Consumer Reimbursement
Self-employed/Independent Contractor Declaration

I, _____ on _____
Signature Date

attest that I am a self-employed/independent contractor who entered into an agreement/arrangement with the consumer or the consumer's representative to meet his/her individualized care needs.

By signature on this document I acknowledge that I am responsible for meeting all local, State and Federal tax obligations associated with the income I earn while providing personal care/home support services and the implications related to workers' compensation and unemployment compensation as a self-employed/independent contractor.

_____ _____
Full Name (printed) Telephone #

_____
Street Address

_____
City, State, Zip Code

Agency Use Only:
Consumer Name: _____ Care Manager: _____ Date: _____