

SECTION 1

Direct Care Worker Full Name: _____

Participant Full Name: _____

SECTION 2

Are you under the age of 21 or will turn 21 this year?

Yes: I am under the age of 21 or will be turning 21 this year.

No: I am not under the age of 21.

SECTION 3 (please select your legal relationship to the Participant)

Parent *±	Spouse*±	Daughter/Son Under 21±	Daughter/Son Over 21
Sibling/Ex-Spouse	Friend/Neighbor	Grandchild	Domestic Partner
Stepchild	Grandparent	Stepparent	Daughter/Son-in-Law
VA Programs	No Relationship		

* You are exempt from payroll taxes for unemployment insurance (SUTA) due to your relationship with the Participant/employer and current legislation. If your employment with the Participant/employer is terminated, you will not receive unemployment benefits.

± You are exempt from payroll taxes for Social Security and Medicare (FICA), (FUTA), it means you are not earning Social Security work credits. Due to your relationship with the Participant/employer and current legislation.

By signing below, you certify that the information on this form is accurate and that you have all supporting documentation that may be needed to verify your selection. Please be aware that if any changes occur in the relationship you are required to complete a new form and submit the new form to PAS (Personal Accounting Services, Inc).

Direct Care Worker Signature: _____ Date: _____

Participant/Employer Signature: _____ Date: _____

Both the Direct Care Worker (Employee) and the Participant (Employer) or the Employer’s representative (Legal Guardian or POA), must sign and date the above to be considered completed in full.