

**LICENSED HOME CARE SERVICES AGENCY**  
**Certification of Compliance with Home Care Worker Wage Parity**

I hereby certify that services provided by my organization for the period of December 1, 2012 through February 28th, 2013 are in full compliance with the terms of subdivision c of section 3614 of the Public Health Law, Home Care Worker Wage Parity and any regulations promulgated pursuant to this provision of Law.

In addition, I will provide the CHHA/LTHHCP/MCO, on a quarterly basis, all information to verify my compliance with the terms of this section (including this certification), that I will maintain all such information for a period of no less than ten years from the end of the applicable calendar year and that such information shall be made available to the Department upon request.

Name of Organization \_\_\_\_\_

License No. (if applicable) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Name (Please Print) \_\_\_\_\_

Title (Please Print) \_\_\_\_\_

Does your organization currently have a collective bargaining agreement (CBA) that covers home care aides?  
Yes/No

Please note that in accordance with Parts 86-1.2 of Title 10 of the Commissioner's Administrative Rules and Regulation, only the following individuals may sign the certification form:

Proprietary Sponsorship – Operator/ Owner

Voluntary Sponsorship – Officer (President, Vice President Secretary or Treasurer), Chief Executive Officer, Chief Financial Officer or any Member of the Board of Directors

Public Sponsorship – Public Official Responsible for the Operation of the Facility.