

EMPLOYEE-MEMBER LIVE-IN DETERMINATION

Employee Name	Member/Employer of Record Name
Domestic service workers may be exempt f	rom overtime pay requirements and from paying income taxes apply exemptions based on your answers below.
	ree-Member Live-in Status e answers below with Yes or No
1. ☐ Yes ☐ No – Do you live permanent	tly in the same home as the above-named Member?
If YES:	
• Complete DHS form F-02717 and	d attach proof of residency documentation as instructed.
 You are exempt from submitting 	time through Electronic Visit Verification (EVV).
	y, but for extended periods with the above-named Member week or 5 consecutive days or nights per week)?
If YES to 1 or 2 above:	
 Overtime hours worked are paid 	at the regular pay rate.
 Declare your Difficulty of Care inc 	come tax exemption status.
receiving payments under a stat I provide care to the Member narequired to report income earner taxes should not be withheld from in Box 1 of my Form W-2, I can de file my tax return. If I no longer of federal and state income tax with 2014-7 and taxes were not paid, Note: IRS Notice 2014-7 directs to Medicaid Waiver program for pro	Denalties of perjury that I am an individual care provider the Medicaid Waiver program as defined in IRS Notice 2014-7. Immed above. The Member resides in my home. I am not did under this Medicaid program. Federal and state income my pay. If non-taxable wages have been reported by CDCN educt the nontaxable wages from my taxable income when I qualify for IRS Notice 2014-7, I will notify CDCN. At that time, wholding will resume. If the IRS deems I was not eligible for I agree that I will be liable for any back taxes owed. That payments received under a Home and Community-based eviding Personal Care or Habilitation services are considered actually the services of the Medicaid recipient Respite and skilled services do not qualify. For more
<u>-</u>	://www.irs.gov/pub/irs-drop/n-14-07.pdf.
If NO to both 1 and 2 above :	
 Overtime hours worked are paid 	at 1.5 times the regular pay rate.
 You must submit time worked the 	rough an approved EVV method.
	nployer agree the declaration(s) above are accurate. If living notify CDCN. Regardless of overtime status identified above,
Employee Signature Date	Member/Employer Signature ₁₀₈₉₈ Date

Member/Employer Signature 10898Date