

Veteran Directed Care Program (VDC)

AGREEMENT BETWEEN VETERAN/SURROGATE-EMPLOYER AND SUPPORT WORKER

This agreement is entered into between _____,

who is the Veteran/Surrogate-Employer and _____, who is the Support Worker.

The Support Worker agrees to the following:

1. I am employed by the Veteran/Surrogate-Employer.
2. I agree to perform the tasks on the attached Job Description and all other duties as directed by the Veteran/Surrogate-Employer or his or her designee.
3. I agree to the total number of hours I am authorized to work for the Veteran/Surrogate-Employer and I understand that I will not be compensated for any time worked beyond the authorized hours stated in the approved Veteran Spending Plan.
4. I agree to complete the Support Worker section of the time sheet on a bi-weekly basis in a manner that accurately reflects the number of hours of service delivered to the Veteran/Surrogate-Employer.
5. I agree to submit my time sheets to the Veteran/Employer or their Surrogate for their signature.
6. I agree to submit my time sheets in accordance with the instructions provided and the timeframe specified on Tempus Payroll Schedule. I understand that if I submit my time sheet late to the Veteran/Surrogate-Employer that my time sheet will be processed in the next payroll cycle.
7. I understand that Tempus Unlimited, Inc. is the Fiscal Intermediary for the Veteran/Surrogate-Employer and that Tempus Unlimited, Inc. is responsible for processing my payroll.
8. I understand that by submitting payroll I am confirming that I have worked the number of hours documented providing direct care to the Veteran and will be personally liable if I did not work the documented hours and/or used federal funds to pay a non-approved worker to care for the Veteran.
9. I agree to be on time, to call the Veteran/Surrogate-Employer. If I will be late or if I am unable to work at a scheduled time.
10. I agree to communicate with the Veteran/Surrogate-Employer openly about all work related issues.
11. I understand that I am neither a Support Worker nor an Agent of _____ (name of ADNA) or Tempus Unlimited, Inc.

12. I release _____ (name of ADNA) and Tempus Unlimited, Inc. from all responsibility and liability for any injury incurred or loss of property resulting from the delivery of service to the Veteran/Surrogate-Employer.

13. I understand that I cannot be paid as a worker if I am the Veteran’s Surrogate or legally responsible relative.

The following represents my relationship to the Employer (PLEASE CHECK ONE):

Adult (18 years or older) child of Employer
Son-in-law of Employer
Other relative (describe)

Daughter-in-law of Employer
Spouse of Employer
Non-relative (describe)

SIGNATURES

Printed Name of Veteran Employer

Date

Signature of Veteran Employer

Date

Printed Name of Veteran’s Surrogate
(if applicable)

Date

Signature of Veteran’s Surrogate
(if applicable)

Date

Printed Name of ADNA Case Manager

Date

Signature of ADNA Case Manager

Date