Inspiring Talkers Therapy and Learning Center

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			AGENCY DISCLOS	SURE NOTICE		
Patient Name	::		DOB:			
Agency Type	: XX Home	Care Agency	☐ Home Health Care 【	☐ Personal Care or Non-Med	dical	
				red to provide the consumer asumer regarding the employ		
☐ Agen	-	oloyer of reco	ord for all staff providing	direct care services and is re	sponsible for all items listed	
X Resp	onsibilities a	re delineated	below:			
Consumer	Worker	Agency				
		X	Employer of the home care worker.			
		X	Supervision of the home care worker.			
X	X		Scheduling of the home care worker.			
	11	X	Assignment of duties to the home care worker.			
		X	Hiring, firing and discipline of the home care worker.			
		X	Provision of supplies or materials for use in providing services to the consumer.			
		X	Training and ensuring qualifications that meet the needs of the consumer.			
		X	Liability for the home care worker while in the consumer's home.			
Consumer	Worker	Agency	Payment of:			
		X	Wages to the home care worker.			
		X	Employment taxes for the Home Care Worker.			
		X	Social Security taxes for the Home Care Worker.			
		X	Unemployment insurance for the Home Care Worker.			
		X	General liability insurance for the Home Care Worker.			
		X	Worker's Compensation for the Home Care Worker.			
	n/a			Bond Insurance (if provided).		
					ve been answered in regard to	
responsibilitie	es held by the	e consumer, t	the home care worker and	the agency.		
Consumer or Authorized Representative:					Date:	
Consumer or Authorized Representative: Home Care Worker: (if not employee or contractor to the agency where the agency holds)				Discipline:	Date:	
(if not employ	yee or contra	ctor to the ag	gency where the agency he	olds full responsibility)		
Agency Representative:				Title:	Date:	
Printed Name of Consumer:				Start of Care Dat	e:	