State of Wisconsin
Department of Workforce Development
Equal Rights Division
Labor Standards Bureau

Home Care Worker Notice

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1) (m), Wisconsin Statutes].

Home Care Worker Name		
Home Care Worker Employer Name		
☐ City ☐ Village ☐ Town	Name of City, Village or Town	**Wisconsin**

Employment status of home care worker

☐ Employee of the consumer [C]
☐ Home care worker is considered to be self-employed [HCW]
☐ Employee of the home care placement agency [HCPA]

Note: Regardless of the above statement concerning the employment status of the home care worker a state or federal agency may determine the home care worker is self-employed and required to pay self-employment taxes for social security and Medicare and not covered by state worker's compensation insurance or unemployment insurance laws as an employee. If ruled to be self-employed you will be responsible to file quarterly income tax withholding statements with the federal and state revenue departments.

Responsibility for Common Employment Tasks

C	HCW	HCPA	
☐	☐	☐	Provide day-to-day supervision of the home care worker.
☐	☐	☐	Assign job duties to the home care worker.
☐	☐	☐	Hire, fire and discipline the home care worker.
☐	☐	☐	Pay the wages of the home care worker.
☐	☐	☐	Withhold federal and state income taxes, social security taxes, Medicare taxes and pay these taxes into appropriate federal and state agencies in a timely manner. If self-employed the home care worker must file and pay estimated taxes quarterly.
☐		☐	Provide Worker's Compensation insurance for the home care worker. If self-employed the home care worker will have responsibility to provide their own insurance.
☐	☐	☐	Provide liability insurance to cover the home care worker and their actions.
☐		☐	Pay Unemployment Insurance taxes for the home care worker's employment. If self-employed the home care worker will not be covered by Wisconsin's unemployment insurance law.
☐	☐	☐	Ensure the home care worker has credential(s) specified in §440.01(2)(a) of Wisconsin Statutes or any other license, registration, certification, permit or approval that is required for the home care worker to provide adequate home care services for the home care consumer.

Responsibility for Common Employment Tasks Continued

C	HCW	HCPA	
☐	☐	☐	Responsible for providing the following equipment or materials to the home care worker. Please list equipment or materials to be provided.
☐		☐	Responsible for conducting a background check on the home care worker that will include the following: ☐ Criminal background ☐ Financial background ☐ Work background ☐ References

Questions about the form

Persons with questions about this form should contact the Department of Workforce Development at (608) 266-6860.

Acknowledgement of Receipt of this form

The home care placement agency has provided me with a copy of this form and I understand the information contained on the form.

Home Care Worker Signature	Date Signed

If any change occurs in any of the information submitted to the department, the registrant must notify the department of that change within 30 days of the actual occurrence.

Mail your form to the following office:

State of Wisconsin
Department of Workforce Development
Equal Rights Division

PO Box 8928
Madison WI 53708
Telephone: (608) 266-6860
Fax: (608) 267-4592