
PCA Agency Disclosure & Release

Ability Care Partners employees are required to disclose the names of any other PCA agencies they currently work for and authorize the company to contact them regarding your hours worked. **PCAs cannot work more than 275 hours per month. If you work for multiple consumers/agencies your combined totals cannot exceed this limit.** (Minn. Stat. Chapter 245A, Minn. Stat. §252A.02, subd. 3a, Minn. Stat. §256B.0659, subd. 11)

It is the PCAs responsibility to:

1. Monitor and record their number of hours worked (monthly combined totals with all consumers/agencies).
2. Notify their consumer(s) and *ACP* regarding total hours worked each week with all consumers/agencies.
3. Sign a PCA Agency Disclosure & Release for each PCA agency they actively work for or are hired with in the future and notify *ACP* immediately of changes in their working status as a PCA.
4. Return any received wages for hours worked that exceeded the limits mentioned above, as the hours are not authorized and thus are ineligible to accept wages for.

PCA Name: _____

Initial below:

_____ **I am NOT currently working as a PCA for any other agencies.** I agree to inform my consumer and Ability Care Partners if I am employed as a PCA for any other consumers or agencies in the future and I will complete a new copy of this disclosure at that time.

_____ **I AM currently working as a PCA for another agency which I have listed below.** I authorize Ability Care Partners and my employer listed below to communicate with each other and share pertinent information regarding my work schedule, daily/weekly/monthly total hours worked and share copies of my timesheets when necessary. I also agree to inform my consumers and Ability Care Partners if I am employed as a PCA for any other consumers or agencies in the future and I will complete a copy of this disclosure for each agency at that time.

Agency Name: _____

Supervisor Name: _____

Phone #: _____ Fax #: _____

Number of Consumers/Clients currently working with: _____

Average Weekly Total Hours: _____ Average Monthly Total Hours: _____

 X

PCA Signature

Date