



EMPLOYMENT RELATIONSHIP DISCLOSURE

Employee (ACW) Name	Employer Name	Member Name

Instructions: The Employee must answer the following questions.

1. Employee-Service Recipient Relationship:

- Yes No I will be residing at the same address as the person receiving services
- Yes No The person receiving services is a minor (less than age 18)

2. Employee-Employer Relationship:

Tell us if you are related to your employer. I am the following (check one):

- Spouse Parent Adoptive or Step Parent
- Child under age of 21 Child over age of 21 Sibling
- Grandparent Grandchild Live-together-partners
- No Relationship Other, please describe: _____

If parent was checked above, complete the following:

- | | | |
|--------------------------|--------------------------|---|
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | My employer (my son or daughter) has a child or step child that lives in the home. |
| <input type="checkbox"/> | <input type="checkbox"/> | 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. |
| <input type="checkbox"/> | <input type="checkbox"/> | My employer's child or stepchild is less than 18 years 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. |

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) <input type="checkbox"/> Yes <input type="checkbox"/> No	FUTA (subject to tax) <input type="checkbox"/> Yes <input type="checkbox"/> No

Internal Use Only – Local Office		
Evaluator's Initials: _____	Medicare (subject to tax) <input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security (subject to tax) <input type="checkbox"/> Yes <input type="checkbox"/> No



Explanation of Employee Exemptions

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

*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.

