NOTE: This form is only to be completed by the natural or adoptive parent of a recipient of HCBS Medicaid Waiver services who is employed as a Direct Support Worker by his/her child.

LIFE PATTERNS INC.

VERIFICATION OF PARENT RELATIONSHIP

I, _____, do hereby certify that I am the parent (natural
Print your name

or adoptive) of _____.
Name of Service Participant/Employer

I understand that I am a parent employed by my child in domestic service. Therefore, based on State and Federal requirements, I understand that Life Patterns, Inc., the FMS provider for the above named Service Participant/Employer, will not withhold FICA (Social Security & Medicare) from my paycheck. I further understand that I will not have Federal or State Unemployment coverage.

_____ _____

Signature of Parent Date