ResilientSD
Part of the AssuranceSD Family

CADDO VETERAN DIRECTED HCBS LOUISIANA RELATIONSHIP FORM

INSTRUCTIONS: Please fill out all the information in Section 1 and select the correct relationship in Section 2. Both the Direct Care Worker and the Veteran, or the Veteran's Authorized Representative, must sign and date the bottom to be considered complete. Please submit completed form to ResilientSD:

Mail
10425 W. North Ave
Suite 345
Milwaukee, WI 53226

Email
Enrollment@Resilient-SD.com

SECTION 1:

Direct Care Worker Full Name: _____ Date of Birth: _____

Veteran Name: _____

Authorized Representative Name: _____

SECTION 2: Please select your legal relationship with the Employer

- ☐ Parent *±
- ☐ Spouse *±
- ☐ Stepparent*
- ☐ Ex-Spouse
- ☐ Daughter/Son ¥
- ☐ Grandparent
- ☐ Grandchild
- ☐ Other: _____
- ☐ Friend
- ☐ Sibling
- ☐ Stepchild ¥
- ☐ Worker
- ☐ Neighbor

* Due to your relationship with the employer and current legislation, you are exempt from payroll taxes for unemployment insurance (FUTA and SUTA). If your employment with the employer is terminated, you will not receive unemployment benefits.

± Due to your relationship with the employer and current legislation, you are exempt from payroll taxes for Social Security and Medicare (FICA). By not paying into Social Security and Medicare (FICA), it means you are not earning Social Security work credits.

¥ Due to your relationship as the child of the employer and current legislation, you are exempt from payroll taxes for Social Security and Medicare (FICA) and unemployment insurance (FUTA and SUTA) **until your 21st birthday.**

For any questions or concerns, please contact our office at: **855.387.1377**.

By signing below, you certify that the information on this form is accurate and that you have all supporting documentation that may be needed to verify your selection. Please be aware that if any changes occur in the relationship you are required to complete a new form.

Direct Care Worker Signature: _____ Date: _____

Veteran/Authorized Representative Signature: _____ Date: _____