



Veterans Directed Home & Community Based Services

Employer of Record Agreement

Participant Name: _____ ID # _____

Phone #: _____ Email: _____

I designate _____ to serve as my Employer of Record for the Veterans Directed Home and Community Based Services (VDHCBS) Program.

Veteran Participant Signature

Date

Representative for Employer of Record Agreement:

I, _____ (full name) agree to serve as the Employer of Record on behalf of _____ who is a participant in the Veterans Directed Home and Community Based Services (VDHCBS) Program.

By checking each box below, I affirm that I meet these requirements to be the Employer of Record.

- I am at least 18 years of age.
- I know the participant very well.
- I understand the kinds of care s/he needs and how s/he wants care to be given.
- I know the participant's schedule and routine.
- I know the participant's health care needs and the medicine s/he takes.
- I am willing and able to do **all** of the things that are required to be the Employer of Record for this VDHCBS Program participant.
- I will be present in the participant's home often enough to properly supervise staff. This usually means at least part of every employee's shift.
- I understand that I will be the Employer of Record for the employees who will provide care for this participant—they will work for me (instead of the participant). I understand this means that I will be responsible for most of the things that any other employer would do including training, supervision and termination of services.
- I understand I will need to provide the Financial Management System my Social Security Number and will complete all federal Employer of Record forms.
- I understand that I cannot be paid to be the Employer of Record.
- I understand that I cannot be a paid employee in the VDHCBS Program if I serve as the Employer of Record.

OVER ►

By checking each of the boxes below, I affirm that I agree to do these things in partnership with the VDHCBS participant:

- Find, interview and hire employees to provide care.
- Define employees' job duties.
- Develop a job description for employees.
- Train employees to deliver care based on the participant's needs and preferences.
- Set the schedule at which employees will give care.
- Make sure employees work *only* as many hours as stated on the Veterans Services Plan.
- Supervise and evaluate employees' job performance.
- Address problems or concerns with employees' performance.
- Terminate an employee when needed.
- Decide how much employees will be paid (within limits set by the State).
- Review the time employees report to be sure it is correct.
- Develop a back-up plan to address times that a scheduled employee doesn't report for their shift (the participant's health and safety must be assured).
- Activate the back-up plan when needed to be sure the participant doesn't go without needed care.

I willingly accept **all** of the responsibilities of serving in this role. I understand that I will

receive help from (*check one*)

Multnomah County ADVSD

Washington County DAVS

RVCOG

Douglas County Social Services

Clackamas

Klamath

and Premier Financial Management Service, LLC in serving as an employer in VDC Program.

1. My local AAA Veterans Services Coordinator will work with me on recruitment and hiring strategies and review the employer packet with the Veteran.
2. My local AAA Veterans Services Coordinator will provide information on home care agencies for emergency back-up plans.
3. Premier FMS, LLC will help me and the employees I employ fill out employer/employee paperwork. They will pay the employees for the care they give. AND, they will file the payroll tax forms that I must fill out as an employer.
4. Premier FMS can't help me supervise employees. I understand that I must do this for myself.

By signing below, I affirm that I have read and understood my responsibilities, and agree to perform **all** of the responsibilities of a representative as defined above.

Representative Signature

Date

Phone number: _____ Cell Phone: _____

Home address: _____

SSN: _____ Email Address: _____