LIVEABILITY – WEST VIRGINIA INDEPENDENCE NETWORK 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	**Email**
10425 W. North Ave Suite 345 Milwaukee, WI 53226	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: **855.393.0577**.

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: __________