Consumer Reimbursement Self-employed/Independent Contractor Declaration

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Signature attest that I am a self-employed/independent contractionsumer's representative to meet his/her individualize	Date tor hired by the consumer or the
By signature on this document I acknowledge that I am State and Federal tax obligations associated with the personal care/home support services and the irr compensation and unemployment compensation accontractor.	ne income I earn while providing mplications related to workers'
Full Name (printed)	Telephone #
Street Address	_
City, State, Zip Code	_
Agency Use Only:	
Consumer Name:	
Care Manager:	Date: