



## Georgia Caregiver Portal Request for Family Employer Username and Password

First Name of Family Employer (required)

Last Name of Family Employer (required)

Phone Number of Family Employer (required)

Email address of Family Employer (required)

Family Employer's Street Address (required)

No P.O. Boxes

City (required)

State (required)

Zip Code (required)

Name of Elderly Family Member(s) Receiving Personal Care Services (required)

Relationship of Family Employer to Elderly Family Member(s) [Required]

- Spouse     Parent     Sibling     Grandparent     Guardian/Ward  
 Uncle/Aunt     Cousin     In-Law     Other

- By checking this box I acknowledge that I am accessing the Georgia Caregiver Portal for the sole purpose of determining the employment eligibility of a current employee or prospective job applicant who will provide personal care services to my family member or a guardian/ward who is 65 years of age or older.

\_\_\_\_\_  
Family Employer Signature

\_\_\_\_\_  
Date