State of Illinois Department of Human Services
Developmental Disabilities
Vendor Fiscal/Employer Agent Services
Consumer Choice…Consumer Control

Personal Support Worker Acknowledgement of Employer

I, _____, acknowledge and
(Personal Support Worker/Employee)

understand that_____ is my
(Participant/ Employer)

common law employer and that I am not employed by Avenues for Consumer Services and $upport (ACES$).

I understand that the role of Avenues to Consumer Services and $upport (ACES$) is to provide payroll services to my employee.

Signed: _____
(Personal Support Worker/Employee)

Signed: _____
(Participant/Employer)

Date: _____