



DISABILITY NETWORK OF WAYNE CO – DNWC
VETERAN DIRECTED CARE
RATE AGREEMENT

INSTRUCTIONS: Please fill out each section as appropriate. Both the Direct Care Worker and the Veteran, or the Veteran’s Authorized Representative, must sign and date the bottom to be considered complete. Please submit completed form to ResilientSD:

Mail

10425 W. North Ave
Suite 345
Milwaukee, WI 53226

Email

Enrollment@Resilient-SD.com

SECTION 1: DIRECT CARE WORKER INFORMATION

Name: _____ Last 4 Digits of SSN: _____

Veteran’s Full Name: _____

Employer of Record Name: _____

SECTION 2: RATE AGREEMENT INFORMATION

Service Type	Wage	Per	Effective Date
Personal Assistance Services & Supports		Hour	

For any questions or concerns, please contact our office at: **313.488.2508**.

Direct Care Worker Signature: _____ Date: _____

Veteran/Authorized Representative Signature: _____ Date: _____