

### Relationship Disclosure Form

Employee name (print): \_\_\_\_\_

Employee Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of child receiving services (Employer/Client): \_\_\_\_\_

Check one box to indicate your legal relationship to the Employer/Client. For example, if the Employer/Client is your grandchild, you are the Employer/Client's grandparent.

**Relative (biological)**

- Grandparent *\*see below\**
- Brother / Sister
- Uncle / Aunt
- Nephew / Niece
- Cousin
- Other \_\_\_\_\_

**Relative (by marriage or partnership)**

- Step Brother / Step Sister
- Parent-in-Law
- Brother-in-Law / Sister-in-Law
- Other \_\_\_\_\_

**Non-Related Relationships**

- Friend
- Neighbor
- Worker
- Other \_\_\_\_\_

**\*Grandparent:** Due to your relationship with the Employer/Client and current legislation, you are exempt from payroll taxes for unemployment insurance (SUTA). If your employment with the Employer/Client is terminated, you will not receive unemployment benefits.

**Residency Disclosure**

Does the Employer/Client receiving nonmedical care live in the Employee's home?  Yes  No

Note: It is the Employee's responsibility to notify BDS Fiscal should their living situation change.

**By signing below, I agree that the information on this form is accurate.**

\_\_\_\_\_  
Parent/Employer Signature

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date