

Attendant Name	Employer of Record Name	Consumer Name

Attendant Care Workers may be exempt from overtime pay requirements and exempt from paying income taxes. Consumer Direct Care Network (CDCN) will apply exemptions based on your answers below.

## Attendant-Consumer Live-in Status

Attendant select **one** living arrangement below.

<p>1. <input type="checkbox"/> I live full time in the same house as the Consumer and have the same physical address.</p> <p>If Checked Above:</p> <ul style="list-style-type: none"> <li>• <b>Send proof of residence to CDCN.</b> We will accept a driver's license, voter registration card, bank statement, credit card statement, utility bill, or phone bill.</li> <li>• <input type="checkbox"/> Yes <input type="checkbox"/> No I attest that I qualify for IRS Difficulty of Care income tax exclusion. State and Federal income taxes will not be withheld from my pay. For more information please refer to <a href="https://www.irs.gov/pub/irs-drop/n-14-07.pdf">https://www.irs.gov/pub/irs-drop/n-14-07.pdf</a></li> </ul> <p><i>Note: Payroll withholding changes are applied at the beginning of the pay period following the processing of your request.</i></p>
<p>2. <input type="checkbox"/> I live temporarily, but for extended periods with the Consumer (at least 120 hours per week or 5 consecutive days or nights per week).</p>
<p>3. <input type="checkbox"/> I live at a separate residence than the Consumer.</p>

**Live-in Attendants (1 or 2 above):** You will be paid at the regular hourly rate for all hours worked. You are exempt from the overtime payment rate. You may submit time worked by Electronic Visit Verification (EVV) mobile application, Interactive Voice Response (IVR) or web portal.

**Non Live-in Attendants (3 above):** Overtime hours worked will be paid at 1.5 times the regular pay rate. You must submit time worked through an approved EVV method.

**Acknowledgement:** The Attendant and Employer of Record agree the statements above are accurate. If living arrangements change, the Attendant must notify CDCN immediately as overtime and tax status will also change.

_____ Attendant Signature	_____ Date	_____ Employer of Record Signature	_____ Date
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