



**The Klamath Tribes**  
**Community Services Department**  
**Title VI, Part C – Caregiver Support Program**  
**RESPIRE RELIEF CAREGIVER SERVICE**  
 Operates April 1<sup>st</sup> to March 31<sup>st</sup> every year

### ELIGIBILITY REQUIREMENTS

The purpose of the Respite Relief Service is to provide temporary relief to the primary caregiver, from their caregiving responsibilities. The Native American Family Caregiver Support program can serve two types of **unpaid** family caregivers: (Note: foster care payments are not considered “income”)

1. **Family caregiver:** An adult family member, or another individual, who is an unpaid informal provider of in-home and community care to an older Indian (60+ years of age, enrolled in any federally recognized tribe) or to an individual with Alzheimer's disease or a related disorder with neurological and organic brain dysfunction.

**Respite is in the form of contracting the Elder's family or non-family member(s) to provide care to the Elder. Schedule, care and duties are determined on a case-by-case basis.**

2. **Grandparent or older individual who is a relative caregiver:** A grandparent or step-grandparent of a child, or a relative of a child by blood, marriage, or adoption, who is 55 years of age or older, enrolled in a federally recognized tribe, and:
  - Lives with the child;
  - Is the primary caregiver of the child because the biological or adoptive parents are unable or unwilling to serve as the primary caregiver of the child; and
  - Has a legal relationship to the child, as such legal custody or guardianship, or is raising the child informally

**Respite may come in many forms such as: a Child Care Provider, on-call Babysitter, After-School Program Fees, Summer Camps, Spring/Winter Break Programs, etc.**

3. **Must reside within the Tribes service delivery area; Klamath County of Oregon.**

**CONTRACTING TIMELINE** - *The process may take 45-60 days to complete; please plan accordingly.*

REQUIRED DOCUMENTS TO CONTRACT FOR RESPITE	Non-Immediate Family	Immediate Family
Primary Caregiver Application (2 pages)	X	X
Care Recipient Application (3 pages)	X	X
Respite Relief Caregiver Application (2 pages)	X	X
Form W-9 for Respite Caregiver (Attachment A)	X	X
Background Check Waiver Form (Attachment B)		X
Authorization for Release of Information (Attachment C)	X	
Release & Indemnification Form (Attachment D)	X	
First Aid, CPR/AED Certification for Respite Caregiver – Program may incur cost, for the Respite to obtain this certification	X or ☺	X or ☺
Driver's License for Respite Caregiver (if driving is requested for duties)	X	X
Vehicle Insurance for Respite Caregiver (if driving is requested for duties)	X	X
Background Check (Required for anyone providing care to minors, and non-family members providing care to Elders)	☺	

X = responsibility of applicant

☺ = initiated by Department once ROI form is received



The Klamath Tribes  
Community Services Department  
Title VI, Part C – Caregiver Support Program – Respite Relief Service  
**NON-PAID PRIMARY CAREGIVER APPLICATION**

**INDIVIDUAL INFORMATION**

Name: \_\_\_\_\_  
First MI Last Suffix

Physical Address: \_\_\_\_\_  
Street City State Postal Code

Mailing Address: \_\_\_\_\_  
Street City State Postal Code

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ DOB: \_\_\_\_\_

Tribal Affiliation: \_\_\_\_\_ Roll Number: \_\_\_\_\_

Ethnicity: ☐ Hispanic/Latino ☐ Not Hispanic/Latino

**SCREENING QUESTIONS**

1. Why are you requesting Respite Care Services? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Do you have a current (unexpired) First Aid, AED/CPR certification? ☐ YES ☐ NO

3. Do you need information on specific illness(es)? ☐ YES ☐ NO

If yes, please elaborate the information you need. E.g. diabetes, heart problems, arthritis, etc. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Would you like to receive training and/or information related to Caregiving? ☐ YES ☐ NO

If yes, please elaborate: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Have you completed training (in/formal) related to Caregiving? ☐ YES ☐ NO

If yes, please elaborate what types of trainings you have completed. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. What days of the week or periods of time, would you like the Respite Relief Caregiver to assist you with and/or provide relief for you? The dates do not have to be exact but it helps to get an idea of what you are requesting.

- ☐Monday    ☐Tuesday    ☐Wednesday    ☐Thursday    ☐Friday  
☐Saturday    ☐Sunday    ☐every-other weekend    ☐every-other week  
☐only for specific duties (please detail below)    ☐other (please detail below)

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7. What specific duties are you requesting the Respite Relief Caregiver to assist you with and/or provide to the Elder in your absence? Please be specific to ensure the Respite Relief Caregiver is qualified and/or able to complete the tasks being requested.

- ☐Bathing    ☐Grooming    ☐Transporting    ☐Tracking Medication  
☐Shopping    ☐Light exercises    ☐Child Care    ☐In-home chores  
☐Meal Preparation    ☐other (please detail below)

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8. Who will be the care recipient?    ☐Elder    ☐Minor(s) – how many? \_\_\_\_\_

Name & Age: \_\_\_\_\_ Name & Age: \_\_\_\_\_

Name & Age: \_\_\_\_\_ Name & Age: \_\_\_\_\_

\*Please note, there is a separate "Care Recipient Application" which must be completed.

9. Is there any specific information or special circumstances the Respite Relief Caregiver should be aware of and for whom? E.g. allergies, phobias, fears, dis/likes, dis/abilities, etc.

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10. When is the Respite Relief Care needed? \_\_\_\_\_

## ACKNOWLEDGMENT & RELEASE

I hereby certify that the information on this form is true and correct to my knowledge and consent to the release of this information to appropriate agencies, on a need-to-know basis. I acknowledge the Community Services Department is required to prevent and report any fraud, waste, or abuse of program services and/or funds.

Non-paid Primary

Caregiver Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### INTERNAL (OFFICE) USE ONLY

☐Approved    ☐Denied    EOW Signature & Date: \_\_\_\_\_

Reason/Justification: \_\_\_\_\_

☐Approved    ☐Denied    Director Signature & Date: \_\_\_\_\_

Reason/Justification: \_\_\_\_\_



The Klamath Tribes  
Community Services Department  
Title VI, Part C – Caregiver Support Program – Respite Relief Service  
**CARE RECIPIENT APPLICATION**

**CARE RECIPIENT INFORMATION**

**Elder Information** – Complete if care is being provided to a Tribal Elder

Name: \_\_\_\_\_  
First MI Last Suffix

Physical Address: \_\_\_\_\_  
Street City State Postal Code

Mailing Address: \_\_\_\_\_  
Street City State Postal Code

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ DOB: \_\_\_\_\_

Tribal Affiliation: \_\_\_\_\_ Roll Number: \_\_\_\_\_

Ethnicity: ☐ Hispanic/Latino ☐ Not Hispanic/Latino

**Minor(s) Information** – Complete table if care is being provided to minor child/ren

Name	Age	Grade	Allergies, Dis/Abilities, Dis/Likes, Etc.

If there are more than five (5) minor children requiring care, please attach an additional sheet of paper with the requested information.

## EMERGENCY CONTACT INFORMATION

### Personal Contact

Name: \_\_\_\_\_  
First MI Last Suffix

Physical Address: \_\_\_\_\_  
Street City State Postal Code

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Relationship to Client(s): \_\_\_\_\_

### Medical Contact

Primary Care Provider: \_\_\_\_\_  
First MI Last Suffix

Physical Address: \_\_\_\_\_  
Street City State Postal Code

Work Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Care Provider to Whom? \_\_\_\_\_

**MEDICATION SCHEDULE** – Complete if “tracking medication” is requested. “Administering medication” will not be listed in the duties of the Contract due to liability concerns.

Medication	Type/Dosage	Frequency	For Whom?

Please attach an additional sheet of paper, if there will be more than five (5) medications tracked.

### ELDERS HEALTH INFORMATION

- Are you disabled? ☐ Yes ☐ No
- Do you have a Chronic Illness? ☐ Yes ☐ No  
If yes, what kind of illness? \_\_\_\_\_
- Do you have an illness or condition that changed the kind or amount of food you eat? ☐ Yes ☐ No
- Do you eat fewer than 2 meals a day? ☐ Yes ☐ No

5. Do you eat few fruits, vegetables or milk products? ☐Yes ☐No
6. Do you have 3 or more drinks of beer, wine, or liquor daily? ☐Yes ☐No
7. Do you have a tooth or mouth problem that makes it hard to eat? ☐Yes ☐No
8. Do you have enough money to buy food monthly? ☐Yes ☐No
9. Do you eat alone most of the time? ☐Yes ☐No
10. Do you take 3 or more prescribed or over the count drugs daily? ☐Yes ☐No
11. Have you lost or gained 10 lbs. in the last 6 months, without wanting to? ☐Yes ☐No
12. Are you physically unable to shop, cook, or feed yourself? ☐Yes ☐No
13. Are you currently receiving Commodities? ☐Yes ☐No  
If not, would you like to apply for Commodities? ☐Yes
14. Do you have any limitations operating a motor vehicle? ☐Yes ☐No

**Do you need any help with any of the following activities? (Mark all that apply)**

- |                                   |                                           |                                              |
|-----------------------------------|-------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Bathing  | <input type="checkbox"/> Meal Preparation | <input type="checkbox"/> Tracking Medication |
| <input type="checkbox"/> Dressing | <input type="checkbox"/> Eating           | <input type="checkbox"/> In-home Chores      |
| <input type="checkbox"/> Grooming | <input type="checkbox"/> Light Exercises  | <input type="checkbox"/> Other: _____        |
| <input type="checkbox"/> Shopping | <input type="checkbox"/> Transporting     | <input type="checkbox"/> Other: _____        |

**Additional Information (Mark all that apply)**

Mobility

- ☐None
- ☐Cane
- ☐Walker
- ☐Wheelchair
- ☐Other: \_\_\_\_\_

Marital Status

- ☐Single
- ☐Married
- ☐Separated
- ☐Divorced
- ☐Widowed

Household Composition

- ☐Live Alone
- ☐With Child(ren)
- ☐With Spouse
- ☐Roommate
- How many are in the home? \_\_\_\_\_

**ACKNOWLEDGMENT & RELEASE**

I hereby certify that the information on this form is true and correct to my knowledge and consent to the release of this information to appropriate agencies, on a need-to-know basis. I acknowledge the Community Services Department is required to prevent and report any fraud, waste, or abuse of program services and/or funds.

Care Recipient Signature: \_\_\_\_\_

Date: \_\_\_\_\_



The Klamath Tribes  
Community Services Department  
Title VI, Part C – Caregiver Support Program – Respite Relief Service  
**RESPIRE RELIEF CAREGIVER APPLICATION**

**INDIVIDUAL INFORMATION**

Name: \_\_\_\_\_  
First MI Last Suffix

Physical Address: \_\_\_\_\_  
Street City State Postal Code

Mailing Address: \_\_\_\_\_  
Street City State Postal Code

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ DOB: \_\_\_\_\_

Tribal Affiliation: \_\_\_\_\_ Roll Number: \_\_\_\_\_

Ethnicity: ☐ Hispanic/Latino ☐ Not Hispanic/Latino

**SCREENING QUESTIONS**

1. Are you a member of the “Care Recipient” immediate family? ☐ Yes ☐ No

The Klamath Tribes defines immediate family as any of the following;  
check the appropriate category which fits you.

- |                                      |                                     |                                         |
|--------------------------------------|-------------------------------------|-----------------------------------------|
| <input type="checkbox"/> husband     | <input type="checkbox"/> sister     | <input type="checkbox"/> father-in-law  |
| <input type="checkbox"/> wife        | <input type="checkbox"/> brother    | <input type="checkbox"/> mother-in-law  |
| <input type="checkbox"/> mother      | <input type="checkbox"/> son        | <input type="checkbox"/> sister-in-law  |
| <input type="checkbox"/> father      | <input type="checkbox"/> daughter   | <input type="checkbox"/> brother-in-law |
| <input type="checkbox"/> grandparent | <input type="checkbox"/> grandchild | <input type="checkbox"/> roommate       |

If yes, complete Attachment B only. May omit Attachment C & D.

If no, complete Attachments C and D. Ineligible for Attachment B.

2. Do you have a current Form W-9 on file with The Klamath Tribes? ☐ Yes ☐ No

The Form W-9, is valid for two years. If you have not provided one within  
the last two years, you will have to provide an updated one. This form is  
included as Attachment A for your convenience.

Have moved residence, since you submitted the Form W-9?

The address on your Form W-9 must reflect your current address.

Has your legal name changed, since you submitted the Form W-9?

Your legal name must match the name provided on your Form W-9.

3. Do you have a current First Aid, CPR/AED certification/card? ☐ Yes ☐ No

Expiration Date: Month: \_\_\_\_\_ Year: \_\_\_\_\_

You must provide a copy with your application. If you do not, the Program may incur costs for you to obtain this certification.

4. Have you ever performed Caregiver or Child Care duties before? ☐ Yes ☐ No

If yes, how long? \_\_\_\_\_

To Whom/in what capacity? \_\_\_\_\_

Types of duties performed: \_\_\_\_\_

5. Do you have any formal training to provide care for an individual? ☐ Yes ☐ No

If yes, what types of training? \_\_\_\_\_

6. Will you be transporting the "Care Recipient" to/from appointments, for errands, shopping, etc.? ☐ Yes ☐ No

If yes, you must provide a copy of your current Driver's License and proof of current automotive insurance which meets Oregon's minimum liability coverages.

If no, it is not necessary to provide your Driver's License or insurance.

7. Have you ever been convicted of a crime (misdemeanor or felony) other than a traffic violation? ☐ Yes ☐ No If yes, complete table below.

Month/Year	Offense	Circumstances

8. PERSONAL REFERENCES – Please provide 3 personal or professional references.

Name	City, State	Phone #	Caregiver for them?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

## ACKNOWLEDGMENT & RELEASE

I hereby certify that the information on this form is true and correct to my knowledge and consent to the release of this information to appropriate agencies, on a need-to-know basis. I acknowledge the Community Services Department is required to prevent and report any fraud, waste, or abuse of program services and/or funds.

Respite Relief

Caregiver Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# Attachment A - Form W-9

Form **W-9**  
(Rev. November 2017)  
Department of the Treasury  
Internal Revenue Service

## Request for Taxpayer Identification Number and Certification

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Give Form to the  
requester. Do not  
send to the IRS.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor or single-member LLC  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.  <input type="checkbox"/> Other (see instructions) ► _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from FATCA reporting code (if any) _____  <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)  <b>The Klamath Tribes</b> <b>P.O. Box 436</b> <b>Chiloquin, OR 97624</b>
6 City, state, and ZIP code		
7 List account number(s) here (optional)		

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number	
<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>
or	
Employer identification number	
<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>

### Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign  
Here

Signature of  
U.S. person ►

Date ►

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What Is backup withholding*, later.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting*, later, for further information.

**Note:** If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

**Foreign person.** If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*).

**Nonresident alien who becomes a resident alien.** Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

## Backup Withholding

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

**Payments you receive will be subject to backup withholding if:**

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the instructions for Part II for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships*, earlier.

## What is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the instructions for the Requester of Form W-9 for more information.

## Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

## Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

## Specific Instructions

### Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

**Note: ITIN applicant:** Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C corporation, or S corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

### Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

### Line 3

Check the appropriate box on line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3.

IF the entity/person on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation
• Individual • Sole proprietorship, or • Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes.	Individual/sole proprietor or single-member LLC
• LLC treated as a partnership for U.S. federal tax purposes, • LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or • LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes.	Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C corporation; or S= S corporation)
• Partnership	Partnership
• Trust/estate	Trust/estate

### Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

#### Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup>	Generally, exempt payees 1 through 5 <sup>2</sup>
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

<sup>1</sup> See Form 1099-MISC, Miscellaneous Income, and its instructions.

<sup>2</sup> However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

**Exemption from FATCA reporting code.** The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

**Note:** You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

## Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, write NEW at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

## Line 6

Enter your city, state, and ZIP code.

## Part I. Taxpayer Identification Number (TIN)

**Enter your TIN in the appropriate box.** If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

**Note:** See *What Name and Number To Give the Requester*, later, for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at [www.SSA.gov](http://www.SSA.gov). You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at [www.irs.gov/Businesses](http://www.irs.gov/Businesses) and clicking on Employer Identification Number (EIN) under Starting a Business. Go to [www.irs.gov/Forms](http://www.irs.gov/Forms) to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to [www.irs.gov/OrderForms](http://www.irs.gov/OrderForms) to place an order and have Form W-7 and/or SS-4 mailed to you within 10 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note:** Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

**Caution:** A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

## Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

**Signature requirements.** Complete the certification as indicated in items 1 through 5 below.

**1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.

**2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

**3. Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.

**4. Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

**5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

## What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup>
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
5. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee <sup>1</sup> The actual owner <sup>1</sup>
6. Sole proprietorship or disregarded entity owned by an individual	The owner <sup>3</sup>
7. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor <sup>4</sup>
For this type of account:	Give name and EIN of:
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee

For this type of account:	Give name and EIN of:
14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
15. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

<sup>4</sup> List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships*, earlier.

**\*Note:** The grantor also must provide a Form W-9 to trustee of trust.

**Note:** If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

## Secure Your Tax Records From Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

### Protect yourself from suspicious emails or phishing schemes.

Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to [phishing@irs.gov](mailto:phishing@irs.gov). You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at [spam@uce.gov](mailto:spam@uce.gov) or report them at [www.ftc.gov/complaint](http://www.ftc.gov/complaint). You can contact the FTC at [www.ftc.gov/idtheft](http://www.ftc.gov/idtheft) or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see [www.IdentityTheft.gov](http://www.IdentityTheft.gov) and Pub. 5027.

Visit [www.irs.gov/identitytheft](http://www.irs.gov/identitytheft) to learn more about identity theft and how to reduce your risk.

## Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

## Attachment B - Background Waiver



**The Klamath Tribes  
Community Services Department  
Title VI, Part C – Caregiver Support Program – Respite Relief Service  
BACKGROUND CHECK WAIVER FORM**

Per the Administration on Aging Title VI grant regulations, family member(s) who provide Respite Relief Caregiver services to a family member who is a Tribal Elder (60+ years of age, enrolled in any federally recognized Tribe), may omit the Background Check process – with approval of the Care Recipient. In accordance with *The Klamath Tribes Personnel Policies and Procedures Manual*, “an immediate family member is considered any of the following: husband, wife, mother, father, sister, brother, son, daughter, father-in-law, mother-in-law, sister-in-law, brother-in-law, daughter-in-law, son-in-law, grandparents, grandchildren, companion and room-mate (pages 21 & 47).” Any Respite Relief Caregiver who does not fit the criteria will be subject to a background check and ineligible for the waiver. The Care Recipient will complete the form and return to The Klamath Tribes Community Services Department. The form will be included with the supporting documentation to complete the Respite Relief Caregiver Personal Services Contract.

Parties to Respite Service	Full Legal Name	DOB
Care Recipient		
Non-paid Primary Caregiver		
Respite Relief Caregiver		

### **RELEASE AND INDEMNIFICATION**

***Please Read Carefully – This affects your legal rights***

1. In consideration for the Care Recipient to receive direct service under The Klamath Tribes Respite Relief Program administered through the Community Services Department, I hereby agree to the following assumption of risk and hold harmless provisions.
  - a) I understand my primary non-paid caregiver has initiated the request by requesting a Respite Relief Caregiver through The Klamath Tribes Community Services Department, Caregiver Support Program.
  - b) I am fully aware of risks and hazards connected with waiving the Background Check for the Respite Relief Caregiver who will be providing care to me.
  - c) I hereby elect to voluntarily allow the Respite Relief Caregiver to provide care to me, to enter my residence and may have access to my personal belongings and property.
  - d) I understand The Klamath Tribes Community Services Department contracts with the Respite Relief Caregiver. The Respite Relief Caregiver is not an employee of The Klamath Tribes.
  - e) I understand The Klamath Tribes Community Services Department does not provide liability insurance coverage under the Tribes policy. I will not be able to file claims of injury, damage, or loss that I may sustain as a result of the Respite Relief Caregiver services.



- f) For any injury, damage or loss caused by acts or omissions are **not** covered by the Tribes' liability insurance policy and may not be covered by the Federal Tort Claims Act, I hereby voluntarily assume full responsibility and hold harmless and forever release from any liability The Klamath Tribes, and any and all Tribal employees, officers, and agents (collectively the "Indemnitees") for any such risks of loss, property damage or personal injury that may be sustained by me.
2. It is my express intent that this Indemnification and Release of Liability shall bind the members of family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a Release, Waiver, Discharge and Covenant Not to Sue the any or all of the Indemnitees.
  3. If I, the Care Recipient, has any health or medical concerns now or after, I agree to discuss them with my primary medical practitioner and contact appropriate medical staff. The Respite Relief Caregiver is not assumed to be trained or qualified to provide medical care to me.
  4. Nothing in this Release shall be construed or interpreted to relinquish the sovereign immunity of The Klamath Tribes or the Klamath Tribes Community Services Department.

In signing this Indemnification and Release of Liability, I acknowledge and represent that:

1. I have read the foregoing Indemnification and Release of Liability, understand it, and sign it voluntarily as my own free act and deed;
2. No oral representation, statements or inducements, apart from the foregoing written Indemnification and Release of Liability, have been made,
3. I execute this Indemnification and Release of Liability for full, adequate and complete consideration, which I acknowledge receipt of, fully intending to be bound by same.

Care Recipient Signature: \_\_\_\_\_

Printed Name of Care Recipient: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Elder Outreach Worker Signature Date

\_\_\_\_\_  
Community Services Director Signature Date

<b>OFFICE USE ONLY</b> <b>DATE/TIME RECEIVED</b>



## Attachment C - Authorization ROI



**The Klamath Tribes**  
501 Chiloquin Blvd.  
Chiloquin, OR 97624

### AUTHORIZATION FOR RELEASE OF INFORMATION

This release of information constitutes my consent and authorization to the agencies or representatives identified to furnish **The Klamath Tribes** and **Personnel Security Consultants, INC.**, and/or its representative's permission and authority to conduct a background check in order to determine my suitability as a contractor with **The Klamath Tribes**. I understand and consent to an investigation that is limited to criminal and civil record history information, motor vehicle driving history, human services inquiry for domestic violence, child abuse and neglect information, employment verification, educational verification, professional licensing, personal and professional references and credit reports whether or not such information would otherwise be protected from disclosure by any constitutional, statutory or common law privilege.

I authorize the custodians of such records and source of information to release the information, including permitting the review and copying of all documents, records or correspondence permitting to me, to the representatives of **The Klamath Tribes** and **Personnel Security Consultants, INC.**, regardless of any previous agreement to the contrary.

I agree to accept all risks of adverse public notice, embarrassment, and criticism background investigation for the purpose listed in this document. I agree to indemnify and hold or financial loss that may result from use of information that is obtained in connection with a background investigation for the purpose listed in this document. I agree to indemnify and hold harmless any person to whom this is lawfully presented and his agent and employees from and against all claims, damages, losses, and expenses, including reasonable attorney's fee, arising out or by reason of complying with this request.

\_\_\_\_\_  
Applicant's Full Name (please print)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Driver's License / State

\_\_\_\_\_  
City, Sate, Zip Code

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Applicants signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Directors Signature

\_\_\_\_\_  
Date

## Attachment D - Indemnification



**The Klamath Tribes  
Community Services Department  
Title VI, Part C – Caregiver Support Program – Respite Relief Service  
*RELEASE & INDEMNIFICATION FORM***

The Klamath Tribes Human Resources Department will undergo a Background Investigation on the Respite Relief Caregiver named below. Given the result of the investigation for the Respite Relief Caregiver results in a “favorable determination,” the parties named below must also sign this “Release & Indemnification” form. This form is required, in order to proceed with the Contracting process; for the Tribe to provide payment for the services the Respite Relief Caregiver provides to the Care Recipient(s).

<b>Parties to Respite Service</b>	<b>Full Legal Name</b>	<b>DOB</b>
<b>Care Recipient</b>		
<b>Non-paid Primary Caregiver</b>		
<b>Respite Relief Caregiver</b>		

### ***RELEASE AND INDEMNIFICATION***

***Please Read Carefully – This affects your legal rights***

1. In consideration for the Care Recipient to receive direct service under The Klamath Tribes Respite Relief Program administered through the Community Services Department, I hereby agree to the following assumption of risk and hold harmless provisions.
  - a) I understand my primary non-paid caregiver has initiated the request by requesting a Respite Relief Caregiver through The Klamath Tribes Community Services Department, Caregiver Support Program.
  - b) I am fully aware of risks and hazards connected with waiving the Background Check for the Respite Relief Caregiver who will be providing care to me.
  - c) I hereby elect to voluntarily allow the Respite Relief Caregiver to provide care to me, to enter my residence and may have access to my personal belongings and property.
  - d) I understand The Klamath Tribes Community Services Department contracts with the Respite Relief Caregiver. The Respite Relief Caregiver is not an employee of The Klamath Tribes.
  - e) I understand The Klamath Tribes Community Services Department does not provide liability insurance coverage under the Tribes policy. I will not be able to file claims of injury, damage, or loss that I may sustain as a result of the Respite Relief Caregiver services.
  - f) For any injury, damage or loss caused by acts or omissions are not covered by the Tribes’ liability insurance policy and may not be covered by the Federal Tort Claims Act, I hereby voluntarily assume full responsibility and hold harmless and forever release from any liability The Klamath Tribes, and any and all Tribal employees, officers, and agents (collectively the “Indemnitees”) for any such risks of loss, property damage or personal injury that may be sustained by me.

2. It is my express intent that this Indemnification and Release of Liability shall bind the members of family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a Release, Waiver, Discharge and Covenant Not to Sue the any or all of the Indemnitees.
3. If I, the Care Recipient, has any health or medical concerns now or after, I agree to discuss them with my primary medical practitioner and contact appropriate medical staff. The Respite Relief Caregiver is not assumed to be trained or qualified to provide medical care to me.
4. Nothing in this Release shall be construed or interpreted to relinquish the sovereign immunity of The Klamath Tribes or the Klamath Tribes Community Services Department.

In signing this Indemnification and Release of Liability, I acknowledge and represent that:

1. I have read the foregoing Indemnification and Release of Liability, understand it, and sign it voluntarily as my own free act and deed;
2. No oral representation, statements or inducements, apart from the foregoing written Indemnification and Release of Liability, have been made,
3. I execute this Indemnification and Release of Liability for full, adequate and complete consideration, which I acknowledge receipt of, fully intending to be bound by same.

Care Recipient Signature: \_\_\_\_\_

Printed Name of Care Recipient: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Elder Outreach Worker Signature Date

\_\_\_\_\_  
Community Services Director Signature Date

**OFFICE USE ONLY**  
**DATE/TIME RECEIVED**