

NOTICE of DIRECT CARE WORKER STATUS

I, _____, understand that (initial only one applicable section below):

 CONSUMER'S PRINTED NAME

Section 1:

_____ Consumer
 _____ Initials
 The direct care worker who will be providing services in my home **is an employee** of the personal assistance services agency (PASA). The PASA is responsible for all state and federal tax obligations, worker's compensation and liability insurance.

OR

Section 2:

_____ Consumer
 _____ Initials
 The direct care worker who will be providing services in my home **is not an employee** of the PASA. This direct care worker is considered an independent contractor of the PASA. PASA representative must initial appropriate boxes below to disclose the direct care worker's status regarding the required tax and insurance information:

REQUIRED TAX AND INSURANCE INFORMATION	PASA PROVIDES:	PASA DOES NOT PROVIDE:
Worker's compensation insurance		
Liability insurance		
State and Federal income tax		
Any payments required for federal unemployment tax, social security tax, Medicare tax and state unemployment tax		

OR

Section 3:

_____ Consumer
 _____ Initials
 The direct care worker who will be providing services in my home **is considered my employee or independent contractor**.
 The PASA does **NOT** provide the following for this direct care worker:

- Worker's compensation insurance
- Liability insurance
- Any payments required for state and federal income tax, federal unemployment tax, social security tax, Medicare tax, and state unemployment tax

 CONSUMER SIGNATURE

 DATE

 PASA REPRESENTATIVE PRINTED NAME AND TITLE

 PASA REPRESENTATIVE SIGNATURE

 DATE