



FAIR LABOR STANDARDS ACT LIVE-IN EXEMPTION

Provider Name

First: Last: PPL ID:

Participant Name

First: Last: PPL ID:

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.

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

Part 1: Applying for Live-In Exemption

Select which Residency Test option applies:

- Provider lives with the Participant seven days a week. This means they do not have another home.
- Provider lives with the Participant for an extended period of time. This means they work and sleep five days a week.
 - Any five days in a week (120 hours or more)
 - Five days in a row

! IMPORTANT: Provider is eligible if either of the above choices are selected.

- Provider does not live with the Participant.

Part 2: Cancelling Live-In Exemption

Select if applies:

- Provider no longer lives with the Participant they provide services to.

Agree and Sign

The Provider, Participant, and/or Employer confirm:

- I have read all of this form.
- The details provided are accurate and complete.
- I must inform Public Partnerships when the Provider no longer lives with the Participant.
- I agree to accept the risks if I fail to inform Public Partnerships.
- I know that all hours including overtime (over 40 hours per workweek) will be paid at regular hourly rates.

Provider Signature:

Date:

Participant or Employer or Representative Signature:

Date: