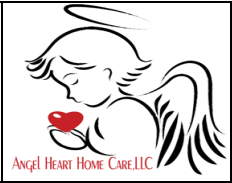


Angel Heart Home Care, LLC  
825 N. Circle Suite 203, Colorado Springs, CO 80909



## Non-Relative Care Provider Acknowledgement Form

I \_\_\_\_\_ confirm that I am not related to any of my clients by blood, marriage, adoption, or common law. If I get a client who I am related to, or my status changes with any current client, I agree to inform Angel Heart Home Care, LLC immediately.

Sworn this day \_\_\_\_\_ of this month \_\_\_\_\_ and this year \_\_\_\_\_.

X \_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

X \_\_\_\_\_  
Agency Representative/Title

\_\_\_\_\_  
Date