add a phone #: _____

2. I am currently working for the following clients. Pleas provide name of clients hours and days working.

Client 1: _____ Hours: _____ Days: _____

Client 2: _____ Hours: _____ Days: _____

Client 3: _____ Hours: _____ Days: _____

3. 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 call once every 3 months to update.

Name of client(s): _____

I have a job outside of the Registry.

I would like my name removed from the registry. Other: _____

If you checked one of the boxes in Question #3, PLEASE STOPE HERE, SIGN AND RETURN.
If not, PLEASE ANSWER QUESTION 4, SIGN AND RETURN.

4. I am available to work for Consumers on (check all that apply and enter available times.)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Example:	9-12						
Mornings							
Afternoons							
Evenings							

Cities I can work in: _____

Provider Signature

Date