

**Name: Employment Status Agreement (Policy Section 517.13)**

**Purpose:** To document the signed agreement for personal care services to be provided outside the home when the member is employed at least 40 hours per month earning at least minimum wage and provided for no more than twelve (12) months, while the member is seeking employment or partially employed, working less than forty (40) hours per month. The provider agency will monitor the Job Seeking Agreement and maintain record of the Agreement in the member's record for review by the Bureau for Medical Services.

1. Top Section

- The member will document name, Social Security number, Medicaid number, date (m/d/y), provider number, name and title of person monitoring the plan.
- Document the plan begin and end date.

2. Check all applicable categories:

- **I have obtained full employment;**
- **I have obtained partial employment.** Document in the area provided why the member is working less than 40 hours per month and when he/she expects to be working at least 40 hours per month.
- **I have obtained partial employment. However, my employer has indicated that he/she will not be able to offer full employment.** Document in the area provided why the member is working less than 40 hours per month;

3. The member must sign the agreement and print name in the spaces provided. The agency employee must note the name of the agency and sign and date.