Please complete, sign and submit the following documents to your Customer's local DRS office!

- ☐ Copy of a current Photo ID
- ☐ Copy of Social Security Card
- ☐ Form I-9 – Employment Eligibility
- ☐ W-4 – Federal Withholding Certificate
- ☐ IL W-4 – State Withholding Certificate
- ☐ IL488-2112 – IP Standards
- ☐ IL488-1413 – Provider Agreement
- ☐ IL488-2252 – IP Payment Policies
- ☐ IL488-2262 – Waiver Agreement
- ☐ IL488-2263 – IMPACT Enrollment

The local DRS office for your Customer is:

«Company_Name»
«Address_Line_1»
«City», «State» «ZIP_Code»
«Home_Phone»
«Work_Phone»

If you are currently an ACTIVE IP and applying for a different HSP Customer, please see the instructions on the 1st page of the Individual Provider Employment Packet letter.