



Choice. With Confidence.

2026

NOTICE 2014-7: Caregiver Exemption Statement

I, _____, certify that I reside (share primary residence) with the participant named below. I certify that I am an individual care provider receiving payments for non-medical services under a state Medicaid Home and Community-Based Services waiver program for care I provide to _____.
(Participant's First and Last Name Printed)

(Address – Street, City, State, ZIP)

(Participant-hired Worker Signature)

(Employee ID)

(Signature Date)

Please Note:

- You will also need to complete the enclosed W-4 and WT-4 as required by the IRS and the State of Wisconsin.
- To ensure that you don't need to request a W-2C each year, please return this completed statement to iLIFE before December 1st each year.

****Please note it is your responsibility to update your live-in status with iLIFE if something should change during the year.**