



ShareCare of Leelanau, Inc.
PO Box 153, Northport MI 49670 • 231-386-2273

MEMBERSHIP CERTIFICATE ADDENDUM for: _____
MEMBER NUMBER: _____

I. Regarding Independent Personal Care Providers

The Membership Certificate under "General Purposes" states that ShareCare of Leelanau, Inc. has available a menu of professional, contractual and volunteer service providers, to help members remain independent in their own homes for as long as possible. From time to time a member, or someone from the family or other representative, may request information from the menu of service providers and ShareCare will comply.

Whenever ShareCare supplies a member with a name or names of personal care providers it will be the member's responsibility to consider and decide which person or health care agency to engage for the needed services.

It will also be the member's responsibility to make all decisions regarding job functions, scheduling of work, and payment for services including, if applicable, any benefits or taxes such as Social Security, withholding taxes, or Worker's Compensation Insurance.

THE UNDERSIGNED MEMBER (OR REPRESENTATIVE) ACKNOWLEDGES THAT SHARECARE DISCLAIMS RESPONSIBILITY FOR ANY ACTIONS, IN-ACTIONS, OR IMPROPER ACTIONS OF ANY PROVIDER ENGAGED BY THE MEMBER. SHARECARE HAS NO RESPONSIBILITY FOR FINANCIAL OBLIGATIONS THAT ARISE FROM SUCH EMPLOYMENT ARRANGEMENTS.

Print Representative's Name and Relationship	Phone #
Member's Signature (Or Representative)	Date

II. Personal Care Provider Acknowledgment:

I have read and understand the Membership Addendum. It correctly expresses that my relationship is with the above named ShareCare member. I understand that ShareCare's responsibility is to its member.

I ACKNOWLEDGE THAT SHARECARE HAS NO BUSINESS OR CONTRACTUAL RELATIONSHIP WITH ME OR WITH MY COMPANY, NO FINANCIAL OR MANAGERIAL OBLIGATION TO ME, AND DOES NOT CONTROL THE SERVICES I, AS AN INDEPENDENT CONTRACTOR, PROVIDE FOR THIS MEMBER.

Print Name	Phone #
Care Provider's Signature	Date
Witness To Signatures	Date

♦ ♦ ♦ ♦ **Print 3 copies and sign. Give a copy to the MEMBER, CAREGIVER AND SHARECARE** ♦ ♦ ♦ ♦