COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF AGING

CAREGIVER SUPPORT PROGRAM

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 Caregiver to meet their Care Receiver's individualized care needs.

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

_____ _____
Full Name (printed) Telephone Numver

_____
Street Address

_____
City, State, Zip Code

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