PARTICIPANT AND PERSONAL ASSISTANT EMPLOYMENT AGREEMENT

This agreement is between _____,

Participant (Employer), and _____, Assistant

(Employee), and is intended to describe the responsibilities of both parties.

The employer and employee agree to the following:

1. Rate of pay will be $_____ per hour. Wages are subject to withholding taxes including income tax and Social Security tax.
2. The employee(s) will work _____hours per week. Both employer and employee must keep track of the hours worked.
3. The employee will be paid only for the services and supports authorized by the _____, the lead agency, as presented in the plan of care.
4. This is an at-will employment agreement. The employer or the employee can cancel this agreement at any time, for any reason.
5. The employee is not an employee of _____, the lead agency.
6. The employee is not an employee of GT Financial Services, LLC, the Fiscal Agent.
7. If the employers' participation in this program ends, the employees' employment also ends.
8. Services will be provided and received in a safe, courteous, and professional manner.
9. Any physical, sexual, mental or financial abuse will result in the immediate termination of this agreement. Instances of abuse will be reported to Adult Protective Services.
10. No Personal Assistant services may be provided while the Participant is a patient in a hospital, acute rehabilitation unit or skilled nursing facility.

11. Any fraudulent use of the funds exchanged under this agreement will result in the immediate termination of this agreement. Medicaid fraud is a Federal offense.

This information has been reviewed with us by GT Financial LLC.

_____ _____

(Participant or Representative's signature) (Date)

_____ _____

(Personal Assistant's signature) (Date)

_____ _____

(GT Financial Representative) (Date)