

## INSTRUCTIONS FOR COMPLETING THE EMPLOYEE PACKET

- An employee packet is required for all employees listed on the Purchasing Plan, including Emergency Back Ups (EBUs). **Includes the following 6 forms:**
  1. Employee Information Form
  2. Internal Revenue Service (IRS) Form W – 4
  3. Department of Homeland Security (DHS) Form I – 9
  4. Level 2 Background Screening Clearance Letter
  5. Affidavit of Good Moral Character (notarized)
  6. Direct Deposit / rapid! PayCard Visa Payroll Card Request Form along with a copy of a pre-printed voided check
- Place all documents together in the order shown below, along with an updated Purchasing Plan or Quick Update form, and submit to your CDC+ consultant.
- All Natural Supports (Volunteers) need an Employee Information Form and a Level 2 Background Screening Clearance letter submitted as well.
- If an employee has a NAME change, complete a Change of Name/Address form AND a new Employee Packet must be completed and submitted to APD. Follow the instructions below for completing the I-9 in the event of an employee's name change.

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### Employee Information Form (1 page form)

- Fill in all lines of this form with the information requested.
- Employer (consumer/representative) and Employee Sign the form.
- Make a copy of the form for your files.

### Background Screening Clearance Letter

- Make a copy of the letter for your files.

### IRS Form W-4 (1 page form – the current year Form W-4 and 1 page of support material)

- Lines 1-7: Have the employee enter **all** information requested.  
**Please Note:** an employee may elect to claim either allowances on line 5, or EXEMPT on line 7. Employee must NOT fill in both lines 5 and 7, the form will be returned from the IRS.
- Employee must sign and date form directly below line 7.
- Line 8: Enter the name of the employer (consumer) and the CDC+ Consumer ID #.
- Lines 9-10: leave blank
- Make a copy of the form for your files.
- Please note that if your employee has a name change, the employee must complete a new W-4 and submit it with the name change form to APD via your consultant.

**DHS Form I-9** (2 pages with 7 additional pages of support material)

- Section 1: Have employee fill in **all** requested information.
  - Employee **MUST** check one of the four boxes regarding their citizenship status.
- Employee must sign and date Section 1.
- The “Preparer and/or Translator Certification” section: completed if applicable.
- Section 2: Employer (consumer) or their CDC+ representative completes.

**Please Note:** As an employer, you are required by law to verify the working credentials of your employees. You must confirm that you have seen certain official documents belonging to the employee. The Form I-9 gives you three lists of acceptable documents. All documents must be unexpired (still valid).

  - Documents reviewed from List A: enter only that document information in List A section; leave the rest blank.
  - Documents did not come from List A: you **MUST** examine one document from List B and one from List C, and enter both document titles, numbers, expiration dates, etc., in the List B section and in the List C section, respectively.
  - **In the “Certification” area, you MUST enter the month/day/year that the employee will start working for you. This must be a future date from your signature.**
  - Signature of Employer or Authorized Representative: If the CDC+ representative signs this form, sign as: “Representative Name for Consumer Name.” For example, if Rebecca Rep is the CDC+ representative for Patty Participant, she would sign: “*Rebecca Representative for Patty Participant*”.
  - Enter the date signed by the participant or representative.
  - Title of Employer or Authorized Representative: enter “Household Employer”.
  - Last Name/First Name: Print the Participant’s information. If the participant’s CDC+ Representative signed in the signature box, print “*Representative Name for Consumer Name*”.
  - Employer’s Business or Organization Name: print the participant’s name.
  - Employer’s Business or Organization Address: print the participant’s address.
- Section 3: Leave blank.
- Attestation Signature: consumer or their CDC+ representative signs under the words, “**I attest...**” using the format above.
  - Enter the date signed by the participant or representative.
  - Print Name of Employer or Authorized Representative: Complete as you printed above.
- In the margin at the bottom of the form, print the LAST NAME of the consumer and their CDC+ ID #. (APD needs to be able to link this paperwork with the consumer)
- Make a copy of the form for your files.

**Please note:** if your employee has a name change, or if you re-hire this employee, you must make a copy of the original form I-9 that was completed for the employee and enter on that copy the updated information in Section 3 and submit the copy to your CDC+ consultant.

**Direct Deposit / rapid! PayCard Visa Payroll Card Request Form** (1 page form)

- Follow the instructions that are printed on the form
- Employee selects one of the two pay options
- Attach a voided check if selection is Direct Deposit
- Make a copy of the form for your files.