

# HOME CARE SUPPLEMENTAL APPLICATION

**APPLICANT NAME:** \_\_\_\_\_

1. Is your business solely an employer based homecare agency?  
 Yes  No
2. Do you work with any independent contractors to deliver homecare services in any aspect of your business or any subsidiary of your business?  
 Yes  No
3. Do any of your caregivers and/or service providers work directly for the client either as the client's employee or as an independent contractor?  
 Yes  No
4. Are any of your clients required to purchase Workers' Compensation for the caregivers that you match them up with?  
 Yes  No
5. Are any of the caregivers required to purchase an accident/health or similar policy in order to be assigned to a client?  
 Yes  No If yes, what type of policy? \_\_\_\_\_
6. Do you or any of your clients pay the caregivers directly?  
 Yes  No If yes, what percentage? \_\_\_\_%
7. Do you pay any caregivers on behalf of the clients?  
 Yes  No  
If yes, are the clients responsible for the payroll taxes?  
 Yes  No
8. Do you issue any Federal tax forms to the caregivers, ie, W2 or 1099's?  
 Yes  No If yes, please indicate which one(s)? \_\_\_\_\_
9. Do you supervise, train, hire, fire, etc. the caregivers?  
 Yes  No
10. Please describe in detail the extent of your control over the caregivers work schedule.  
\_\_\_\_\_  
\_\_\_\_\_
11. Do you conduct face to face interviews with all prospective new employees?  
 Yes  No
12. Have you ever had any WC claims denied because it was determined that there was no employer/employee relationship between you and the caregivers?  
 Yes  No
13. Are there any written agreements, waivers or contracts between you and the caregivers and/or clients?  
 Yes  No If yes, please provide a copy of the agreement with this application

\_\_\_\_\_  
**Applicant Name (please print)**

\_\_\_\_\_  
**Title**

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

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