

OCS – Consumer Reimbursement  
Self-employed/Independent Contractor Declaration

I, \_\_\_\_\_ on \_\_\_\_\_  
Signature Date

attest that I am a self-employed/independent contractor hired by 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 Federal and State tax obligations associated with the income I earn while providing personal care services as a self-employed/independent contractor.

\_\_\_\_\_  
Full Name (printed)

\_\_\_\_\_  
Telephone #

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip Code

*Agency Use Only:*

Consumer Name: \_\_\_\_\_

Care Manager: \_\_\_\_\_ Date: \_\_\_\_\_