

**DEPARTMENT OF PUBLIC WELFARE
DEPARTMENT OF AGING
OFFICE OF LONG-TERM LIVING**

**DIRECT CARE WORKER AGREEMENT
Home and Community Based Services**

Agreement between the Office of Long-Term Living and the Direct Care Worker/Vendor

Direct Care Worker/Vendor: _____

Address: _____

Phone: _____ Fax: _____

The direct care worker (DCW) or direct service provider/vendor agrees to accept check(s) for item(s) or service(s) purchased for individuals served through the Office of Long-Term Living's (OLTL) home and community based waivers. Financial management for these services and purchases is provided by **Resources for Living Independently**, which is not the employer of the (DCW). Acceptance and endorsement of the check(s) will signify that the DCW or direct service provider/vendor agrees to the following terms and conditions:

1. Accept payment, in the form of check(s) or direct deposit, from **Resources for Living Independently** doing business in the Commonwealth of Pennsylvania.
2. Agree to maintain records of the service(s) or purchase(s).
3. Provide only the service(s) or item(s) authorized on the check(s).
4. Accept the check(s) or direct deposit(s) as payment in full for service(s) or item(s) purchased.
5. No additional charges will be made or accepted from participants.
6. Upon request, provide the OLTL or its designee information and documentation regarding the service(s) or purchase(s) for which payment was made.

_____ is signing this form as designated by the OLTL.

Resources for Living Independently will maintain the original copy of this form in the applicable file as appropriate.

Resources for Living Independently

Fiscal/Employer Agent's signature

_____ Direct Care Worker or Vendor's signature

(Acting as Fiscal Agent)

Print Name

_____ Print Name

Date: _____