



## Disclosure Notice Acknowledgment Form

### Joyful Family LLC

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##### Client Information

Client Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

##### Disclosure of Responsibilities

The purpose of this form is to acknowledge that the client or their authorized representative has been informed of and understands the responsibilities regarding home care worker services.

Please review and check each item that has been explained and acknowledged:

☐ Employment of the home care worker

☐ Liability for the home care worker while in the client's home

☐ Payment of wages to the home care worker

☐ Payment of employment and social security taxes

☐ Payment of unemployment, worker's compensation, general liability insurance, and bond insurance (if applicable)

☐ Supervision of the home care worker

☐ Scheduling of the home care worker

☐ Assignment of duties to the home care worker

☐ Hiring, firing, and discipline of the home care worker

☐ Provision of materials or supplies for the home care worker's use in providing services

☐ Training and ensuring qualifications that meet the client's needs

**Acknowledgment of Receipt**

I acknowledge that I have received, read, and understand the disclosure notice from Joyful Family LLC. I have been informed of the above-listed responsibilities and understand my rights and obligations as they relate to the home care services provided.

Client or Authorized Representative Name: \_\_\_\_\_

Relationship to Client (if applicable): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Staff Name and Title: \_\_\_\_\_

Staff Signature: \_\_\_\_\_

Date: \_\_\_\_\_