

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 hired by the Caregiver to meet their Care Receiver's 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/supplemental 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

<i>Agency Use Only:</i>	
Caregiver Name: _____	
Care Manager: _____	Date: _____