



This form is required to process your registration in the Shared Care Program as a caregiver. Please completely fill out all requested information. **The completed form must be returned to the Missouri Department of Health and Senior Services (DHSS), Central Registry Unit, P.O. Box 570, Jefferson City, MO 65102-0570.** If you require any assistance with this form, please call DHSS at (573)751-4842.

Mail only this registration form back to the Department of Health and Senior Services. Information on all registered caregivers eligible for the tax credit will be provided to the Department of Revenue.

A Physicians Certification form (MO-SCC) is also enclosed. The care recipient's physician must review the requirements listed on the form and sign and date the form attesting that the care recipient is in need of care. Retain the Physicians Certification form and then file the form with your Missouri tax return to receive the tax credit.

CAREGIVER REGISTRATION

NAME (LAST, FIRST, MI)		SOCIAL SECURITY NUMBER	
ADDRESS (STREET, CITY, STATE, ZIP)			
TELEPHONE		COUNTY OF RESIDENCE	
DATE OF BIRTH	RACE	SEX	

CARE RECIPIENT REGISTRATION

NAME (LAST, FIRST, MI)		SOCIAL SECURITY NUMBER	
DATE OF BIRTH	RACE	SEX	
RELATIONSHIP TO CAREGIVER			

ELIGIBILITY (Please Check Yes or No)

1. Does the care recipient reside on the same premises as the caregiver?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Is the caregiver receiving monetary compensation for the care of the recipient?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Is the care recipient allowed or capable of operating a motor vehicle?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Does the care recipient receive services funded by Medicaid or Social Services Block Grant? (This does not include home delivered meals)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Has the caregiver provided care for at least six months of the tax year that the credit is being requested for? (Does not have to be consecutive months)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Name of physician who signed the Shared Care Tax form Physician Certification	Date Signed	

Tax year you wish to register for:

IMPORTANT

Caregivers must register annually with DHSS for each year that care is provided. If you are filing a combined tax return, both husband and wife must register as caregivers.

SIGNATURE OF CAREGIVER	DATE
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