

**LEGALLY-EXEMPT IN-HOME CHILD CARE PROVIDER AGREEMENT FORM**

This form must be completed whenever legally-exempt in-home care is provided.

**1. Parent Certification**

I understand that I can choose who will provide child care for my child.

I understand that if I choose someone to come into my home to provide child care, that I am the sole employer of this person.

I understand that as the employer, I am responsible for paying minimum wage and benefits to my employee and I may have other responsibilities to my employee.

I understand that it is my obligation to find out what I am responsible for as an employer and make sure I am doing what is required of me as an employer, including but not limited to paying all applicable Federal and State employment taxes required to be paid by me as an employer.

I understand that any child care benefit for which I am eligible may only cover a portion of my child care costs.

I understand that I am responsible for any child care costs that my child care benefit does not cover.

PARENT/CARETAKER SIGNATURE:	DATE:
PARENT/CARETAKER SIGNATURE:	

**2. In-Home Provider Certification**

I have been hired by \_\_\_\_\_ to provide child care in  
(NAME OF PARENT/CARETAKER)

\_\_\_\_\_ home. My work schedule and wages are determined by  
(NAME OF PARENT/CARETAKER)

\_\_\_\_\_, who is my employer. I understand that as my employer, it is  
(NAME OF PARENT/CARETAKER)

\_\_\_\_\_’s responsibility to pay my wages, benefits, and all applicable  
(NAME OF PARENT/CARETAKER)

Federal and State employment taxes required to be paid by my employer.

I understand and acknowledge that I am not an employee of \_\_\_\_\_

County Department of Social Services. I further understand that child care payments that I receive directly or indirectly for providing child care will not make me an employee of that county.

By signing this form, the parent and provider agree to all of the requirements listed above. No payment will be made unless the parent and the provider sign this form.

PROVIDER SIGNATURE:	DATE:
PROVIDER NAME (PRINT):	