

# **Employee / Provider Documents**

Forms provided by Resource Connections of Oregon



RESOURCE  
CONNECTIONS  
OF OREGON

Main Office:  
3876 Beverly Ave NE  
Suite G-1  
Salem, OR 97305

Tel: (503) 485-2510  
Fax: (503) 485-2515

Toll Free:  
Tel: (866) 890-2048  
Fax: (866) 890-2049

Yamhill Co. Office:  
(available by appointment)  
2205 NE Evans St.  
McMinnville, OR 97128

Tel: (503) 883-0430  
Fax: (503) 883-0433

Linn Co. Office:  
(available by appointment)  
250 Broadalbin St SW  
Suite 245  
Albany, OR 97321

Tel: (541) 704-2720  
Fax: (541) 704-2725

Dear New Employee:

Congratulations! You have been hired by an RCO customer to be his/her provider, here after called employee.

This is your information packet. Included are forms that need to be completed as indicated and returned to the Resource Connections of Oregon (RCO) office.

RCO is a non-profit corporation contracted in part to provide payroll services. We disburse designated funds under the direction of our customer. The forms in this packet are necessary for you to get paid. You may not begin working until all the forms are completed and returned to RCO.

If you have any questions regarding the materials in this packet, you may contact RCO at:

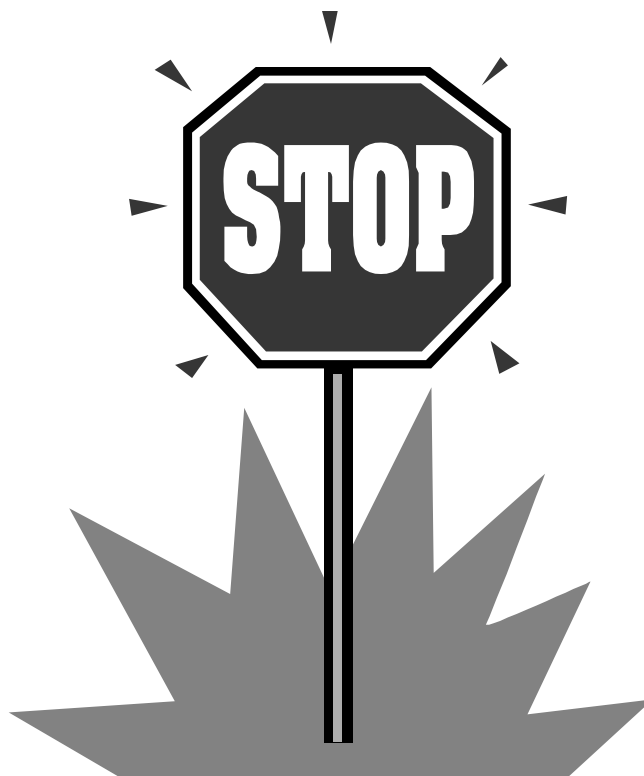
Fiscal Intermediary Accountant,

Carol Gil (503) 485-2510 ext. 124

Business Manager,

Nadine Younger (503) 485-2510 ext. 121

If you are outside the local Salem calling area, our toll free number is 1-866-890-2048.



**Have you filled out the  
criminal history records check  
within the past 2 years?**

**If a criminal history check has not already been done and approved,**

**RCO can do the check for you.**

***Please call to make an appointment.***

**503-485-2510 or (toll free) 1-866-890-2048**

## Employee Documents

- **Qualified Provider Agreement.** This form explains steps that must be taken before you begin working for a customer of RCO. You must be pre-qualified. This form must be signed to show your agreement to follow these procedures. Employees cannot work until this process is completed. **Action: Sign and return it to RCO office.**
- **Homecare Worker / Personal Support Worker.** This form provides information on membership in the Oregon Home Care Commission (OHCC) and Workers' Compensation Insurance. The OHCC refers to all Domestic Employees as Personal Support Workers. **Action: Carefully read over the form and keep for your records.**
- **Mandatory Abuse Reporting Notice.** This form documents that you have received information on mandatory abuse reporting. **Action: Review the form, sign and date it, return it to RCO office and keep the card accessible.**
- **Provider Enrollment Data Record.** This form provides RCO with information to set you up as an employee. **Action: Both employer & employee complete and sign this document; then return it to RCO office.**
- **IRS Form W-4.** This form is required by the IRS for RCO to process taxes. **Action: Employer needs to fill out the bottom part and return it to RCO office.**
- **Employment Eligibility Verification Form I-9.** This form is required by the INS to verify that you can work in the US legally. **Action: Employee must present ID as indicated on the back of the form. Both employer & employee need to complete and sign this document and return it to RCO office.**
- **How to get paid ON TIME!** This section and the sample time sheet provide instructions on completing your time sheet. **Action: Review and save the extra time sheet for your first month's hours; return it to RCO office.**
- **Change of Information Form.** This form is used to notify RCO of changes to either employer or employee information, including address and phone number. **Action: Keep the blank form. Use when necessary and send to the RCO office. Ask for replacement copies.**

- **Payment options.** There are 3 methods of payment from which employees of RCO customers may choose. Checks can be directly deposited into employee bank accounts, employees may choose to receive their check on a payment card or checks can be mailed to employees. ***Action: Decide which option is best for you. Complete the direct deposit forms if you so choose, ask the Personal Agent for more information about the payment card, or do nothing to have checks mailed to you.***

\*If you choose to have your check mailed to you, there is a fee of \$22.51 to have lost or stolen checks reissued. This fee is one-half of the cost to RCO for stop payment and re-issue of a payroll check. This fee is subject to change, if our costs change.

# QUALIFIED PROVIDER STATEMENT

Oregon Administrative Rules (OAR) state that Seniors and People with Disabilities (SPD) dollars **cannot pay for any work** done by employees who are not qualified.

Under OAR 411-340-0160(1), to be a qualified provider you must:

1. Be at least 18 years of age;
2. Complete and pass the Criminal History Records Check;
  - a. Prior to working, confirmation must be received by RCO that you are authorized to work. This process may take from 2 to 8 weeks.
  - b. If you are arrested and/or convicted of a crime, you must notify RCO and new criminal history check will need to be completed.
3. Be legally eligible to work in the United States (See Form I-9);
4. Not be a spouse of the customer;
5. Possess the skills and training necessary to perform the job;
6. Be a mandatory abuse reporter;
7. Present copies of any licenses or certificates that are required for this job (Documents required by the State of Oregon or County Developmental Disabilities Office);
8. Understand requirements of confidentiality and agree to safeguard the customer's information;
9. Not be on the Centers for Medicare and Medicaid Services list of excluded or debarred providers; and
10. If driving is part of the job, you need to submit copies of your valid Driver's License and **current** Certificate of Insurance for your automobile(s).
  - a. Every time you renew your driver's license and/or vehicle insurance, a copy must be sent to RCO.

RCO may impose the following sanctions under OAR 411-340-0130(9)(b):

- The provider may no longer be paid with support service funds;
- The provider may not be allowed to provide services for a specific length of time or until specific conditions for reinstatement are met and approved by the Brokerage or Department, as applicable; or
- The Brokerage may withhold payments to the provider.

**\*See reverse for the reasons sanctions may be imposed.**

Under OAR 411-340-0130(9)(a), RCO has the authority to sanction providers who have:

- Been convicted of any crime that would have resulted in an unacceptable criminal history check upon hiring or authorization of service;
- Been convicted of unlawfully manufacturing, distributing, prescribing, or dispensing a controlled substance;
- Had his/her professional license suspended, revoked, or otherwise limited, or surrendered his/her license;
- Failed to safely and adequately provide the services authorized;
- Had an allegation of abuse or neglect substantiated against him/her;
- Failed to cooperate with a Department or Brokerage investigation, or grant access to or furnish, as requested, records or documentation;
- Billed excessive or fraudulent charges or been convicted of fraud;
- Made false statement concerning conviction or crime or substantiation of abuse;
- Falsified required documentation;
- Not adhered to the provisions of OAR 411-340-0130(8) or 411-340-0140; or
- Been suspended or terminated as a provider by another agency within the Department.

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## QUALIFIED PROVIDER AGREEMENT

I, \_\_\_\_\_, have received the Qualified Provider Statement. I have read it and understand my responsibility to maintain my status as a qualified provider. Additionally, RCO may run a check of any and all Protective Service Investigations that have involved me. I also understand that if I do not maintain my qualified status, I may be sanctioned by RCO and I may not be eligible for payment with Support Service Funds.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

# QUALIFIED PROVIDER STATEMENT

\*Provider Copy\*

\*Provider Copy\*

Oregon Administrative Rules (OAR) state that Seniors and People with Disabilities (SPD) dollars **cannot pay for any work** done by employees who are not qualified.

Under OAR 411-340-0160(1), to be a qualified provider you must:

11. Be at least 18 years of age;
12. Complete and pass the Criminal History Records Check;
  - a. Prior to working, confirmation must be received by RCO that you are authorized to work. This process may take from 2 to 8 weeks.
  - b. If you are arrested and/or convicted of a crime, you must notify RCO and new criminal history check will need to be completed.
13. Be legally eligible to work in the United States (See Form I-9);
14. Not be a spouse of the customer;
15. Possess the skills and training necessary to perform the job;
16. Be a mandatory abuse reporter;
17. Present copies of any licenses or certificates that are required for this job (Documents required by the State of Oregon or County Developmental Disabilities Office);
18. Understand requirements of confidentiality and agree to safeguard the customer's information;
19. Not be on the Centers for Medicare and Medicaid Services list of excluded or debarred providers; and
20. If driving is part of the job, you need to submit copies of your valid Driver's License and **current** Certificate of Insurance for your automobile(s).
  - a. Every time you renew your driver's license and/or vehicle insurance, a copy must be sent to RCO.

RCO may impose the following sanctions under OAR 411-340-0130(9)(b):

- The provider may no longer be paid with support service funds;
- The provider may not be allowed to provide services for a specific length of time or until specific conditions for reinstatement are met and approved by the Brokerage or Department, as applicable; or
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- Had his/her professional license suspended, revoked, or otherwise limited, or surrendered his/her license;
- Failed to safely and adequately provide the services authorized;
- Had an allegation of abuse or neglect substantiated against him/her;
- Failed to cooperate with a Department or Brokerage investigation, or grant access to or furnish, as requested, records or documentation;
- Billed excessive or fraudulent charges or been convicted of fraud;
- Made false statement concerning conviction or crime or substantiation of abuse;
- Falsified required documentation;
- Not adhered to the provisions of OAR 411-340-0130(8) or 411-340-0140; or
- Been suspended or terminated as a provider by another agency within the Department.

# Homecare worker Personal support worker

Homecare workers and personal support workers (as of Jan. 1, 2011) are eligible for workers' compensation coverage for injuries that occur on the job. The Oregon Home Care Commission (OHCC) will facilitate filing workers' compensation claims. SAIF Corporation is your workers' compensation insurance carrier.

## What to do if you are injured on the job

### How to file a claim:

If you are employed as an Oregon homecare worker or personal support worker and you are injured while performing your duties, you may file a workers' compensation claim. The following simple steps will ensure that your claim is processed correctly.

1. Tell your consumer/employer right away that you were injured while working in his or her home
2. Contact the Oregon Home Care Commission (OHCC) workers' compensation coordinator at 888.365.0001 or 503.378.3099 (Salem)
3. Tell the representative you are a homecare worker or personal support worker and want to file a claim
4. If you seek medical treatment for your work injury, tell the doctor you were hurt on the job. Ask for and complete Form 827 (Identify yourself as a homecare worker or personal support worker on this form)

If you cannot reach the Oregon Home Care Commission, call SAIF at 800.285.8525 and ask for a claim form to be sent by mail. Identify yourself as a homecare worker or personal support worker on this form and return the completed form to:

**SAIF Corporation**  
**400 High Street SE**  
**Salem, OR 97306**



### To protect your rights and help process your claim:

- Report any work injury immediately
- Respond quickly to phone calls and letters from the OHCC workers' compensation coordinator and SAIF requesting information
- Complete and return Form 801
- Sign the medical release form so medical information about your injury can be gathered to process your claim
- Cooperate with efforts by SAIF and the OHCC workers' compensation coordinator to return you to a transitional job if you are unable to perform your normally assigned tasks

### IMPORTANT

Filing a claim does not automatically qualify you for workers' compensation benefits.

#### To file a claim if you are injured on the job:

- 1) Tell your consumer/employer right away that you were injured
- 2) Contact: **Oregon Home Care Commission workers' compensation coordinator**  
**Phone: 888.365.0001 or 503.378.3099 (Salem)**
- 3) Identify yourself as a **homecare worker or personal support worker**
- 4) If you seek medical treatment, tell the doctor you were hurt on the job. Identify yourself as a **homecare worker or personal support worker** and let your medical provider know that your insurance carrier is SAIF.

If you are unable to reach OHCC workers' compensation coordinator, please contact **SAIF Corporation at 800.285.8525**

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## MANDATORY ABUSE REPORTING NOTICE FOR ADULTS WITH DEVELOPMENTAL DISABILITIES

As an individual providing services to adults who are developmentally disabled, you are a **Mandatory Reporter** according to Oregon law (ORS 430.765). According to the law, if you have reasonable cause to believe that an adult who is developmentally disabled and is receiving services has been abused, or that any person with whom you come in contact in your job has abused such an adult, you must immediately report the abuse to the community developmental disability program and to a local law enforcement agency when there is reason to believe a crime has been committed. If applicable, you should also follow your agency policies and procedures so that immediate steps are taken to protect the victim of the abuse.

### **Abuse of an adult with developmental disabilities means:**

1. Abandonment including desertion or willful forsaking of an adult or the withdrawal or neglect of duties and obligations owed an adult by a caregiver or other person.
2. Death of an adult caused by other than accidental or natural means or occurring in unusual circumstances.
3. Financial exploitation including:

Wrongfully taking the assets, funds, or property belonging to or intended for the use of an adult.

Alarming an adult by conveying a threat to wrongfully take or appropriate money or property of the adult if the adult would reasonably believe that the threat conveyed would be carried out.

Misappropriating, misusing, or transferring without authorization any money from any account held jointly or singly by an adult.

Failing to use the income or assets of an adult effectively for the support and maintenance of the adult. "Effectively" means use of income or assets for the benefit of the adult.

4. Involuntary seclusion means the involuntary seclusion of an adult for the convenience of a caregiver or to discipline the adult. Involuntary seclusion may include placing restrictions on an adult's freedom of movement by restriction to his or her room or a specific area, or restriction from access to ordinarily accessible areas of the facility, residence, or program, unless agreed to by the Individual Support Plan (ISP) team included in an approved Behavior Support Plan (BSP) or included in a brokerage plan's specialized support. Restriction may be permitted on an emergency or short term basis when an adult's presence would pose a risk to health or safety.

5. Neglect including:

Active or passive failure to provide the care, supervision, or services necessary to maintain the physical and mental health of an adult that may result in physical harm or significant emotional harm to an adult. Services include but are not limited to the provision of food, clothing, medicine, housing, medical services, assistance with bathing or personal hygiene, or any other services essential to the well-being of the adult

Failure of a caregiver to make a reasonable effort to protect an adult from abuse.

Withholding of services necessary to maintain the health and well being of an adult which leads to physical harm of an adult.

6. Physical abuse:

Any physical injury by other than accidental means or that appears to be at variance with the explanation given for the injury.

Willful infliction of physical pain or injury.

Physical abuse is presumed to cause physical injury, including pain, to adults otherwise incapable of expressing pain.

7. Sexual abuse including:

Criminal code sexual offenses, or sexual contact with a nonconsenting adult or with an adult considered incapable of consenting to a sexual act under ORS 163.315.

Sexual harassment, sexual exploitation, or inappropriate exposure to sexually explicit material or language including requests for sexual favors. Sexual harassment or exploitation includes but is not limited to any sexual contact or failure to discourage sexual contact between an employee of a community facility or community program, provider, or other caregiver and an adult. For situations other than those involving an employee, provider, or other caregiver and an adult, sexual harassment or exploitation means unwelcome physical sexual contact and other physical conduct directed toward an adult.

Any sexual contact between an employee of a facility or paid caregiver and an adult served by the facility or caregiver. Sexual abuse does not mean consensual sexual contact between an adult and a paid caregiver who is the spouse or partner of the adult.

Any sexual contact that is achieved through force, trickery, threat, or coercion.

Any sexual contact between an adult with a developmental disability and a relative of the person with a developmental disability other than a spouse or partner. "Relative" means a parent, grandparent, children, brother, sister, uncle, aunt, niece, nephew, half brother, half sister, stepparent, or stepchild.

As defined in ORS 163.305, "sexual contact" means any touching of the sexual or other intimate parts of a person or causing such person to touch the sexual or other intimate parts of the actor for the purpose of arousing or gratifying the sexual desire of either party.

8. Wrongful restraint:

A wrongful use of a physical or chemical restraint, excluding an act of restraint prescribed by a licensed physician, by any adult support team approved plan, or in connection with a court order.

Wrongful restraint does not include physical emergency restraint to prevent immediate injury to an adult who is in danger of physically harming himself or herself or others, provided only that the degree of force reasonably necessary for protection is used for the least amount of time necessary.

9. Verbal abuse includes threatening significant physical or emotional harm to an adult through the use of:

Derogatory or inappropriate names, insults, verbal assaults, profanity, or ridicule;

Harassment, coercion, punishment, deprivation, threats, implied threats, intimidation, humiliation, mental cruelty, or inappropriate sexual comments.

A threat to withhold services or supports, including an implied or direct threat of termination of services. "Services" include but are not limited to the provision of food, clothing, medicine, housing, medical services, assistance with bathing or personal hygiene, or any other services essential to the well-being of an adult.

For purposes of this section, verbal conduct includes but is not limited to the use of oral, written, or gestured communication that is directed to an adult or within their hearing distance, or sight if gestured, regardless of their ability to comprehend. In this circumstance the assessment of the conduct is based on a reasonable person standard.

The emotional harm that can result from verbal abuse may include but is not limited to anguish, distress, or fear.

An adult who in good faith is voluntarily under treatment solely by spiritual means through prayer in accordance with the tenets and practices of a recognized church or religious denomination by a duly accredited practitioner shall for this reason alone not be considered subjected to abuse.

Pursuant to the law, your identity as the person making the report is confidential. Further, the law protects you from retaliation from a community facility, community program or individual when you make a report in good faith. You may not be discharged or transferred from one location of an agency to another, terminated from your job, demoted or have your pay lowered, or denied contact with the facility or its residents because you made a good faith report of suspected abuse. If you feel you have been retaliated against, you have the right to seek private legal action. Any agency, program or individual who retaliates against someone because of a good faith report of suspected abuse may be liable to that person for actual damages.

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*By signing this form, you are saying you understand the Oregon's mandatory abuse reporting requirements concerning adults with developmentally disabilities. If you do not understand the mandatory abuse reporting requirements, ask to have them explained to you before you sign this form.*

**Acknowledgement #1 – for Comprehensive Services** (Residential and Vocational)

*You will be asked to sign this form every year you provide services for the agency and it will become part of your official record.*

I received training about my mandatory abuse reporting obligations on \_\_\_\_\_ (Date)

I received a copy of a card explaining I am a mandatory reporter and providing information about who to call if I suspect abuse on \_\_\_\_\_ (Date)

\_\_\_\_\_  
Print, then sign your name

\_\_\_\_\_  
Today's Date

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**Acknowledgement #2 – for In-Home Services** (brokerage and in-home comprehensive)

I received and read this notice about my mandatory abuse reporting obligations.

\_\_\_\_\_  
Print, then sign your name

\_\_\_\_\_  
Today's Date

**PLEASE RETURN THIS FORM TO YOUR PROGRAM**

**Mandatory Abuse Reporting for  
Adults with Developmental Disabilities**

You must **immediately** report the following kinds of abuse:

1. Abandonment: desertion or forsaking by a caregiver/other individual.
2. Death caused by other than accidental or natural means or occurring in unusual circumstances.
3. Financial exploitation: wrongfully taking or threatening to take funds or property; misusing money or failing to use funds for the adult's benefit.
4. Involuntary seclusion: for the convenience of a caregiver or to discipline an adult, including placing restrictions on freedom of movement, unless agreed to by the Individual Support Plan (ISP) team included in an approved Behavior Support Plan (BSP) or included in a brokerages plan's specialized support. Restriction may be permitted on an emergency or short term basis when an adults presence would pose a risk to health or safety.
5. Neglect: failing to provide care, supervision or services that may result in physical or emotional harm, including failing to protect an adult from abuse.
6. Physical abuse: willful infliction of pain, and physical injury caused by other than accidental means, or that appears to be at variance with the explanation given of the injury; physical abuse is presumed to cause pain, even if not expressed.
7. Wrongful restraint: wrongful use of physical or chemical restraint. Emergency situations excluded.
8. Sexual abuse: criminal code sexual offenses, sexual contact with a nonconsenting adult or with an adult considered incapable of consenting to a sexual act; sexual harassment or exploitation including inappropriate exposure to sexually explicit material or language including requests for sexual favors; any sexual contact that is achieved through force, trickery, threat, or coercion; any sexual contact between an employee, provider, caregiver (other than spouse or partner). Any sexual contact between an adult with a developmental disability and a relative of the person with a developmental disability. "Relative" means a parent, grandparent, children, brother, sister, uncle, aunt, niece, nephew, half brother, half sister, stepparent, or stepchild. For situations other than those involving an employee, provider or caregiver, sexual harassment or exploitation means unwelcome physical sexual contact and other physical conduct toward the adult.
9. Verbal abuse: threatening significant physical or emotional harm to an adult through oral, written or gestured harassment, coercion, threats, derogatory names, insults or ridicule, threat to withhold services such as food or medicine that.

To report abuse of children with developmental disabilities under 18, call the Child Welfare Office in the county where the child lives.

**Make your report to the local  
Community Developmental  
Disabilities Program:**

(phone number)

**and to a local law enforcement  
agency when there is reason to  
believe a crime has been  
committed:**

(phone number)

**And then report it to your  
employer or supervisor!**

**Your employer may not retaliate for  
a good faith report.**

Adult DD & Brokerages Card 01/2012



Print on standard  
8.5 x 11 paper.

Cut as marked along line  
remove and discard this  
section.

Fold remaining sheet in  
half to wallet size and  
keep for your reference.

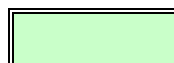
# Provider Enrollment Data Record

<b>Employee</b>	<b>Employee Name (as it appears on your Social Security Card):</b>		
	<b>Address:</b>		
	<b>City:</b>	<b>State:</b>	<b>Zip:</b>
	<b>Main Telephone:</b>	<b>Other Telephone:</b>	
	<b>Social Security #</b>	<b>Are you Over 18?</b>	
	<b>Name, address and phone number of a person to contact in case of emergency:</b>		
	<b>Employee Signature:</b>		<b>Date:</b>

<b>Employer</b>	<b>Starting Date:</b>	<b>Remember: Work can not begin prior to passing a criminal history check and being "qualified" as a provider.</b>	
	<b>Employer, Print Name:</b>	<b>Employer Relationship to Employee:</b>	
	<b>Employer Signature:</b>	<b>Date:</b>	
	<b>Customer Name if different from Employer:</b>		
	<b>Personal Agent/Service Coordinator:</b>	<b>County of Customer:</b>	

<b>For RCO Use</b>	<b>Initial and Date</b>	<b>For RCO Use</b>	<b>Initial and Date</b>
IRS Form W-4 or W-9		Driver's License if driving while on job	
IRS Form W-5 (if applicable)		Auto Insurance if driving while on job	
US Immigr Emplymt Eligibility Verifi (I-9)		Other Required License/Certification on File:	
Approved Criminal History Check		Home Owner's Ins if in provider's home	
Medicaid Debarred Provider Check		Hourly Wage	\$
Mandatory Abuse Reporting Form		Entered Into BOD	
Application/Resume		Entered into QuickBooks	
Job Description		Processed for Payroll	

PA/SC must initial and date each box



for RCO FI Services only

# Form W-4 (2012)

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2012 expires February 18, 2013. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends).

**Basic instructions.** If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

**Head of household.** Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity

income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

**Nonresident alien.** If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2012. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

**Future developments.** The IRS has created a page on [www.irs.gov](http://www.irs.gov) for information about Form W-4, at [www.irs.gov/w4](http://www.irs.gov/w4). Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted on that page.

## Personal Allowances Worksheet (Keep for your records.)

<b>A</b>	Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .	<b>A</b>	<u>      </u>			
<b>B</b>	Enter "1" if: <span style="font-size: 2em; vertical-align: middle;">{</span> <ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul>	<b>B</b>	<u>      </u>			
<b>C</b>	Enter "1" for your <b>spouse</b> . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . .	<b>C</b>	<u>      </u>			
<b>D</b>	Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b>	<u>      </u>			
<b>E</b>	Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .	<b>E</b>	<u>      </u>			
<b>F</b>	Enter "1" if you have at least \$1,900 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . . ( <b>Note.</b> Do <b>not</b> include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	<b>F</b>	<u>      </u>			
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then <b>less</b> "1" if you have three to seven eligible children or <b>less</b> "2" if you have eight or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child . . . . .	<b>G</b>	<u>      </u>			
<b>H</b>	Add lines A through G and enter total here. ( <b>Note.</b> This may be different from the number of exemptions you claim on your tax return.) ▶	<b>H</b>	<u>      </u>			
<table border="0" style="width: 100%;"> <tr> <td style="width: 15%; vertical-align: top;">For accuracy, complete all worksheets that apply.</td> <td style="width: 5%; vertical-align: middle; font-size: 3em;">{</td> <td style="vertical-align: top;"> <ul style="list-style-type: none"> <li>• If you plan to <b>itemize</b> or <b>claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.</li> <li>• If you are <b>single and have more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.</li> <li>• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.</li> </ul> </td> </tr> </table>				For accuracy, complete all worksheets that apply.	{	<ul style="list-style-type: none"> <li>• If you plan to <b>itemize</b> or <b>claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.</li> <li>• If you are <b>single and have more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.</li> <li>• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.</li> </ul>
For accuracy, complete all worksheets that apply.	{	<ul style="list-style-type: none"> <li>• If you plan to <b>itemize</b> or <b>claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.</li> <li>• If you are <b>single and have more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.</li> <li>• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.</li> </ul>				

----- Separate here and give Form W-4 to your employer. Keep the top part for your records. -----

Form <b>W-4</b> Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ <b>Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</b></p>	OMB No. 1545-0074  <span style="font-size: 2em; font-weight: bold;">2012</span>
1 Your first name and middle initial	Last name	2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <b>Note.</b> If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	5 <u>      </u>	
6 Additional amount, if any, you want withheld from each paycheck . . . . .	6 \$ <u>      </u>	
7 I claim exemption from withholding for 2012, and I certify that I meet <b>both</b> of the following conditions for exemption. • Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b> • This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability. If you meet both conditions, write "Exempt" here . . . . . ▶ <u>      </u>		
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) ▶		Date ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	9 Office code (optional)	10 Employer identification number (EIN)

### Deductions and Adjustments Worksheet

**Note.** Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

<b>1</b>	Enter an estimate of your 2012 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions . . . . .	<b>1</b>	\$ _____
<b>2</b>	Enter: $\left\{ \begin{array}{l} \$11,900 \text{ if married filing jointly or qualifying widow(er)} \\ \$8,700 \text{ if head of household} \\ \$5,950 \text{ if single or married filing separately} \end{array} \right\}$ . . . . .	<b>2</b>	\$ _____
<b>3</b>	<b>Subtract</b> line 2 from line 1. If zero or less, enter “-0-” . . . . .	<b>3</b>	\$ _____
<b>4</b>	Enter an estimate of your 2012 adjustments to income and any additional standard deduction (see Pub. 505)	<b>4</b>	\$ _____
<b>5</b>	<b>Add</b> lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2012 Form W-4</i> worksheet in Pub. 505.) . . . . .	<b>5</b>	\$ _____
<b>6</b>	Enter an estimate of your 2012 nonwage income (such as dividends or interest) . . . . .	<b>6</b>	\$ _____
<b>7</b>	<b>Subtract</b> line 6 from line 5. If zero or less, enter “-0-” . . . . .	<b>7</b>	\$ _____
<b>8</b>	<b>Divide</b> the amount on line 7 by \$3,800 and enter the result here. Drop any fraction . . . . .	<b>8</b>	_____
<b>9</b>	Enter the number from the <b>Personal Allowances Worksheet</b> , line H, page 1 . . . . .	<b>9</b>	_____
<b>10</b>	<b>Add</b> lines 8 and 9 and enter the total here. If you plan to use the <b>Two-Earners/Multiple Jobs Worksheet</b> , also enter this total on line 1 below. Otherwise, <b>stop here</b> and enter this total on Form W-4, line 5, page 1 . . . . .	<b>10</b>	_____

### Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

**Note.** Use this worksheet *only* if the instructions under line H on page 1 direct you here.

<b>1</b>	Enter the number from line H, page 1 (or from line 10 above if you used the <b>Deductions and Adjustments Worksheet</b> )	<b>1</b>	_____
<b>2</b>	Find the number in <b>Table 1</b> below that applies to the <b>LOWEST</b> paying job and enter it here. <b>However</b> , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than “3” . . . . .	<b>2</b>	_____
<b>3</b>	If line 1 is <b>more than or equal to</b> line 2, subtract line 2 from line 1. Enter the result here (if zero, enter “-0-”) and on Form W-4, line 5, page 1. <b>Do not</b> use the rest of this worksheet . . . . .	<b>3</b>	_____
<b>Note.</b> If line 1 is <b>less than</b> line 2, enter “-0-” on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.			
<b>4</b>	Enter the number from line 2 of this worksheet . . . . .	<b>4</b>	_____
<b>5</b>	Enter the number from line 1 of this worksheet . . . . .	<b>5</b>	_____
<b>6</b>	<b>Subtract</b> line 5 from line 4 . . . . .	<b>6</b>	_____
<b>7</b>	Find the amount in <b>Table 2</b> below that applies to the <b>HIGHEST</b> paying job and enter it here . . . . .	<b>7</b>	\$ _____
<b>8</b>	<b>Multiply</b> line 7 by line 6 and enter the result here. This is the additional annual withholding needed . . . . .	<b>8</b>	\$ _____
<b>9</b>	Divide line 8 by the number of pay periods remaining in 2012. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2011. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck . . . . .	<b>9</b>	\$ _____

**Table 1**

**Table 2**

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from <b>LOWEST</b> paying job are –	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are–	Enter on line 2 above	If wages from <b>HIGHEST</b> paying job are–	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are–	Enter on line 7 above
\$0 - \$5,000	0	\$0 - \$8,000	0	\$0 - \$70,000	\$570	\$0 - \$35,000	\$570
5,001 - 12,000	1	8,001 - 15,000	1	70,001 - 125,000	950	35,001 - 90,000	950
12,001 - 22,000	2	15,001 - 25,000	2	125,001 - 190,000	1,060	90,001 - 170,000	1,060
22,001 - 25,000	3	25,001 - 30,000	3	190,001 - 340,000	1,250	170,001 - 375,000	1,250
25,001 - 30,000	4	30,001 - 40,000	4	340,001 and over	1,330	375,001 and over	1,330
30,001 - 40,000	5	40,001 - 50,000	5				
40,001 - 48,000	6	50,001 - 65,000	6				
48,001 - 55,000	7	65,001 - 80,000	7				
55,001 - 65,000	8	80,001 - 95,000	8				
65,001 - 72,000	9	95,001 - 120,000	9				
72,001 - 85,000	10	120,001 and over	10				
85,001 - 97,000	11						
97,001 - 110,000	12						
110,001 - 120,000	13						
120,001 - 135,000	14						
135,001 and over	15						

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

## Instructions

Read all instructions carefully before completing this form.

**Anti-Discrimination Notice.** It is illegal to discriminate against any individual (other than an alien not authorized to work in the United States) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents presented have a future expiration date may also constitute illegal discrimination. For more information, call the Office of Special Counsel for Immigration Related Unfair Employment Practices at 1-800-255-8155.

### What Is the Purpose of This Form?

The purpose of this form is to document that each new employee (both citizen and noncitizen) hired after November 6, 1986, is authorized to work in the United States.

### When Should Form I-9 Be Used?

All employees (citizens and noncitizens) hired after November 6, 1986, and working in the United States must complete Form I-9.

### Filling Out Form I-9

#### Section 1, Employee

This part of the form must be completed no later than the time of hire, which is the actual beginning of employment. Providing the Social Security Number is voluntary, except for employees hired by employers participating in the USCIS Electronic Employment Eligibility Verification Program (E-Verify). **The employer is responsible for ensuring that Section 1 is timely and properly completed.**

**Noncitizen nationals of the United States** are persons born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad.

**Employers should note** the work authorization expiration date (if any) shown in **Section 1**. For employees who indicate an employment authorization expiration date in **Section 1**, employers are required to reverify employment authorization for employment on or before the date shown. Note that some employees may leave the expiration date blank if they are aliens whose work authorization does not expire (e.g., asylees, refugees, certain citizens of the Federated States of Micronesia or the Republic of the Marshall Islands). For such employees, reverification does not apply unless they choose to present

in Section 2 evidence of employment authorization that contains an expiration date (e.g., Employment Authorization Document (Form I-766)).

#### Preparer/Translator Certification

The Preparer/Translator Certification must be completed if **Section 1** is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete **Section 1** on his or her own. However, the employee must still sign **Section 1** personally.

#### Section 2, Employer

For the purpose of completing this form, the term "employer" means all employers including those recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors. Employers must complete **Section 2** by examining evidence of identity and employment authorization within three business days of the date employment begins. However, if an employer hires an individual for less than three business days, **Section 2** must be completed at the time employment begins. Employers cannot specify which document(s) listed on the last page of Form I-9 employees present to establish identity and employment authorization. Employees may present any List A document **OR** a combination of a List B and a List C document.

If an employee is unable to present a required document (or documents), the employee must present an acceptable receipt in lieu of a document listed on the last page of this form. Receipts showing that a person has applied for an initial grant of employment authorization, or for renewal of employment authorization, are not acceptable. Employees must present receipts within three business days of the date employment begins and must present valid replacement documents within 90 days or other specified time.

#### Employers must record in Section 2:

1. Document title;
2. Issuing authority;
3. Document number;
4. Expiration date, if any; and
5. The date employment begins.

Employers must sign and date the certification in **Section 2**. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. If photocopies are made, they must be made for all new hires. Photocopies may only be used for the verification process and must be retained with Form I-9. **Employers are still responsible for completing and retaining Form I-9.**

**For more detailed information, you may refer to the *USCIS Handbook for Employers (Form M-274)*. You may obtain the handbook using the contact information found under the header "USCIS Forms and Information."**

### **Section 3, Updating and Reverification**

Employers must complete **Section 3** when updating and/or reverifying Form I-9. Employers must reverify employment authorization of their employees on or before the work authorization expiration date recorded in **Section 1** (if any). Employers **CANNOT** specify which document(s) they will accept from an employee.

- A.** If an employee's name has changed at the time this form is being updated/reverified, complete Block A.
- B.** If an employee is rehired within three years of the date this form was originally completed and the employee is still authorized to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.
- C.** If an employee is rehired within three years of the date this form was originally completed and the employee's work authorization has expired **or** if a current employee's work authorization is about to expire (reverification), complete Block B; and:
  - 1.** Examine any document that reflects the employee is authorized to work in the United States (see List A **or** C);
  - 2.** Record the document title, document number, and expiration date (if any) in Block C; and
  - 3.** Complete the signature block.

Note that for reverification purposes, employers have the option of completing a new Form I-9 instead of completing **Section 3**.

### **What Is the Filing Fee?**

There is no associated filing fee for completing Form I-9. This form is not filed with USCIS or any government agency. Form I-9 must be retained by the employer and made available for inspection by U.S. Government officials as specified in the Privacy Act Notice below.

### **USCIS Forms and Information**

To order USCIS forms, you can download them from our website at [www.uscis.gov/forms](http://www.uscis.gov/forms) or call our toll-free number at 1-800-870-3676. You can obtain information about Form I-9 from our website at [www.uscis.gov](http://www.uscis.gov) or by calling 1-888-464-4218.

Information about E-Verify, a free and voluntary program that allows participating employers to electronically verify the employment eligibility of their newly hired employees, can be obtained from our website at [www.uscis.gov/e-verify](http://www.uscis.gov/e-verify) or by calling 1-888-464-4218.

General information on immigration laws, regulations, and procedures can be obtained by telephoning our National Customer Service Center at 1-800-375-5283 or visiting our Internet website at [www.uscis.gov](http://www.uscis.gov).

### **Photocopying and Retaining Form I-9**

A blank Form I-9 may be reproduced, provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed Form I-9s for three years after the date of hire or one year after the date employment ends, whichever is later.

Form I-9 may be signed and retained electronically, as authorized in Department of Homeland Security regulations at 8 CFR 274a.2.

### **Privacy Act Notice**

The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 USC 1324a).

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by authorized officials of the Department of Homeland Security, Department of Labor, and Office of Special Counsel for Immigration-Related Unfair Employment Practices.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

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## Paperwork Reduction Act

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 12 minutes per response, including the time for reviewing instructions and completing and submitting the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W., 3rd Floor, Suite 3008, Washington, DC 20529-2210. OMB No. 1615-0047. **Do not mail your completed Form I-9 to this address.**

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Verification** *(To be completed and signed by employee at the time employment begins.)*

Print Name: Last	First	Middle Initial	Maiden Name
Address <i>(Street Name and Number)</i>		Apt. #	Date of Birth <i>(month/day/year)</i>
City	State	Zip Code	Social Security #

**I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.**

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #) \_\_\_\_\_
- An alien authorized to work (Alien # or Admission #) \_\_\_\_\_ until (expiration date, if applicable - *month/day/year*)

Employee's Signature	Date <i>(month/day/year)</i>
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**Preparer and/or Translator Certification** *(To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.*

Preparer's/Translator's Signature	Print Name
Address <i>(Street Name and Number, City, State, Zip Code)</i>	
Date <i>(month/day/year)</i>	

**Section 2. Employer Review and Verification** *(To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)*

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date <i>(if any)</i> : _____		_____		_____
Document #: _____		_____		_____
Expiration Date <i>(if any)</i> : _____		_____		_____

**CERTIFICATION:** I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on *(month/day/year)* \_\_\_\_\_ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address <i>(Street Name and Number, City, State, Zip Code)</i>		Date <i>(month/day/year)</i>

**Section 3. Updating and Reverification** *(To be completed and signed by employer.)*

A. New Name <i>(if applicable)</i>	B. Date of Rehire <i>(month/day/year)</i> <i>(if applicable)</i>
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C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: _____	Document #: _____	Expiration Date <i>(if any)</i> : _____
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Date <i>(month/day/year)</i>
--	------------------------------

## LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

### LIST A

**Documents that Establish Both  
Identity and Employment  
Authorization**

### LIST B

**Documents that Establish  
Identity**

### LIST C

**Documents that Establish  
Employment Authorization**

	OR	AND
1. U.S. Passport or U.S. Passport Card	1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa	2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
4. Employment Authorization Document that contains a photograph (Form I-766)	3. School ID card with a photograph	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
	4. Voter's registration card	
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form	5. U.S. Military card or draft record	4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
	6. Military dependent's ID card	
	7. U.S. Coast Guard Merchant Mariner Card	5. Native American tribal document
	8. Native American tribal document	6. U.S. Citizen ID Card (Form I-197)
	9. Driver's license issued by a Canadian government authority	
	<b>For persons under age 18 who are unable to present a document listed above:</b>	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI	10. School record or report card	8. Employment authorization document issued by the Department of Homeland Security
	11. Clinic, doctor, or hospital record	
	12. Day-care or nursery school record	

**Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)**

# How to get paid ON TIME!

For your time sheet to be approved and paid on time, it must be filled out completely and correctly. The following are instructions for filling out your new time sheet.

1. **County:** Enter the county in which the customer is enrolled in services.

2. **Month:** Fill in the month the service was provided.

3. **Employee Name:** Use your legal name.

4. **Employer:** Fill in the name of your employer.

5. **Customer:** Fill in the name of the customer to whom you provide support.

6. **Date:** Fill in the exact date(s) you worked.

**Time In:** Enter the time you started working with the customer.

**Time Out:** Enter the time you stopped working with the customer.

**Hours:** Fill in the total number of hours you worked. (Payment is made in 15 minute increments. Ex: 15 min = .25, 30 min = .5, 45 min = .75 Round to the nearest 15 minute increment.)

**Rate:** If your job description lists more than one rate of pay, note which rate you are billing for. (Ex: "Rate 1" is for 1 customer and "Rate 2" is for 2 customers.)

**Code:** Complete this column if your job description is to provide support in more than one service code.

7. **Employee Signature/Date:** Sign and date this box after completing the last shift of the month.

8. **Employer Signature/Date:** Have your employer review, sign and date your completed time sheet before sending it to RCO.



**Help stop Fraud: Check carefully for accuracy of dates, services and amount billed to RCO Fiscal Intermediary Services.**





# CHANGE OF INFORMATION FORM

Effective Date of changes: \_\_\_\_\_

**Fill out only the information that has changed.**

<b>Name (as it appears on your Social Security Card):</b>		
<b>Circle one:</b>		
<b>Customer</b>	<b>Employer</b>	<b>Provider</b>
<b>Customer Name (if you are not the customer):</b>		
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Main Telephone:</b>	<b>Other Telephone:</b>	
<b>Name, address and phone number of a person to contact in case of emergency:</b>		
<b>Signature:</b>		<b>Date:</b>
<b>Fax or Mail to: Resource Connections of Oregon 3876 Beverly Ave. NE, G-1 Salem, OR 97305 Tel: 503-485-2510 Fax: 503-485-2515</b>		



## **IMPORTANT INFORMATION**

Remember that your timesheet must be filled out correctly

- Must be completed legibly and in ink
- No “white out” to make corrections
- Times must be identified as **AM** or **PM**
- Signed by both the employee and employer after services are completed for the pay period.
- If you are employed by more than one person, or if your employer has more than one employee, we check that the right ratio is billed and that hours billed do not overlap.
- If you drive the RCO customer as part of your job, RCO must have proof of current automobile insurance and valid Drivers License.

You will be notified if your timesheet has one or more of these errors. All errors must be corrected before RCO can process your payroll.

All changes to a timesheet need to be initialed by both the employer and employee.

### **RCO Fiscal Intermediary 2012 Payroll Schedule**

*Timesheets may be hand-delivered, mailed or faxed by these deadlines. If faxing, it is recommended that you follow-up with a phone call to confirm the fax was received.*

Timesheets are due:

Tue	<b>January</b>	<b>3rd</b>	by 5pm
Fri	<b>February</b>	<b>3rd</b>	by 5pm
Fri	<b>March</b>	<b>2nd</b>	by 5pm
Tue	<b>April</b>	<b>3rd</b>	by 5pm
Thu	<b>May</b>	<b>3rd</b>	by 5pm
Mon	<b>June</b>	<b>4th</b>	by Noon
Tue	<b>July</b>	<b>3rd</b>	by Noon
Fri	<b>August</b>	<b>3rd</b>	by 5pm
Tue	<b>September</b>	<b>4th</b>	by Noon
Wed	<b>October</b>	<b>3rd</b>	by 5pm
Fri	<b>November</b>	<b>2nd</b>	by 5pm
Mon	<b>December</b>	<b>3rd</b>	by 5pm

Pay Day is:

January	10th
February	10th
March	9th
April	10th
May	10th
June	11th
July	10th
August	10th
September	11th
October	10th
November	9th
December	10th

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# DIRECT DEPOSIT AUTHORIZATION

Payment Processor: TNT Management Resources, Inc.

EIN: 93-1090996

I (we) hereby authorize TNT Management Resources, Inc., hereinafter called COMPANY, to initiate credit entries to my (our):

**(Select One)**     Checking Account     Savings Account  
**(Select One)**     Add New Account     Delete Existing Account     Change \$ Amount

indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to credit the same to such account. If at any time there is an erroneous entry placed to my account by said COMPANY, I authorize COMPANY to rectify or reclaim the entry. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of the U.S. law.

Bank Name: \_\_\_\_\_ Branch: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Routing No: \_\_\_\_\_ Account No: \_\_\_\_\_

I wish to deposit (select one):     100% of my check     \$ \_\_\_\_\_ of my check

This authorization is to remain in full force and affect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. I understand that I (we) will be charged a \$10.00 fee for any check that is unable to be processed due to the fact that I (we) have given wrong information to COMPANY or my bank information changes and I fail to notify COMPANY.

Printed Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ATTACH COPY OF VOIDED CHECK FROM ACCOUNT INDICATED ABOVE.**  
*Please do not use a deposit slip.*



TNT also offers a Comdata cash card (debit card) for ACH transfer of your paycheck. This service does not require the cardholder to have a bank account. If you are interested in this service, please contact TNT at (503) 463-0134.

**Direct Deposit Waiver:** I (we) hereby waive my (our) rights to direct deposit:

Printed Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## What happens after a report of abuse?

DHS and local aging and disability offices provide protective services and investigate reports of suspected abuse. These agencies will determine whether or not abuse or neglect occurred and work with law enforcement when a potential crime may have occurred.

## Will my name be kept confidential if I report abuse?



State law protects the confidentiality of all individuals reporting abuse. The identity of the reporter can only be revealed under specific legal exceptions

such as reporting of a crime or an order by a judge. You are not required to give your name if you wish to remain anonymous.

## For more information or to report abuse

To find your local office, go to the government pages of your telephone book and look under County Services for Seniors, Disability, Aging, or Human Services, or go to [www.oregon.gov/DHS/spwpd/](http://www.oregon.gov/DHS/spwpd/)

### or contact the

#### Oregon Department of Human Services Seniors and People with Disabilities

500 Summer Street, NE E-10  
Salem, Oregon 97301  
Fax: 503-947-4245  
TTY: 711

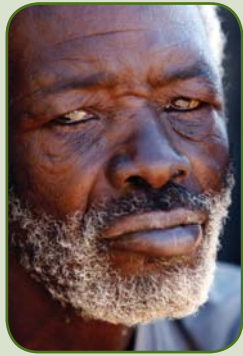
## Am I protected if I report abuse?

Yes. Oregon's adult abuse reporting law affords protection for any individual who reports suspected abuse in good faith. Anyone reporting adult abuse with reasonable grounds is immune from civil liability.

# Adult Abuse Reporting



This document can be provided upon request in alternative formats for individuals with disabilities. Other formats may include (but are not limited to) large print, Braille, audio recordings, Web-based communications and other electronic formats. E-mail [valerie.m.eames@state.or.us](mailto:valerie.m.eames@state.or.us), call 503-945-5884 (voice) or fax 503-947-4245, or TTY 711 to arrange for the alternative format that will work best for you.



**Abuse robs older adults and persons with physical disabilities of health, safety and property in communities across Oregon.**

**Let's commit to the improvement of vulnerable adults' quality of life through prevention and reporting.**

### What is adult abuse?

Abuse of older adults aged 65 and older and adults with physical disabilities under the age of 65 can include:

- Physical harm or injury;
- Failure to provide basic care;
- Financial exploitation;
- Verbal/emotional abuse;
- Involuntary seclusion;
- Wrongful restraint;
- Unwanted sexual contact; or
- Abandonment by the caregiver.

In addition, self-neglect is where individuals lack the cognitive ability to care for themselves, which can also lead to harm.

### Where does adult abuse occur?

Abuse can happen wherever someone lives, such as a person's own home or the home of family or friends. It can also occur in a professional care setting such as a nursing facility, a residential care facility, an assisted living facility, an adult foster home, a retirement home or a room-and-board home.

### How big a problem is adult abuse?

Each year, the Oregon Department of Human Services (DHS), local offices of Seniors and People with Disabilities (SPD) and Area Agencies on Aging (AAAs) receive more than 20,000 calls of concern and investigate more than 12,000 complaints of adult abuse and self-neglect.

As baby boomers age, the problem will worsen. In 2010, 13 percent of Oregon's population was 65 or older. In 2030, 20 percent will be 65 or older.



### Who should report abuse?

Everyone should report abuse. We all have a responsibility to protect those who cannot protect themselves. Oregon law requires mandatory reporting by certain people.

### Who is a mandatory reporter?

You are a mandatory reporter for older adults if you are a:

- Naturopathic, osteopathic, podiatric, chiropractic or general physician or surgeon (including an intern or resident);
- Licensed practical nurse, registered nurse, nurse's aide, home health aide or employee of an in-home health service;
- Employee of DHS or OHA, county health department, community mental health, developmental disabilities program or an area agency on aging (AAA);

- Peace officer;
- Member of the clergy;
- Psychologist, licensed clinical social worker, licensed professional counselor, licensed clinical social worker or licensed marriage and family therapist;
- Physical therapist, speech therapist, occupational therapist, audiologist or speech language pathologist;
- Information and referral or outreach worker;
- Senior center employee;
- Firefighter or emergency medical technician;
- Adult foster home licensee or an employee of the licensee; or
- Any public official that comes in contact with older adults in the performance of the official's duties.

**Note:** All of the above plus legal counsel, guardians and family members are mandatory reporters for any resident in a nursing facility.



**Together, we have the power to prevent abuse.**