



## NC Independent Living Employer and Attendant Agreement

Agreement between Consumer (print Consumer name) \_\_\_\_\_

and Attendant (print Attendant name) \_\_\_\_\_

The NC Independent Living Consumer and Attendant agree that:

1. The Consumer shall:
  - a. Offer employment only to an Attendant who:
    - i. Is 18 years of age or older
    - ii. Is a U.S. citizen or a legal alien authorized to work in the U.S.
    - iii. Has proper photo identification (such as a driver's license or state ID) and a signed and legible copy of the Social Security card and/or other documents authorizing him or her to work in the U.S.
    - iv. Has passed the criminal background check to the Consumer's satisfaction
2. The Attendant agrees that he or she:
  - a. Understands **the Consumer is the employer**, not iLIFE or NC Independent Living
  - b. Shall not abuse, neglect or commit fraud against the Consumer
    - i. Abuse includes mental/emotional, physical, sexual and verbal abuse
    - ii. Neglect includes failure to: seek needed medical attention; provide correct medication; provide services according to the care plan; arrive to work according to the predetermined schedule; and maintain safe conditions.
  - c. Shall complete timesheets accurately and submit timesheets by the due dates listed on the Payment Schedule
  - d. Shall notify the Consumer of any changes to the Attendant's personal information, such as name, phone number, address, etc.
  - e. Shall discuss employment-related concerns with the Consumer directly
  - f. Shall give the Consumer two weeks prior written notice of resignation from employment with the Consumer
  - g. May be dismissed from employment with the Consumer at any point with cause
3. This agreement shall be effective when it has been signed by both the Consumer and the Attendant.
4. This agreement shall terminate when the Consumer ceases to receive Consumer-directed services from IL or when the Attendant resigns or is terminated from employment with the Consumer.

Consumer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Attendant Signature: \_\_\_\_\_ Date: \_\_\_\_\_