



Individual Care Provider (Employee) Name	Participant/Consumer Name

Notice of
Companionship Services Exempt from Minimum Wage and Overtime

Title 29, Subtitle B, Chapter V, Subchapter A, Part 552
United States Department of Labor
Fair Labor Standard Act

EMPLOYEE

Per the above rules, the undersigned hereby declares:

Under penalties of perjury, I declare that I am a worker who provides domestic service in or about a private home. Eighty percent or more of my paid time is solely dedicated to providing fellowship and protection for an individual who requires assistance for their care.

Fellowship means to engage the person in social, physical, and mental activities, such as conversation, reading, games, crafts, accompanying the person on walks, on errands, to appointments, or to social events.

Protection means to be present with the person in their home, or to accompany the person when outside of the home, and to monitor the person’s safety and well-being.

As a result, I declare that I am not subject to the minimum wage and overtime requirements of the Fair Labor Standards Act. If the circumstances of my employment change causing me to be subject to these rules, I will notify Consumer Direct Care Network prior to the effective date of the change in my employment status.

Printed Name: _____

Signature: _____

Date: _____

Employee ID#: _____

Social Security #: _____

SUPERVISOR

As the supervisor of _____ I am familiar with the laws supporting this Notice. I agree with the employee’s statement and signature above. I also agree that this is an accurate representation of the facts regarding services performed on my behalf.

Printed Name: _____

Signature: _____

Date: _____

Client FEIN: _____

