

Familial Relationship between Caregiver and Member

I _____ , am disclosing my relationship with the person
(Caregivers name)

that I provide care for. My relationship with _____ is:
(Members name)

- Parent
- Sibling
- Grand Parent
- Other Immediate Relative (cousin, aunt, etc.) _____
- Other Non - Relative (friend, neighbor, etc.) _____

Caregiver Printed Name: _____

Caregiver Signature: _____ Date: _____

For those that ONLY work Attendant Care: (For ATC Exception)

By signing below, I attest that I ONLY work Attendant Care, and I am directly related to the member.

Signed _____ Date: _____