



Employee (ACW) Name	Employer Name	Member Name			
Instructions: The Employee n	nust answer the following questions				
1. Employee-Service Recipie	nt Relationship:				
🗆 Yes 🗆 No I wil	l be residing at the same address as	the person receiving services			
\Box Yes \Box No The	person receiving services is a minor	r (less than age 18)			
2. Employee-Employer Relat	ionship:				
Tell us if you are related t	o your employer. I am the followin	ng (check one):			
□ Spouse	□ Parent	□ Adoptive or Step Parent			
\Box Child under age of	21 \Box Child over age of 21	\Box Sibling			
□ Grandparent	□ Grandchild	□ Live-together-partners			
🗆 No Relationship	\Box Other, please describe:	□ Other, please describe:			
If parent was checked above, cor	nplete the following:				
Yes No	My employer (my son or daughter) has a child or step child that lives in the home.				
but the spo	My employer is (1) a widow or widower, (2) divorced or (3) married and lives with a spouse but the spouse can't care for the child or step child due to a mental or physical condition. The spouse is unable to provide care for at least 4 straight weeks in 3 months.				
	My employer's child or stepchild is less than 18 years old or needs personal care from an adul Care is needed for at least 4 straight weeks in 3 months due to a mental or physical condition.				

3. Relationship Acknowledgment:

I may be exempt from some taxes. It depends on what I checked above. The back of this form shows what taxes I must pay. My local unemployment office can tell me more about FUTA and SUTA taxes.

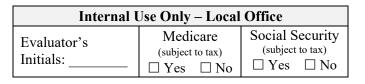
I must notify Consumer Direct if this relationship changes. I have 5 days to do so. If I do not, I may have to pay back money that should have been withheld from my pay.

Employee (ACW) Signature

Date

Employer/Representative Signature Date

Internal Use Only – Home Office				
Evaluator's Initials:	SUTA (subject to tax) Yes No	FUTA (subject to tax) Yes No		









SELF-DIRECTED ATTENDANT CARE EMPLOYMENT RELATIONSHIP DISCLOSURE

AZ Statute 23-617 (4)					
Relationship to EIN Holder (Employer)	FICA	FUTA	SUTA		
Spouse	Exempt	Exempt	Exempt		
Parent	*Exempt **Subject to Tax	Exempt	Exempt		
Adoptive or Step Parent	*Exempt **Subject to Tax	Exempt	Exempt		
Sibling	Subject to Tax	Subject to Tax	Subject to Tax		
Child under age 21	Exempt	Exempt	Exempt		
Child over age 21	Subject to Tax	Subject to Tax	Subject to Tax		
Grandparent	Subject to Tax	Subject to Tax	Subject to Tax		
Grandchild	Subject to Tax	Subject to Tax	Subject to Tax		
Domestic Partner	Subject to Tax	Subject to Tax	Subject to Tax		

Explanation of Employee Exemptions

*Exempt if doesn't meet all 4 of the following criteria:

**Subject to Tax if meet all 4 of the following criteria:

1) A parent is employed by their son or daughter.

2) The employer (son or daughter) has a child or stepchild that lives in the home.

3) The employer is:

- a widow or widower,
- divorced, or
- married and lives with a spouse. But the spouse can't care for the child or stepchild due to a mental or physical condition. The spouse is unable to provide care for at least 4 straight weeks in 3 months.
- 4) The employer's child or stepchild is:
 - less than 18 year old, or
 - needs personal care from an adult. Care is needed for at least 4 straight weeks in 3 months due to a mental or physical condition.



