



## Wisconsin's Self-Directed Supports Program

### Information for the Fiscal Intermediary

Participant name (please print): \_\_\_\_\_

Email: \_\_\_\_\_

Have you ever been an employer before participating in IRIS?  Yes  No

Did you have a fiscal agent?  Yes  No

If yes, please complete the following:

Agency Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

We may need to contact them so that your payroll records are reported correctly to state and federal governments.

Please sign below to allow the Fiscal Intermediary access to those payroll records.

Participant Signature: \_\_\_\_\_

If you have any questions, please call the IRIS Information Center at 1-888-515-4747.