

FAIR LABOR STANDARDS ACT LIVE-IN EXEMPTION

Provider Information		
First Name:	<input type="text"/>	Last Name: <input type="text"/>
		PPL ID: <input type="text"/>
Participant Information		
First Name:	<input type="text"/>	Last Name: <input type="text"/>
		PPL ID: <input type="text"/>
Employer Information (complete this section even if the employer is the same as the participant)		
First Name:	<input type="text"/>	Last Name: <input type="text"/>

The United States Department of Labor (US DOL) and Fair Labor Standards Act (FLSA) requires that providers are paid overtime for hours worked unless the Provider is eligible for a “live-in exemption”. Employers use this form to determine if their Provider is eligible.

For more information regarding the Fair Labor Standards Act Live-In Exemption visit: <http://www.publicpartnerships.com>

This form needs to be filled out for every Provider you have in Self-Directed Services.

Part 1: Applying for Live-In Exemption
<p>Select which Residency Test option applies:</p> <p><input type="checkbox"/> Provider resides on the participant's premises permanently (they live, work, and sleep on the participant's premises seven days per week).</p> <p><input type="checkbox"/> Provider resides on the participant's premises for an extended period of time they live, work and sleep on the participant's premises for five (5) days a week (120 hours or more). NOTE: If a provider spends less than 120 hours per week working and sleeping on the participant's premises but spends five (5) consecutive days or nights residing on the premises, this also constitutes an extended period of time.</p> <p>! IMPORTANT: Provider is eligible if either of the above choices are selected.</p>

Part 2: Terminating Live-In Exemption
<p>Select if applies:</p> <p><input type="checkbox"/> I no longer, permanently or temporarily, reside with the participant that I provide services to.</p>

Authorization and Signature	
<p>By signing below as the Provider and Employer, we certify that we have read this FLSA Live-In Exemption form in its entirety and the information and responses we have provided on this form are accurate and complete. We understand that it is our responsibility to inform Public Partnerships when the Provider no longer lives with the Participant. We agree to accept the risk and consequences if we fail to inform Public Partnerships. We understand that all hours including overtime (over 40 hours per work/week) will be paid at regular hourly rates.</p>	
<p>Provider Signature:</p> <input type="text"/>	<p>Date:</p> <input type="text"/>
<p>Participant/Employer/Representative Signature:</p> <input type="text"/>	<p>Date:</p> <input type="text"/>