

## **EMPLOYEE-PARTICIPANT LIVE-IN DETERMINATION**

(Determine if employee is exempt from overtime pay and income tax)

Employee Name		Participant/Employer of Record Name
		ime pay requirements and from paying income taxes. mptions based on your answers below.
	• •	pant Live-in Status below with Yes or No
	or extended perio	e home as the above-named Participant, or ds of time (at least 120 hours per week or 5 s)?
If you answered YES:		
Overtime hours worked are paid at the regular pay rate.		
Declare your Difficulty of Care income tax exemption status.		
receiving payments under I provide care to the Partic required to report income should not be withheld fro of my Form W-2, I can ded return. If I no longer qualif	a state Medicaid ipant named above earned under this m my pay. If nonuct the nontaxable for IRS Notice 20 ng will resume. If	perjury that I am an individual care provider Waiver program as defined in IRS Notice 2014-7. e. The Participant resides in my home. I am not Medicaid program. Federal and state income taxes taxable wages have been reported by CDCN in Box 1 e wages from my taxable income when I file my tax 014-7, I will notify CDCN. At that time, federal and the IRS deems I was not eligible for 2014-7 and taxes any back taxes owed.
Medicaid Waiver program "Difficulty of Care" paymer	for providing Personts excludable from Respite and skill	ts received under a Home and Community-based onal Care or Habilitation services are considered in income taxation when the Medicaid recipient lives led services do not qualify. For more information trop/n-14-07.pdf.
If you answered NO:		
Overtime hours worked are paid at 1.5 times the regular pay rate.		
_	ee must notify CD0	ree the declaration(s) above are accurate. If living CN. Regardless of overtime status identified above,
Employee Signature	Date	Participant/Employer Signature Date

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