

INSTRUCTIONS FOR COMPLETING THE EMPLOYEE PACKET

- An employee packet is required for all employees listed on the Purchasing Plan, including Emergency Back Ups (EBUs). **Each packet must contain 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. Certificate of Good Moral Character (note: Attestation of Good Moral Character not accepted)
 6. Direct Deposit / rapid! PayCard Visa Payroll Card Request Form along with a copy of a pre-printed, voided check (information on check cannot be handwritten).
- Place all documents together in the order shown below, along with an updated Purchasing Plan or Quick Update, and submit to your CDC+ consultant.
- All Natural Supports (Unpaid 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.
- Verify all forms being sent are the most up-to-date. CDC+ will reject outdated forms. Our website has the most current forms available.

Employee Information Form

- Fill in all lines of this form with the information requested.
- Employer (consumer/representative) and Employee both 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 (Complete using instructions on pages 2-4 of the form)

- Step 1 a-c: Have the employee enter **all** information requested. Complete Steps 2-4 if they apply. If claiming exemption, "Exempt" must be written on or below box 4c.
- The employee must sign and date in Step 5. The consumer (who is the employer) completes the next line and includes consumer id #.
- 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. If the employee has completed the 2014-7 form, they must still to write Exempt in 4c.

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 (check must be preprinted)
- Make a copy of the form for your files.