

**BACK-UP WORKER AGREEMENT**

**SELF-DETERMINATION  
BACKUP WORKER**

**Name of Participant:** \_\_\_\_\_

**Medicaid #:** \_\_\_\_\_ **SS#:** \_\_\_\_\_

**Name of Representative (If Necessary):** \_\_\_\_\_

I understand that as a Participant I am responsible for maintaining a Backup Worker to assist me in the event that my Worker may not be able to work for me.

My Worker is an informal Worker and requests no payment:

My Backup Worker will work for payment. I understand that my worker cannot be paid until have completed and submitted a New Hire Employee Packet.

Backup Worker Name: \_\_\_\_\_

Backup Worker Address: \_\_\_\_\_  
\_\_\_\_\_

Backup Worker Phone #: \_\_\_\_\_

\_\_\_\_\_  
**Signature of Participant/Representative**

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