

Worker Name	Employer of Record Name	Member Name

Please select at least one service type below and enter the wages to be paid to the Worker. Complete either the Hourly Services or Companion Care section, not both.

**Request Type and Effective Date:**

New Enrollment       Change Hourly Rate      Effective Date: \_\_\_\_\_

<input type="checkbox"/> <b>Hourly Services – Service Name, Service Codes and Hourly Pay Rate:</b>	
<input type="checkbox"/> Personal Care Visits	\$ _____ per hour
<input type="checkbox"/> In-home Respite	\$ _____ per hour
<input type="checkbox"/> <b>Companion Care</b>	
<input type="checkbox"/> Companion Care 24/5	\$ _____ per Day.
<input type="checkbox"/> Companion Care 24/7	\$ _____ per Day.
<input type="checkbox"/> Back-up Companion Care*	\$ _____ per Day.
*Back-up Companion Care is only available at a daily rate. This is care provided when the regular Companion is sick or unexpectedly not available to work. The daily rate can't be paid as a part of ongoing Companion Care services.	
<b>Difficulty of Care Exclusion (Companion Care Only):</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No <b>I attest that I qualify for IRS Difficulty of Care income tax exclusion.</b> I live full-time (24/7) in the same house as the Member. State and Federal income taxes will not be withheld from my pay. For more information please refer to <a href="https://www.irs.gov/pub/irs-drop/n-14-07.pdf">https://www.irs.gov/pub/irs-drop/n-14-07.pdf</a>	
<b>Room and Board (Companion Care Only):</b>	
<input type="checkbox"/> Room – The Employer will provide the Worker a room and use of common spaces in the Member's home.	\$ _____ per Month*
<input type="checkbox"/> Meals – The Employer will provide the Worker meals in the Member's home.	\$ _____ per Month**
*Estimated market value of the room and use of common spaces. Or estimated rent that would be paid for a similar room in the area.	
**Estimated amount spent on groceries to feed the Worker.	
Note: The cost of room and board is NOT paid by TennCare <sup>SM</sup> . Adequate sleeping facilities must be provided for the Worker if sleep time is excluded from time worked.	

**Back-up Support (check one):**

Yes  No The Worker will serve as back-up if other Workers are unable to provide services.

**Agree and Sign:**

The Worker and Employer of Record have:

- Read all of this form.
- Agree that the details provided are accurate and complete.
- Discussed and agreed to the above-listed services and/or hourly rate details.





CHOICES PROGRAM  
**SERVICE AGREEMENT – WAGE MEMO**

This form is not intended to create a contract of employment or rate of pay for a specific period of time.

\_\_\_\_\_  
*Employer, Member or Representative Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Worker Signature*

\_\_\_\_\_  
*Date*

