



STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION
 PO Box 45600 • Olympia WA 98504-5600

**Notice to Clients Who Employ
 An Individual Provider**

CLIENT'S NAME	ACES ID NUMBER	ADSA ID NUMBER
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Your paid individual provider is exempt from Social Security and Medicare taxes if he or she is your:

- Spouse, if services are grandfathered from the Chore Program;
- Parent; or
- Adult child, who is 18, 19, or 20 years old.

If any of these apply to you; complete the information below and sign this document. Send your completed form to _____.

- Spouse
- Parent
- Adult child, who is 18, 19, or 20 years old.

PROVIDER'S NAME	PROVIDER NUMBER
PROVIDER'S NAME	PROVIDER NUMBER
CLIENT'S SIGNATURE	DATE

