



**FISCAL EMPLOYER AGENT**  
**EMPLOYEE DATA FORM**

| <b>Employee Information</b>                                        |            |       |       |              |  |
|--------------------------------------------------------------------|------------|-------|-------|--------------|--|
| Name: _____                                                        |            |       |       |              |  |
| First                                                              | Middle     | Last  |       |              |  |
| Physical Address: _____                                            |            |       |       |              |  |
| Street                                                             | Apt/Unit # | City  | State | Zip Code     |  |
| Mailing Address: _____                                             |            |       |       |              |  |
| <i>(if different than physical)</i>                                |            |       |       |              |  |
| Street/PO Box                                                      | Apt/Unit # | City  | State | Zip Code     |  |
| Phone #: Home _____ Cell _____                                     |            |       |       |              |  |
| Email*: _____                                                      |            |       |       |              |  |
| Date of Birth: _____ Social Security Number: _____ - _____ - _____ |            |       |       |              |  |
| Emergency Contact: _____                                           |            |       |       |              |  |
| Name                                                               |            | Phone |       | Relationship |  |

*\*Mandatory. The state of WI will send your unique ID for use with Electronic Visit Verification (EVV) to this email address. Email is also the most reliable and quickest way of communication between you and CDCN.*

| <b>Member/Employer Information</b>                                                                                                                                               |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Name of Member/Employer of Record: _____                                                                                                                                         |  |
| Name of Managing Party/Representative (if exists): _____                                                                                                                         |  |
| Age of Member: <input type="checkbox"/> Adult ( <i>Employee submits MCO Self Directed Supportive Home Care Training Verification Form</i> )                                      |  |
| <input type="checkbox"/> Minor under age 18 ( <i>Employee submits Children's Long-Term Support (CLTS) Waivers Qualified Provider Standards Verification – for Respite Care</i> ) |  |
| Name of MCO or County Authorizing the Member's Services: _____                                                                                                                   |  |
| Employee's relationship to the Member/Employer of Record: _____                                                                                                                  |  |

**Please Read Carefully:** Neither the acceptance of employee paperwork nor entry into any type of employment relationship or employment agreement with a Member/Managing Party for the consideration of employment shall serve to create an actual or implied contract of employment with Consumer Direct Care Network Wisconsin (CDCN). CDCN serves as the Member's Fiscal Agent. **The Member/Employer of Record listed above is the employer. CDCN is not the employer.**

Employment is conditional until the criminal background check has been received and approved – the results of which may be shared with the approving entity (MCO or county) and/or the Member/Managing Party.

As the Employee, I understand that I cannot begin work until I receive an "Okay to Work" authorization letter from CDCN. This confirms the background check is complete, and all enrollment paperwork has been received and approved by CDCN.



Signature of Applicant: \_\_\_\_\_

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







**FISCAL EMPLOYER AGENT**  
**NEW EMPLOYEE CHECKLIST**

|               |             |                     |
|---------------|-------------|---------------------|
|               |             |                     |
| Employee Name | Member Name | Managing Party Name |

*Welcome to Consumer Direct Care Network (CDCN)!*

*Please complete all the forms in the list below including this New Employee Checklist. Send originals to the CDCN Wisconsin office **before** the employee begins work. The Employee may not begin work until all forms are completed, and are received and **approved** by CDCN.*

The Member/Managing Party should check each item as it is completed. The Member/Managing Party should keep a copy of each document and **send the originals to the CDCN Wisconsin office.**

**Mandatory Forms - All New Employees:**

1. ☐ Employee Data Form
2. ☐ New Employee Checklist (this form)
3. ☐ Employee-Employer Relationship Determination
4. ☐ Employee-Member Live-in Determination
5. ☐ Electronic Visit Verification Live-in Worker Identification (return to CDCN only if applicable)
6. ☐ I-9 - Additional I-9 instructions are available on the CDCN WI website under the Forms tab
7. ☐ W-4 (federal withholding certificate)
8. ☐ WT-4 (state withholding certificate)
9. ☐ Pay Selection Form - Attachment may be required, see form instructions
10. ☐ Wage Memo
11. ☐ Employee Agreement
12. ☐ Wisconsin Medicaid Program Provider Agreement
13. ☐ MCO Self Directed Supportive Home Care – TRAINING VERIFICATION FORM
14. ☐ Background Information Disclosure
15. ☐ Employee Health Questionnaire

We have reviewed and verified the above forms for completeness and all forms are readable.







## EMPLOYEE-EMPLOYER RELATIONSHIP DETERMINATION

(Determine if employee is exempt from some payroll taxes)

|               |                                  |
|---------------|----------------------------------|
|               |                                  |
| Employee Name | Member (Employer of Record) Name |

**Background:** Employees providing domestic services may be exempt from some payroll taxes. This is based on the Employee's age and relationship to the Employer of Record (Employer). Consumer Direct Care Network (CDCN) will apply any exemptions based on the relationships identified below. **Incorrectly filling this form out may result in inaccurate tax withholdings.**

**Note:** If the Employee and Employer qualify for tax exemptions, they must be taken. Exemptions cannot be waived. If the Employee's earnings are exempt from these taxes, they may not qualify for related benefits. An example is unemployment insurance.

### Employee-Employer Relationship

Employee select one relationship below.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> I am the spouse of the Employer. Exempt from FICA <sup>1</sup> , FUTA <sup>2</sup> , and SUTA <sup>3</sup> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <input type="checkbox"/> I am the live-together domestic partner of the Employer.<br>Exempt from SUTA. Subject to FICA and FUTA. Employee must provide supporting documentation.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <input type="checkbox"/> I am the parent of the Employer (including adoptive and stepparent). If parent checked, check <u>any</u> of the following that apply:<br><input type="checkbox"/> I provide care for the Employer's child or stepchild that lives in the home.<br><input type="checkbox"/> The Employer's child or stepchild is less than 18 years old or requires personal care of an adult for at least 4 straight weeks in 3 months.<br><input type="checkbox"/> The Employer is a widow, widower, divorced or married and lives with a spouse, but the spouse has a physical or medical condition that prevents them from caring for the child at least 4 straight weeks in 3 months.<br>Exempt from FUTA and SUTA. Subject to FICA if all three boxes checked above; else FICA exempt. |
| <input type="checkbox"/> I am the grandparent of the Employer. Exempt from SUTA. Subject to FICA and FUTA.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <input type="checkbox"/> I am the child of the Employer. If child checked, check <u>one</u> option below:<br><input type="checkbox"/> I am 21 years of age or older. Subject to FICA and FUTA. Exempt from SUTA.<br><input type="checkbox"/> I am less than 21 years old. Exempt from FICA, FUTA, and SUTA.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <input type="checkbox"/> I am the grandchild of the Employer. Exempt from SUTA. Subject to FICA and FUTA.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <input type="checkbox"/> I am not related to the Employer or my relationship is not described above.<br>Subject to FICA, FUTA, and SUTA.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |

**Acknowledgement:** The Employee and Employer agree the relationship selected above is accurate. If this information changes, the Employee must notify CDCN. If CDCN is not notified of changes, the Employee may have to pay back money that should have been withheld from pay.

CG

M

Employee Signature

Date

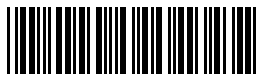
Member/Employer Signature

Date

<sup>1</sup>FICA – Federal Insurance Contributions Act (Social Security and Medicare)

<sup>2</sup>FUTA – Federal Unemployment Tax Act

<sup>3</sup>SUTA – State Unemployment Tax







## EMPLOYEE-MEMBER LIVE-IN DETERMINATION

(Determine if employee is exempt from overtime pay and income tax)

|               |                                  |
|---------------|----------------------------------|
|               |                                  |
| Employee Name | Member (Employer of Record) Name |

Domestic service workers may be exempt from overtime pay requirements and from paying income taxes. Consumer Direct Care Network (CDCN) will apply exemptions based on your answers below.

### Employee-Member Live-in Status

Employee answers below with Yes or No

1. ☐ Yes ☐ No – **Do you live permanently in the same home as the above-named Member?**

If YES:

- Complete DHS form F-02717 and attach proof of residency documentation as instructed.
- You are exempt from submitting time through Electronic Visit Verification (EVV).

2. ☐ Yes ☐ No – **Do you live temporarily, but for extended periods with the above-named Member (at least 120 hours per week or 5 consecutive days or nights per week)?**

If YES to 1 or 2 above:

- Overtime hours worked are paid at the regular pay rate.
- Declare your Difficulty of Care income tax exemption status.  
☐ Yes ☐ No – **I declare under penalties of perjury that I am an individual care provider receiving payments under a state Medicaid Waiver program as defined in IRS Notice 2014-7.** I provide care to the Member named above. The Member resides in my home. I am not required to report income earned under this Medicaid program. Federal and state income taxes should not be withheld from my pay. If non-taxable wages have been reported by CDCN in Box 1 of my Form W-2, I can deduct the nontaxable wages from my taxable income when I file my tax return. If I no longer qualify for IRS Notice 2014-7, I will notify CDCN. At that time, federal and state income tax withholding will resume. If the IRS deems I was not eligible for 2014-7 and taxes were not paid, I agree that I will be liable for any back taxes owed.

**Note:** IRS Notice 2014-7 directs that payments received under a Home and Community-based Medicaid Waiver program for providing Personal Care or Habilitation services are considered "Difficulty of Care" payments excludable from income taxation when the Medicaid recipient lives in the care provider's home. Respite and skilled services do not qualify. For more information please refer to <https://www.irs.gov/pub/irs-drop/n-14-07.pdf>.

If NO to both 1 and 2 above :

- Overtime hours worked are paid at 1.5 times the regular pay rate.
- You must submit time worked through an approved EVV method.

**Acknowledgement:** The Employee and Employer agree the declaration(s) above are accurate. If living arrangements change, the Employee must notify CDCN. Regardless of overtime status identified above, working overtime requires prior approval.

CG

Employee Signature

Date

M

Member/Employer Signature

Date







## DEPARTMENT OF HEALTH SERVICES

Division of Medicaid Services

F-02717 (02/2022)

STATE OF WISCONSIN

**ELECTRONIC VISIT VERIFICATION LIVE-IN WORKER IDENTIFICATION**

**INSTRUCTIONS:** Type or print clearly. This form documents live-in worker identification. Refer to the Electronic Visit Verification Live-In Worker Identification Instructions, F-02717A, for more information on completing this form. Fee-for-service agencies must submit this form and supporting documentation with their prior authorization request. This form may also be used by program payers if they do not require electronic visit verification (EVV) for live-in workers. Completed forms should be kept according to program document retention requirements.

|                                                        |                                           |
|--------------------------------------------------------|-------------------------------------------|
| 1. Name – Member (Last, First, Middle Initial)         | 2. Member Medicaid ID Number              |
| 3. Name – Live-In Worker (Last, First, Middle Initial) | 4. Live-In Worker ForwardHealth ID Number |

Note: The live-in worker's name must match both the name entered on the ForwardHealth Portal and the name on the proof submitted.

## 5. Identification

For the purposes of EVV, a live-in worker is a worker who meets one of the following requirements:

- The worker permanently resides in the same residence as the member or participant receiving services.
- The worker permanently resides in a two-residence dwelling (such as a duplex) where the member or participant receiving services lives in the other half of the dwelling **and** is a relative of the member or participant receiving services. A relative is defined as a person related, of any degree, by blood, adoption, or marriage, to the member or participant.

Permanent residency is determined by the worker being able to produce documentation that shows the worker's name and current residential address. The address must satisfy the requirements for a live-in worker listed above. The worker may use one document from Column A or two types of documents from Column B. Check the box(es) next to the document(s) being submitted as proof of residence.

Column A (Choose **One**)

- ☐ Current and valid State of Wisconsin driver's license or state ID card
- ☐ Other official ID card or license issued by a Wisconsin governmental body or unit
- ☐ Real estate tax bill or receipt for the current year
- ☐ Residential lease for current year
- ☐ Check or other document issued by a unit of government within the last three months

Column B (Choose **Two**)

- ☐ Current or previous month's gas, electric, or phone service statement
- ☐ Current or previous month's bank statement
- ☐ Current or previous month's paycheck or paystub

## 6. Attestation

- ☐ I have examined the documentation indicated above and attest the worker meets all the requirements of a live-in worker as defined on this form.

|                                                   |                                                                                     |                                                               |
|---------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------------------------------|
| 7. Name – Representative Verifying Live-In Status |  | 8. <b>SIGNATURE</b> – Representative Verifying Live-In Status |
| 9. Name – Agency Verifying Live-In Status         |                                                                                     | 10. Date Signed                                               |



10896





## Instructions for Completing Form I-9 Section 1

(On or before employee's first day of work for pay)

**Employee:** Complete Section 1 of Form I-9 no later than your first day of work for pay. Print clearly. Sign and date when you are finished. Numbered explanations below are shown in the pictured example.

- ① Print your full legal name: Last, First and Middle Initial. Provide any other last names used, such as maiden name. Enter "N/A" if you have never had another name.
- ② Print your physical address. A PO Box is not allowed. Enter "N/A" if you have no apartment number.
- ③ Print your Date of Birth.
- ④ Print your Social Security Number.
- ⑤ Print your Email Address or print "N/A" if you choose to not provide it.
- ⑥ Print your Telephone Number or print "N/A" if you choose to not provide it.
- ⑦ Check one box that describes your citizenship or immigration status in the United States. Enter additional information if you check box 3 or 4.
- ⑧ Sign and ⑨ date the form. **No later than first day of work for pay.**
- ⑩ Submit Supplement A (*Preparer and/or Translator Certification*) if a preparer or translator assisted you.

**Employer:** Review Section 1. Ensure your employee has completed it properly.

|                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                              |                                    |                                                           |                                              |                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-----------------------------------------------------------|----------------------------------------------|---------------------------------------------------------|
| <b>Section 1. Employee Information and Attestation:</b> Employees must complete and sign Section 1 of Form I-9 no later than the <b>first day of employment</b> , but not before accepting a job offer. |  |                                                                                                                                                                                                                                                                                                                                              |                                    |                                                           |                                              |                                                         |
| Last Name (Family Name)<br>① <i>Doe</i>                                                                                                                                                                 |  | First Name (Given Name)<br><i>Jane</i>                                                                                                                                                                                                                                                                                                       |                                    | Middle Initial (if any)<br><i>R</i>                       | Other Last Names Used (if any)<br><i>N/A</i> |                                                         |
| Address (Street Number and Name)<br>② <i>123 Main St.</i>                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                              | Apt. Number (if any)<br><i>N/A</i> | City or Town<br><i>Anytown</i>                            |                                              | State<br><i>WI</i>                                      |
| ZIP Code<br><i>55032</i>                                                                                                                                                                                |  | Date of Birth (mm/dd/yyyy)<br>③ <i>03/13/1964</i>                                                                                                                                                                                                                                                                                            |                                    | U.S. Social Security Number<br>④ <i>1 2 3 4 5 6 7 8 9</i> |                                              | Employee's Email Address<br>⑤ <i>employee@email.com</i> |
| Employee's Telephone Number<br>⑥ <i>555-123-4567</i>                                                                                                                                                    |  | I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct. |                                    |                                                           |                                              |                                                         |
| Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):                                                                           |  |                                                                                                                                                                                                                                                                                                                                              |                                    |                                                           |                                              |                                                         |
| <input checked="" type="checkbox"/> 1. A citizen of the United States                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                              |                                    |                                                           |                                              |                                                         |
| <input type="checkbox"/> 2. A noncitizen national of the United States (See instructions)                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                              |                                    |                                                           |                                              |                                                         |
| <input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS A-Number)                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                              |                                    |                                                           |                                              |                                                         |
| <input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)                                                                         |  |                                                                                                                                                                                                                                                                                                                                              |                                    |                                                           |                                              |                                                         |
| If you check Item Number 4., enter one of these:                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                              |                                    |                                                           |                                              |                                                         |
| USCIS A-Number                                                                                                                                                                                          |  | OR                                                                                                                                                                                                                                                                                                                                           |                                    | Form I-94 Admission Number                                |                                              | OR                                                      |
|                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                              |                                    |                                                           |                                              | Foreign Passport Number and Country of Issuance         |
| Signature of Employee<br>⑧ <i>Jane Doe</i>                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                              |                                    | Today's Date (mm/dd/yyyy)<br>⑨ <i>09/15/2023</i>          |                                              |                                                         |
| If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the <a href="#">Preparer and/or Translator Certification</a> on Page 3.                                 |  |                                                                                                                                                                                                                                                                                                                                              |                                    |                                                           |                                              |                                                         |

**Note:** Refer to Form I-9 Instructions for detailed information.

## Instructions for Completing Form I-9 Section 2

(After employee has accepted job offer, but no later than 3 days after employee's first day of work)

**Employee:** Present original, unexpired documents to your employer to verify your identity and authorization to work in the United States. See **LISTS OF ACCEPTABLE DOCUMENTS**.

**Employer:** Examine and record the documents your employee provides. The employee must be present while you examine them. Numbered explanations below are shown in the pictured example.

- ① Examine each document. Print the details in the appropriate List column(s). Only accept unexpired, original documents (no photocopies).  
You may accept one document from List A **OR** one from List B and one from List C.
- ② Print the date of the employee's first day of work.
- ③ Print your last name, first name and title. Title is "Employer."
- ④ Sign and ⑤ date the form. **Must be completed and signed within 3 days of employee's first day of work.**
- ⑥ Print your first and last name.
- ⑦ Print physical address where services are provided (the Member's home).

| Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign <b>Section 2</b> within three business days after the employee's first day of employment, and must physically examine, <b>or examine consistent with an alternative procedure authorized by the Secretary of DHS</b> , documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions. |                                                                                                                                                                                                                                    |                                                                                                                        |                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| List A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                    | OR                                                                                                                     | List B AND List C                                     |
| Document Title 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                    | ①                                                                                                                      | Driver's License Social Security Card                 |
| Issuing Authority                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                    |                                                                                                                        | State of Residence SSA                                |
| Document Number (if any)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                    |                                                                                                                        | 0123456789abode 123-45-6789                           |
| Expiration Date (if any)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                    |                                                                                                                        | 08/17/2027 N/A                                        |
| Document Title 2 (if any)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Additional Information                                                                                                                                                                                                             |                                                                                                                        |                                                       |
| Issuing Authority                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <div style="text-align: center; font-size: 4em; color: #a52a2a;">Example</div>                                                                                                                                                     |                                                                                                                        |                                                       |
| Document Number (if any)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                    |                                                                                                                        |                                                       |
| Expiration Date (if any)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                    |                                                                                                                        |                                                       |
| Document Title 3 (if any)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                    |                                                                                                                        |                                                       |
| Issuing Authority                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <div style="text-align: center;"> <b>Do not check. You must physically examine documents.</b><br/> <input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.         </div> |                                                                                                                        |                                                       |
| Document Number (if any)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                    |                                                                                                                        |                                                       |
| Expiration Date (if any)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                    |                                                                                                                        |                                                       |
| <b>Certification:</b> I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.                                                                                                                                                                             |                                                                                                                                                                                                                                    |                                                                                                                        | First Day of Employment (mm/dd/yyyy):<br>② 09/15/2023 |
| Last Name, First Name and Title of Employer or Authorized Representative<br>③ Smith, Ronald Employer                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                    | Signature of Employer or Authorized Representative<br>④ Ronald Smith                                                   | Today's Date (mm/dd/yyyy)<br>⑤ 09/15/2023             |
| Employer's Business or Organization Name<br>⑥ Ronald Smith                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                    | Employer's Business or Organization Address, City or Town, State, ZIP Code<br>⑦ 500 Fictional Street, Anytown WI 55018 |                                                       |

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

**Note:** Refer to Form I-9 Instructions for detailed information.



# Employment Eligibility Verification

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS

Form I-9

OMB No.1615-0047

Expires 07/31/2026

**START HERE:** Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

**ANTI-DISCRIMINATION NOTICE:** All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

**Section 1. Employee Information and Attestation:** Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.

|                                                                                                                                                                                                                                                                                                                                                     |                             |                                                                                                                                         |                            |                           |                                |                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|--------------------------------|-------------------------------------------------|
| Last Name (Family Name)                                                                                                                                                                                                                                                                                                                             |                             | First Name (Given Name)                                                                                                                 |                            | Middle Initial (if any)   | Other Last Names Used (if any) |                                                 |
| Address (Street Number and Name)                                                                                                                                                                                                                                                                                                                    |                             |                                                                                                                                         | Apt. Number (if any)       | City or Town              |                                | State ZIP Code                                  |
| Date of Birth (mm/dd/yyyy)                                                                                                                                                                                                                                                                                                                          | U.S. Social Security Number |                                                                                                                                         | Employee's Email Address   |                           |                                | Employee's Telephone Number                     |
| <b>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</b> |                             | Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):           |                            |                           |                                |                                                 |
|                                                                                                                                                                                                                                                                                                                                                     |                             | <input type="checkbox"/> 1. A citizen of the United States                                                                              |                            |                           |                                |                                                 |
|                                                                                                                                                                                                                                                                                                                                                     |                             | <input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)                                              |                            |                           |                                |                                                 |
|                                                                                                                                                                                                                                                                                                                                                     |                             | <input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)                                                      |                            |                           |                                |                                                 |
|                                                                                                                                                                                                                                                                                                                                                     |                             | <input type="checkbox"/> 4. A noncitizen (other than <b>Item Numbers 2. and 3. above</b> ) authorized to work until (exp. date, if any) |                            |                           |                                |                                                 |
|                                                                                                                                                                                                                                                                                                                                                     |                             | If you check <b>Item Number 4.</b> , enter one of these:                                                                                |                            |                           |                                |                                                 |
| USCIS A-Number                                                                                                                                                                                                                                                                                                                                      |                             | OR                                                                                                                                      | Form I-94 Admission Number |                           | OR                             | Foreign Passport Number and Country of Issuance |
| Signature of Employee                                                                                                                                                                                                                                                                                                                               |                             |                                                                                                                                         |                            | Today's Date (mm/dd/yyyy) |                                |                                                 |

CG

If a preparer and/or translator assisted you in completing Section 1, that person **MUST** complete the [Preparer and/or Translator Certification](#) on Page 3.

**Section 2. Employer Review and Verification:** Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

| List A                                                                                                                                                                                                                                                                                                                                  |  | OR                            | List B                                                                     | AND | List C                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------|----------------------------------------------------------------------------|-----|---------------------------------------|
| Document Title 1                                                                                                                                                                                                                                                                                                                        |  |                               |                                                                            |     |                                       |
| Issuing Authority                                                                                                                                                                                                                                                                                                                       |  |                               |                                                                            |     |                                       |
| Document Number (if any)                                                                                                                                                                                                                                                                                                                |  |                               |                                                                            |     |                                       |
| Expiration Date (if any)                                                                                                                                                                                                                                                                                                                |  |                               |                                                                            |     |                                       |
| Document Title 2 (if any)                                                                                                                                                                                                                                                                                                               |  | <b>Additional Information</b> |                                                                            |     |                                       |
| Issuing Authority                                                                                                                                                                                                                                                                                                                       |  |                               |                                                                            |     |                                       |
| Document Number (if any)                                                                                                                                                                                                                                                                                                                |  |                               |                                                                            |     |                                       |
| Expiration Date (if any)                                                                                                                                                                                                                                                                                                                |  |                               |                                                                            |     |                                       |
| Document Title 3 (if any)                                                                                                                                                                                                                                                                                                               |  |                               |                                                                            |     |                                       |
| Issuing Authority                                                                                                                                                                                                                                                                                                                       |  |                               |                                                                            |     |                                       |
| Document Number (if any)                                                                                                                                                                                                                                                                                                                |  |                               |                                                                            |     |                                       |
| Expiration Date (if any)                                                                                                                                                                                                                                                                                                                |  |                               |                                                                            |     |                                       |
| <input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.                                                                                                                                                                                                                        |  |                               |                                                                            |     |                                       |
| <b>Certification:</b> I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States. |  |                               |                                                                            |     | First Day of Employment (mm/dd/yyyy): |
| Last Name, First Name and Title of Employer or Authorized Representative                                                                                                                                                                                                                                                                |  |                               | Signature of Employer or Authorized Representative                         |     | Today's Date (mm/dd/yyyy)             |
|                                                                                                                                                                                                                                                                                                                                         |  |                               |                                                                            |     |                                       |
| Employer's Business or Organization Name                                                                                                                                                                                                                                                                                                |  |                               | Employer's Business or Organization Address, City or Town, State, ZIP Code |     |                                       |

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.



## LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

\* Documents extended by the issuing authority are considered unexpired.

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

**Examples of many of these documents appear in the Handbook for Employers (M-274).**

| LIST A<br>Documents that Establish Both Identity and Employment Authorization                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | OR | LIST B<br>Documents that Establish Identity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | AND<br>LIST C<br>Documents that Establish Employment Authorization                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</li> </ol> </li> </ol> </li> <li>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</li> </ol> |    | <ol style="list-style-type: none"> <li>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</li> <li>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</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol> | <ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security               <p style="margin-left: 20px;">For examples, see <a href="#">Section 7</a> and <a href="#">Section 13</a> of the M-274 on <a href="https://uscis.gov/i-9-central">uscis.gov/i-9-central</a>.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, <b>Item Number 4.</b> document, not a List C document.</p> </li> </ol> |
| <b>Acceptable Receipts</b><br>May be presented in lieu of a document listed above for a temporary period.<br>For receipt validity dates, see the M-274.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <ul style="list-style-type: none"> <li>• Receipt for a replacement of a lost, stolen, or damaged List A document.</li> <li>• Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual.</li> <li>• Form I-94 with "RE" notation or refugee stamp issued to a refugee.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | OR | Receipt for a replacement of a lost, stolen, or damaged List B document.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Receipt for a replacement of a lost, stolen, or damaged List C document.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

\*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.





# Supplement A, Preparer and/or Translator Certification for Section 1

**Department of Homeland Security**  
U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
**Supplement A**  
OMB No. 1615-0047  
Expires 07/31/2026

|                                                          |                                                          |                                                 |
|----------------------------------------------------------|----------------------------------------------------------|-------------------------------------------------|
| Last Name ( <i>Family Name</i> ) from <b>Section 1</b> . | First Name ( <i>Given Name</i> ) from <b>Section 1</b> . | Middle initial (if any) from <b>Section 1</b> . |
|----------------------------------------------------------|----------------------------------------------------------|-------------------------------------------------|

**Instructions:** This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

|                                           |                                  |       |                                  |  |
|-------------------------------------------|----------------------------------|-------|----------------------------------|--|
| Signature of Preparer or Translator       |                                  |       | Date ( <i>mm/dd/yyyy</i> )       |  |
| Last Name ( <i>Family Name</i> )          | First Name ( <i>Given Name</i> ) |       | Middle Initial ( <i>if any</i> ) |  |
| Address ( <i>Street Number and Name</i> ) | City or Town                     | State | ZIP Code                         |  |

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

|                                           |                                  |       |                                  |  |
|-------------------------------------------|----------------------------------|-------|----------------------------------|--|
| Signature of Preparer or Translator       |                                  |       | Date ( <i>mm/dd/yyyy</i> )       |  |
| Last Name ( <i>Family Name</i> )          | First Name ( <i>Given Name</i> ) |       | Middle Initial ( <i>if any</i> ) |  |
| Address ( <i>Street Number and Name</i> ) | City or Town                     | State | ZIP Code                         |  |

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

|                                           |                                  |       |                                  |  |
|-------------------------------------------|----------------------------------|-------|----------------------------------|--|
| Signature of Preparer or Translator       |                                  |       | Date ( <i>mm/dd/yyyy</i> )       |  |
| Last Name ( <i>Family Name</i> )          | First Name ( <i>Given Name</i> ) |       | Middle Initial ( <i>if any</i> ) |  |
| Address ( <i>Street Number and Name</i> ) | City or Town                     | State | ZIP Code                         |  |

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

|                                           |                                  |       |                                  |  |
|-------------------------------------------|----------------------------------|-------|----------------------------------|--|
| Signature of Preparer or Translator       |                                  |       | Date ( <i>mm/dd/yyyy</i> )       |  |
| Last Name ( <i>Family Name</i> )          | First Name ( <i>Given Name</i> ) |       | Middle Initial ( <i>if any</i> ) |  |
| Address ( <i>Street Number and Name</i> ) | City or Town                     | State | ZIP Code                         |  |







Form **W-4**

Department of the Treasury  
Internal Revenue Service

**Employee's Withholding Certificate**  
Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.  
Give Form W-4 to your employer.  
Your withholding is subject to review by the IRS.

OMB No. 1545-0074  
**2023**

**Step 1:**  
**Enter Personal Information**

(a) First name and middle initialLast name

Address

City or town, state, and ZIP code

(c) ☐ Single or Married filing separately  
☐ Married filing jointly or Qualifying surviving spouse  
☐ Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)

(b) Social security number

Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to [www.ssa.gov](http://www.ssa.gov).

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, other details, and privacy.

**Step 2:**  
**Multiple Jobs or Spouse Works**

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.  
Do **only one** of the following.  
(a) Reserved for future use.  
(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**  
(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate . . . . . ☐  
**TIP:** If you have self-employment income, see page 2.

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

**Step 3:**  
**Claim Dependent and Other Credits**

If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):  
Multiply the number of qualifying children under age 17 by \$2,000 \$ \_\_\_\_\_  
Multiply the number of other dependents by \$500 . . . . . \$ \_\_\_\_\_  
Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here . . . . .  
**3** \$ \_\_\_\_\_

**Step 4 (optional):**  
**Other Adjustments**

(a) **Other income (not from jobs).** If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . .  
**4(a)** \$ \_\_\_\_\_

(b) **Deductions.** If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . .  
**4(b)** \$ \_\_\_\_\_

(c) **Extra withholding.** Enter any additional tax you want withheld each **pay period** . . . . .  
**4(c)** \$ \_\_\_\_\_

**Step 5:**  
**Sign Here**

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.



Employee's signature (This form is not valid unless you sign it.)

Date

**Employers Only**

Employer's name and address

First date of employment

Employer identification number (EIN)



## General Instructions

Section references are to the Internal Revenue Code.

### Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to [www.irs.gov/FormW4](http://www.irs.gov/FormW4).

### Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

**Exemption from withholding.** You may claim exemption from withholding for 2023 if you meet both of the following conditions: you had no federal income tax liability in 2022 **and** you expect to have no federal income tax liability in 2023. You had no federal income tax liability in 2022 if (1) your total tax on line 24 on your 2022 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2023 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2024.

**Your privacy.** If you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c).

**Self-employment.** Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay income and self-employment taxes through withholding from your wages, you should enter the self-employment income on Step 4(a). Then compute your self-employment tax, divide that tax by the number of pay periods remaining in the year, and include that resulting amount per pay period on Step 4(c). You can also add half of the annual amount of self-employment tax to Step 4(b) as a deduction. To calculate self-employment tax, you generally multiply the self-employment income by 14.13% (this rate is a quick way to figure your self-employment tax and equals the sum of the 12.4% social security tax and the 2.9% Medicare tax multiplied by 0.9235). See Pub. 505 for more information, especially if the sum of self-employment income multiplied by 0.9235 and wages exceeds \$160,200 for a given individual.

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

## Specific Instructions

**Step 1(c).** Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

**Step 2.** Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

If you (and your spouse) have a total of only two jobs, you may check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



**Multiple jobs.** Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

**Step 3.** This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

### Step 4 (optional).

**Step 4(a).** Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

**Step 4(b).** Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2023 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

**Step 4(c).** Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.



**Step 2(b)—Multiple Jobs Worksheet** (Keep for your records.)



If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

**Note:** If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables.

1

Two jobs. If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3

1

\$

2

Three jobs. If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3

a

Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a

2a

\$

b

Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b

2b

\$

c

Add the amounts from lines 2a and 2b and enter the result on line 2c

2c

\$

3

Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc.

3

4

Divide the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in Step 4(c) of Form W-4 for the highest paying job (along with any other additional amount you want withheld)

4

\$

**Step 4(b)—Deductions Worksheet** (Keep for your records.)



1

Enter an estimate of your 2023 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income

1

\$

2

Enter: 

• \$27,700 if you're married filing jointly or a qualifying surviving spouse

• \$20,800 if you're head of household

• \$13,850 if you're single or married filing separately

2

\$

3

If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-"

3

\$

4

Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information

4

\$

5

Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4

5

\$

**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 with no other entries on the form; 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 territories 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.



**Married Filing Jointly or Qualifying Surviving Spouse**

| Higher Paying Job<br>Annual Taxable<br>Wage & Salary | Lower Paying Job Annual Taxable Wage & Salary |                      |                      |                      |                      |                      |                      |                      |                      |                      |                        |                        |
|------------------------------------------------------|-----------------------------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|------------------------|------------------------|
|                                                      | \$0 -<br>9,999                                | \$10,000 -<br>19,999 | \$20,000 -<br>29,999 | \$30,000 -<br>39,999 | \$40,000 -<br>49,999 | \$50,000 -<br>59,999 | \$60,000 -<br>69,999 | \$70,000 -<br>79,999 | \$80,000 -<br>89,999 | \$90,000 -<br>99,999 | \$100,000 -<br>109,999 | \$110,000 -<br>120,000 |
| \$0 - 9,999                                          | \$0                                           | \$0                  | \$850                | \$850                | \$1,000              | \$1,020              | \$1,020              | \$1,020              | \$1,020              | \$1,020              | \$1,020                | \$1,870                |
| \$10,000 - 19,999                                    | 0                                             | 930                  | 1,850                | 2,000                | 2,200                | 2,220                | 2,220                | 2,220                | 2,220                | 2,220                | 3,200                  | 4,070                  |
| \$20,000 - 29,999                                    | 850                                           | 1,850                | 2,920                | 3,120                | 3,320                | 3,340                | 3,340                | 3,340                | 3,340                | 4,320                | 5,320                  | 6,190                  |
| \$30,000 - 39,999                                    | 850                                           | 2,000                | 3,120                | 3,320                | 3,520                | 3,540                | 3,540                | 3,540                | 4,520                | 5,520                | 6,520                  | 7,390                  |
| \$40,000 - 49,999                                    | 1,000                                         | 2,200                | 3,320                | 3,520                | 3,720                | 3,740                | 3,740                | 4,720                | 5,720                | 6,720                | 7,720                  | 8,590                  |
| \$50,000 - 59,999                                    | 1,020                                         | 2,220                | 3,340                | 3,540                | 3,740                | 3,760                | 4,750                | 5,750                | 6,750                | 7,750                | 8,750                  | 9,610                  |
| \$60,000 - 69,999                                    | 1,020                                         | 2,220                | 3,340                | 3,540                | 3,740                | 4,750                | 5,750                | 6,750                | 7,750                | 8,750                | 9,750                  | 10,610                 |
| \$70,000 - 79,999                                    | 1,020                                         | 2,220                | 3,340                | 3,540                | 4,720                | 5,750                | 6,750                | 7,750                | 8,750                | 9,750                | 10,750                 | 11,610                 |
| \$80,000 - 99,999                                    | 1,020                                         | 2,220                | 4,170                | 5,370                | 6,570                | 7,600                | 8,600                | 9,600                | 10,600               | 11,600               | 12,600                 | 13,460                 |
| \$100,000 - 149,999                                  | 1,870                                         | 4,070                | 6,190                | 7,390                | 8,590                | 9,610                | 10,610               | 11,660               | 12,860               | 14,060               | 15,260                 | 16,330                 |
| \$150,000 - 239,999                                  | 2,040                                         | 4,440                | 6,760                | 8,160                | 9,560                | 10,780               | 11,980               | 13,180               | 14,380               | 15,580               | 16,780                 | 17,850                 |
| \$240,000 - 259,999                                  | 2,040                                         | 4,440                | 6,760                | 8,160                | 9,560                | 10,780               | 11,980               | 13,180               | 14,380               | 15,580               | 16,780                 | 17,850                 |
| \$260,000 - 279,999                                  | 2,040                                         | 4,440                | 6,760                | 8,160                | 9,560                | 10,780               | 11,980               | 13,180               | 14,380               | 15,580               | 16,780                 | 18,140                 |
| \$280,000 - 299,999                                  | 2,040                                         | 4,440                | 6,760                | 8,160                | 9,560                | 10,780               | 11,980               | 13,180               | 14,380               | 15,870               | 17,870                 | 19,740                 |
| \$300,000 - 319,999                                  | 2,040                                         | 4,440                | 6,760                | 8,160                | 9,560                | 10,780               | 11,980               | 13,470               | 15,470               | 17,470               | 19,470                 | 21,340                 |
| \$320,000 - 364,999                                  | 2,040                                         | 4,440                | 6,760                | 8,550                | 10,750               | 12,770               | 14,770               | 16,770               | 18,770               | 20,770               | 22,770                 | 24,640                 |
| \$365,000 - 524,999                                  | 2,970                                         | 6,470                | 9,890                | 12,390               | 14,890               | 17,220               | 19,520               | 21,820               | 24,120               | 26,420               | 28,720                 | 30,880                 |
| \$525,000 and over                                   | 3,140                                         | 6,840                | 10,460               | 13,160               | 15,860               | 18,390               | 20,890               | 23,390               | 25,890               | 28,390               | 30,890                 | 33,250                 |

**Single or Married Filing Separately**

| Higher Paying Job<br>Annual Taxable<br>Wage & Salary | Lower Paying Job Annual Taxable Wage & Salary |                      |                      |                      |                      |                      |                      |                      |                      |                      |                        |                        |
|------------------------------------------------------|-----------------------------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|------------------------|------------------------|
|                                                      | \$0 -<br>9,999                                | \$10,000 -<br>19,999 | \$20,000 -<br>29,999 | \$30,000 -<br>39,999 | \$40,000 -<br>49,999 | \$50,000 -<br>59,999 | \$60,000 -<br>69,999 | \$70,000 -<br>79,999 | \$80,000 -<br>89,999 | \$90,000 -<br>99,999 | \$100,000 -<br>109,999 | \$110,000 -<br>120,000 |
| \$0 - 9,999                                          | \$310                                         | \$890                | \$1,020              | \$1,020              | \$1,020              | \$1,860              | \$1,870              | \$1,870              | \$1,870              | \$1,870              | \$2,030                | \$2,040                |
| \$10,000 - 19,999                                    | 890                                           | 1,630                | 1,750                | 1,750                | 2,600                | 3,600                | 3,600                | 3,600                | 3,600                | 3,760                | 3,960                  | 3,970                  |
| \$20,000 - 29,999                                    | 1,020                                         | 1,750                | 1,880                | 2,720                | 3,720                | 4,720                | 4,730                | 4,730                | 4,890                | 5,090                | 5,290                  | 5,300                  |
| \$30,000 - 39,999                                    | 1,020                                         | 1,750                | 2,720                | 3,720                | 4,720                | 5,720                | 5,730                | 5,890                | 6,090                | 6,290                | 6,490                  | 6,500                  |
| \$40,000 - 59,999                                    | 1,710                                         | 3,450                | 4,570                | 5,570                | 6,570                | 7,700                | 7,910                | 8,110                | 8,310                | 8,510                | 8,710                  | 8,720                  |
| \$60,000 - 79,999                                    | 1,870                                         | 3,600                | 4,730                | 5,860                | 7,060                | 8,260                | 8,460                | 8,660                | 8,860                | 9,060                | 9,260                  | 9,280                  |
| \$80,000 - 99,999                                    | 1,870                                         | 3,730                | 5,060                | 6,260                | 7,460                | 8,660                | 8,860                | 9,060                | 9,260                | 9,460                | 10,430                 | 11,240                 |
| \$100,000 - 124,999                                  | 2,040                                         | 3,970                | 5,300                | 6,500                | 7,700                | 8,900                | 9,110                | 9,610                | 10,610               | 11,610               | 12,610                 | 13,430                 |
| \$125,000 - 149,999                                  | 2,040                                         | 3,970                | 5,300                | 6,500                | 7,700                | 9,610                | 10,610               | 11,610               | 12,610               | 13,610               | 14,900                 | 16,020                 |
| \$150,000 - 174,999                                  | 2,040                                         | 3,970                | 5,610                | 7,610                | 9,610                | 11,610               | 12,610               | 13,750               | 15,050               | 16,350               | 17,650                 | 18,770                 |
| \$175,000 - 199,999                                  | 2,720                                         | 5,450                | 7,580                | 9,580                | 11,580               | 13,870               | 15,180               | 16,480               | 17,780               | 19,080               | 20,380                 | 21,490                 |
| \$200,000 - 249,999                                  | 2,900                                         | 5,930                | 8,360                | 10,660               | 12,960               | 15,260               | 16,570               | 17,870               | 19,170               | 20,470               | 21,770                 | 22,880                 |
| \$250,000 - 399,999                                  | 2,970                                         | 6,010                | 8,440                | 10,740               | 13,040               | 15,340               | 16,640               | 17,940               | 19,240               | 20,540               | 21,840                 | 22,960                 |
| \$400,000 - 449,999                                  | 2,970                                         | 6,010                | 8,440                | 10,740               | 13,040               | 15,340               | 16,640               | 17,940               | 19,240               | 20,540               | 21,840                 | 22,960                 |
| \$450,000 and over                                   | 3,140                                         | 6,380                | 9,010                | 11,510               | 14,010               | 16,510               | 18,010               | 19,510               | 21,010               | 22,510               | 24,010                 | 25,330                 |

**Head of Household**

| Higher Paying Job<br>Annual Taxable<br>Wage & Salary | Lower Paying Job Annual Taxable Wage & Salary |                      |                      |                      |                      |                      |                      |                      |                      |                      |                        |                        |
|------------------------------------------------------|-----------------------------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|------------------------|------------------------|
|                                                      | \$0 -<br>9,999                                | \$10,000 -<br>19,999 | \$20,000 -<br>29,999 | \$30,000 -<br>39,999 | \$40,000 -<br>49,999 | \$50,000 -<br>59,999 | \$60,000 -<br>69,999 | \$70,000 -<br>79,999 | \$80,000 -<br>89,999 | \$90,000 -<br>99,999 | \$100,000 -<br>109,999 | \$110,000 -<br>120,000 |
| \$0 - 9,999                                          | \$0                                           | \$620                | \$860                | \$1,020              | \$1,020              | \$1,020              | \$1,020              | \$1,650              | \$1,870              | \$1,870              | \$1,890                | \$2,040                |
| \$10,000 - 19,999                                    | 620                                           | 1,630                | 2,060                | 2,220                | 2,220                | 2,220                | 2,850                | 3,850                | 4,070                | 4,090                | 4,290                  | 4,440                  |
| \$20,000 - 29,999                                    | 860                                           | 2,060                | 2,490                | 2,650                | 2,650                | 3,280                | 4,280                | 5,280                | 5,520                | 5,720                | 5,920                  | 6,070                  |
| \$30,000 - 39,999                                    | 1,020                                         | 2,220                | 2,650                | 2,810                | 3,440                | 4,440                | 5,440                | 6,460                | 6,880                | 7,080                | 7,280                  | 7,430                  |
| \$40,000 - 59,999                                    | 1,020                                         | 2,220                | 3,130                | 4,290                | 5,290                | 6,290                | 7,480                | 8,680                | 9,100                | 9,300                | 9,500                  | 9,650                  |
| \$60,000 - 79,999                                    | 1,500                                         | 3,700                | 5,130                | 6,290                | 7,480                | 8,680                | 9,880                | 11,080               | 11,500               | 11,700               | 11,900                 | 12,050                 |
| \$80,000 - 99,999                                    | 1,870                                         | 4,070                | 5,690                | 7,050                | 8,250                | 9,450                | 10,650               | 11,850               | 12,260               | 12,460               | 12,870                 | 13,820                 |
| \$100,000 - 124,999                                  | 2,040                                         | 4,440                | 6,070                | 7,430                | 8,630                | 9,830                | 11,030               | 12,230               | 13,190               | 14,190               | 15,190                 | 16,150                 |
| \$125,000 - 149,999                                  | 2,040                                         | 4,440                | 6,070                | 7,430                | 8,630                | 9,980                | 11,980               | 13,980               | 15,190               | 16,190               | 17,270                 | 18,530                 |
| \$150,000 - 174,999                                  | 2,040                                         | 4,440                | 6,070                | 7,980                | 9,980                | 11,980               | 13,980               | 15,980               | 17,420               | 18,720               | 20,020                 | 21,280                 |
| \$175,000 - 199,999                                  | 2,190                                         | 5,390                | 7,820                | 9,980                | 11,980               | 14,060               | 16,360               | 18,660               | 20,170               | 21,470               | 22,770                 | 24,030                 |
| \$200,000 - 249,999                                  | 2,720                                         | 6,190                | 8,920                | 11,380               | 13,680               | 15,980               | 18,280               | 20,580               | 22,090               | 23,390               | 24,690                 | 25,950                 |
| \$250,000 - 449,999                                  | 2,970                                         | 6,470                | 9,200                | 11,660               | 13,960               | 16,260               | 18,560               | 20,860               | 22,380               | 23,680               | 24,980                 | 26,230                 |
| \$450,000 and over                                   | 3,140                                         | 6,840                | 9,770                | 12,430               | 14,930               | 17,430               | 19,930               | 22,430               | 24,150               | 25,650               | 27,150                 | 28,600                 |



## Employee's Wisconsin Withholding Exemption Certificate/New Hire Reporting

WT-4

## Employee's Section (Print clearly)

|                                                               |       |          |                        |                                                                                                                                                                                                                       |
|---------------------------------------------------------------|-------|----------|------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Employee's legal name (first name, middle initial, last name) |       |          | Social security number | <input type="checkbox"/> Single<br><input type="checkbox"/> Married<br><input type="checkbox"/> Married, but withhold at higher Single rate.<br><b>Note:</b> If married, but legally separated, check the Single box. |
| Employee's address (number and street)                        |       |          | Date of birth          |                                                                                                                                                                                                                       |
| City                                                          | State | Zip code | Date of hire           |                                                                                                                                                                                                                       |

## FIGURE YOUR TOTAL WITHHOLDING EXEMPTIONS BELOW

Complete Lines 1 through 3

1. (a) Exemption for yourself – enter 1 .....
  - (b) Exemption for your spouse – enter 1 .....
  - (c) Exemption(s) for dependent(s) – you are entitled to claim an exemption for each dependent .....
  - (d) Total – add lines (a) through (c) .....
2. Additional amount per pay period you want deducted (if your employer agrees) .....
  3. I claim complete exemption from withholding (see instructions). Enter "Exempt" .....

I CERTIFY that the number of withholding exemptions claimed on this certificate does not exceed the number to which I am entitled. If claiming complete exemption from withholding, I certify that I incurred no liability for Wisconsin income tax for last year and that I anticipate that I will incur no liability for Wisconsin income tax for this year.

CG

Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

## EMPLOYEE INSTRUCTIONS:

## • WHO MUST COMPLETE:

Effective on or after January 1, 2020, every newly-hired employee is required to provide a completed Form WT-4 to each of their employers. Form WT-4 will be used by your employer to determine the amount of Wisconsin income tax to be withheld from your paychecks. If you have more than one employer, you should claim a smaller number or no exemptions on each Form WT-4 provided to employers other than your principal employer so that the total amount withheld will be closer to your actual income tax liability.

You must complete and provide your employer a new Form WT-4 within 10 days if the number of exemptions previously claimed DECREASES.

You may complete and provide to your employer a new Form WT-4 at any time if the number of your exemptions INCREASES.

Your employer may also require you to complete this form to report your hiring to the Department of Workforce Development.

## • UNDER WITHHOLDING:

If sufficient tax is not withheld from your wages, you may incur additional interest charges under the tax laws. In general, 90% of the net tax shown on your income tax return should be withheld.

## • OVER WITHHOLDING:

If you are using Form WT-4 to claim the maximum number of exemptions to which you are entitled and your withholding exceeds your expected income tax liability, you may use Form WT-4A to minimize the over withholding.

## WT-4 Instructions – Provide your information in the employee section.

## • LINE 1:

(a)-(c) Number of exemptions – Do not claim more than the correct number of exemptions. If you expect to owe more income tax for the year than will

be withheld if you claim every exemption to which you are entitled, you may increase your withholding by claiming a smaller number of exemptions on lines 1(a)-(c) or you may enter into an agreement with your employer to have additional amounts withheld (see instruction for line 2).

(c) Dependents – Those persons who qualify as your dependents for federal income tax purposes may also be claimed as dependents for Wisconsin purposes. The term "dependents" does not include you or your spouse. Indicate the number of dependents that you are claiming in the space provided.

## • LINE 2:

Additional withholding – If you have claimed "zero" exemptions on line 1, but still expect to have a balance due on your tax return for the year, you may wish to request your employer to withhold an additional amount of tax for each pay period. If your employer agrees to this additional withholding, enter the additional amount you want deducted from each of your paychecks on line 2.

## • LINE 3:

Exemption from withholding – You may claim exemption from withholding of Wisconsin income tax if you had no liability for income tax for last year, and you expect to incur no liability for income tax for this year. You may not claim exemption if your return shows tax liability before the allowance of any credit for income tax withheld. If you are exempt, your employer will not withhold Wisconsin income tax from your wages.

You must revoke this exemption (1) within 10 days from the time you expect to incur income tax liability for the year or (2) on or before December 1 if you expect to incur Wisconsin income tax liabilities for the next year. If you want to stop or are required to revoke this exemption, you must complete and provide a new Form WT-4 to your employer showing the number of withholding exemptions you are entitled to claim. This certificate for exemption from withholding will expire on April 30 of next year unless a new Form WT-4 is completed and provided to your employer before that date.

## Employer's Section

|                                                |       |                     |                            |          |
|------------------------------------------------|-------|---------------------|----------------------------|----------|
| Employer's name                                |       |                     | Federal Employer ID Number |          |
| Employer's payroll address (number and street) |       | City                | State                      | Zip code |
| Completed by                                   | Title | Phone number<br>( ) | Email                      |          |

## EMPLOYER INSTRUCTIONS for Department of Revenue:

- If you do not have a Federal Employer Identification Number (FEIN), contact the Internal Revenue Service to obtain a FEIN.
- If the employee has claimed more than 10 exemptions OR has claimed complete exemption from withholding and earns more than \$200.00 a week or is believed to have claimed more exemptions than they are entitled to, mail a copy of this certificate to: Wisconsin Department of Revenue, Audit Bureau, PO Box 8906, Madison WI 53708 or fax (608) 267-0834.
- Keep a copy of this certificate with your records. If you have questions about the Department of Revenue requirements, call (608) 266-2772 or (608) 266-2776.

## EMPLOYER INSTRUCTIONS for New Hire Reporting:

- This report contains the required information for reporting a New Hire to Wisconsin. If you are reporting new hires electronically, you do not need to forward a copy of this report to the Department of Workforce Development. Visit <https://dwd.wi.gov/uinh/> to report new hires.
- If you do not report new hires electronically, mail the original form to the Department of Workforce Development, New Hire Reporting, PO Box 14431, Madison WI 53708-0431 or fax toll free to 1-800-277-8075.
- If you have questions about New Hire requirements, call toll free (888) 300-HIRE (888-300-4473). Visit [dwd.wi.gov/uinh/](http://dwd.wi.gov/uinh/) for more information.









## PAY SELECTION FORM

Employee Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Consumer Direct Care Network (CDCN) issues pay by direct deposit to a bank account or pay card. Pay stubs and W-2s are sent to you by mail to your address on file or electronically.

**Please check one pay option below.**

*Note: You will be enrolled in the Wisely Pay card option if (1) you make no selection below, or (2) you select direct deposit to a bank account but provide invalid account information or your account is closed.*

- ☐ **Direct Deposit to a Wisely Pay Card Account.** I authorize CDCN to issue me a Wisely Pay card. The card will be tied to my identification on file. CDCN will make payroll deposits to my card account. I will receive the card in 7 to 10 business days after initial processing.
- ☐ **Direct Deposit to an Existing Checking, Savings or Pay Card Account.** I authorize CDCN to initiate payroll deposits to my bank or financial institution.

The Name of my bank is: \_\_\_\_\_

The Account Type is (check one): ☐ Checking ☐ Savings ☐ Pay Card

***AN ATTACHMENT IS REQUIRED.***

**For a Checking Account.** Please attach a voided check. This is preferred. A bank-issued direct deposit form or bank letter\* is ok too.

**For a Savings Account or Pay Card.** Please attach a bank-issued direct deposit form or bank letter.\*

*\*Do not submit a deposit slip. The routing numbers differ from direct deposit routing numbers.*

**Acknowledgement.** I authorize CDCN to process my selected method of pay. I understand that:

- CDCN reserves the right to refuse any direct deposit request.
- I am responsible to confirm that each deposit has occurred. I must pay any fees caused by overdrafts on my account.
- All direct deposits are made through an Automated Clearing House (ACH). Processing is subject to ACH terms. The terms of my bank also apply.
- If funds are deposited to my account in error, or an improper payment is made, I authorize CDCN to debit my account to correct the error. If my account cannot be debited due to closure or insufficient balance, then CDCN may withhold future payments until the erroneous deposited amounts are repaid.
- I may receive a paper check while my selected method of pay is being set up.
- I must submit a new Pay Selection Form to CDCN if I wish to change my Direct Deposit option.

CG

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date









# Financial control: You've got it!



## A Wisely® digital account<sup>1</sup> puts you in charge of your money.



### Get paid early.<sup>2</sup>

Whether you need to pay a bill or get money for last-minute plans, Wisely could help you get paid up to 2 days early.<sup>2</sup>



### Save and manage your money on your terms.

Track your balance and spending 24/7 and save<sup>3</sup> for the things that matter most to you.



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Pay online, in store, in app, or by phone everywhere Visa® debit cards are accepted or where Debit Mastercard® is accepted.

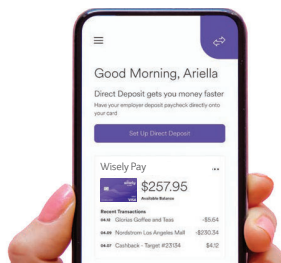


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Get access to up to 90,000 surcharge-free ATMs nationwide.<sup>4</sup>

### Get Wisely today!

Talk to your Payroll  
Department.



Manage your money, your way.

**Afford yourself every advantage.™**

<sup>1</sup> The Wisely card is a prepaid card. References to a digital account refer to the management and servicing of your prepaid card online digitally or through a mobile app. The Wisely card is not a credit card and does not build credit.

<sup>2</sup> You must log in to the myWisely app or mywisely.com to opt-in to early direct deposit. Early direct deposit of funds is not guaranteed and is subject to the timing of payor's payment instruction. Faster funding claim is based on a comparison of our policy of making funds available upon our receipt of payment instruction with the typical banking practice of posting funds at settlement. Please see full disclosures on mywisely.com or the myWisely app. If you have a Wisely Pay or Wisely Cash card (see back of your card), this feature requires an upgrade which may not be available to all cardholders. Please allow up to 3 weeks after your initial setup of direct deposit for your pay to start loading to your card.

<sup>3</sup> Amounts transferred to your savings envelope will no longer appear in your available balance. You can transfer money from your savings envelope back to your available balance at any time using the myWisely app or at mywisely.com.

<sup>4</sup> The number of fee-free ATM transactions may be limited. Please log in to the myWisely app or mywisely.com and see your cardholder agreement and list of all fees for more information.

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## WAGE MEMO

|               |             |                  |
|---------------|-------------|------------------|
|               |             |                  |
| Employee Name | Member Name | Member CDCN ID # |

MCO/Authorizing Entity:

## Authorized Services:

| Service Code | Wage or Reimbursement | Rate                                                          |                                                                   |
|--------------|-----------------------|---------------------------------------------------------------|-------------------------------------------------------------------|
|              | \$_____               | <input type="checkbox"/> hour<br><input type="checkbox"/> day | <input type="checkbox"/> session<br><input type="checkbox"/> mile |
|              | \$_____               | <input type="checkbox"/> hour<br><input type="checkbox"/> day | <input type="checkbox"/> session<br><input type="checkbox"/> mile |
|              | \$_____               | <input type="checkbox"/> hour<br><input type="checkbox"/> day | <input type="checkbox"/> session<br><input type="checkbox"/> mile |
|              | \$_____               | <input type="checkbox"/> hour<br><input type="checkbox"/> day | <input type="checkbox"/> session<br><input type="checkbox"/> mile |
|              | \$_____               | <input type="checkbox"/> hour<br><input type="checkbox"/> day | <input type="checkbox"/> session<br><input type="checkbox"/> mile |
|              | \$_____               | <input type="checkbox"/> hour<br><input type="checkbox"/> day | <input type="checkbox"/> session<br><input type="checkbox"/> mile |

Overtime: ☐ Allowed ☐ Not Allowed

Effective Date:

CG

\_\_\_\_\_  
Employee Signature\_\_\_\_\_  
Date\_\_\_\_\_  
CDCN Representative Name\_\_\_\_\_  
CDCN Representative Signature\_\_\_\_\_  
Date





**FISCAL EMPLOYER AGENT  
EMPLOYEE AGREEMENT**

I, \_\_\_\_\_, agree to and acknowledge the following:  
(Employee Print Name)

\_\_\_\_\_ has elected to hire me to perform care services for the Member  
(Member or Managing Party Print Name)

according to Wisconsin's self-directed services program. I understand Consumer Direct Care Network Wisconsin (CDCN) is the Fiscal/Employer Agency. CDCN assists the Member/Managing Party (MP) with employer related tasks. CDCN IS NOT my employer. The Member/MP is my employer.

The "Approving Entity" authorizing the Member's services is \_\_\_\_\_.

### 1. Effective Date

I can begin work when CDCN approves my enrollment materials and I receive an *Okay to Work* letter from CDCN.

### 2. Payment

- I am paid at an hourly rate as defined in the wage memo. My pay is subject to applicable tax withholding.
- CDCN offers two direct deposit pay options. I can specify a bank account or choose a pay card. If I change my direct deposit option, I must submit a new Pay Selection Form.
- CDCN issues pay every two weeks. CDCN sends pay stubs (summary of pay) and W-2s by first class mail to my address on file or electronically. A current CDCN Pay Schedule is available online at [www.consumerdirectwi.com](http://www.consumerdirectwi.com).
- Unless the Member is a child or I live with the Member, I agree to use an approved Electronic Visit Verification method to record each shift I work. The Member must approve each shift. If I make corrections, they need to be submitted using the EVV Time Correction Form. I will submit corrections by Monday at midnight following the two-week pay period, or pay may be delayed.
- If I live with the Member, or if the Member is a child, I will not use EVV. Instead, I agree to use a paper timesheet or the CDCN web portal to record each shift I work. I must submit my time records by midnight on Monday following the work week, or pay may be delayed.
- CDCN reserves the right to withhold wages for overpayment or alleged misrepresentation on time submitted.
- CDCN will file amended payroll tax returns in instances of over-collected Social Security and Medicare taxes from my pay (occurs when earnings are less than the IRS threshold published in Circular E). If this happens, I will receive a refund from CDCN in January. I agree to not file a claim for refund of over-collected Medicare or Social Security taxes with the IRS.
- CDCN is not responsible to pay me if:
  - The Member loses program eligibility.
  - The Approving Entity has not authorized the Member's services.
  - The Member/MP allows me to perform unauthorized tasks or work more hours than what is approved.

### 3. Trainings

I understand CDCN provides training materials available on the CDCN website and in the Employer Handbook left with the Member/Managing Party. It is my responsibility to review and understand the information provided on Infection Control; Lifting and Moving Patients; Abuse, Neglect and





**FISCAL EMPLOYER AGENT**  
**EMPLOYEE AGREEMENT**

Exploitation; HIPAA (confidentiality); and Fraud Prevention. The Approving Entity and my employer may require additional trainings.

**4. My Responsibilities**

- Provide services according to authorized tasks and hours outlined in the Member's care plan.
- Use appropriate safeguards and universal health precautions to not spread communicable disease. I have received, reviewed and understand the "Infection Control Guidelines" training booklet provided by CDCN.
- Program compliance.
- Confidentiality of Member information.
- Status Change Notification (as necessary). I will notify CDCN within ten (10) days of any change in name, addresses, and telephone number. I must also disclose any criminal charges that may affect my employment within ten (10) days.
- Refusal of gifts and other forms of payments for services.
- Report workplace accidents, abuse and neglect, and Fraud as described below.
- Perform job duties in an ethical manner and respect the Member's rights and dignity.

**5. Reporting Requirements**

- All incidents, accidents, and work-place injuries involving the Employee to the CDCN Injury Hotline at 1-888-541-1701 within 24 hours.
- Possible Member neglect, abuse or exploitation to the county Adult or Elder Abuse reporting line.
- Suspected Medicaid Fraud must be reported to the appropriate authority. Reporting contact information is available on our website under the Resources/Fraud Prevention tab.

**6. Member/MP Supervision**

The Member/MP is responsible for training, managing, and supervising me. They will instruct me on how to perform services. They are solely responsible for hiring and dismissing all employees.

**7. CDCN Contact Person**

Employee and Member/MP may ask about compliance with program services and employment laws. Please direct inquiries to a CDCN Service Coordinator at 1-877-785-9991.

**8. Medical Administration Procedures**

I will learn all medical administration procedures necessary to perform my job from the Member/MP.

**9. Insurance**

- CDCN will provide worker's compensation insurance. I have reviewed and understand the Employee Injury Reporting procedures in the Employer Handbook.
- I will maintain a valid driver's license and I agree to work with the Member/MP to follow the State's minimum guidelines for maintaining auto insurance coverage on all vehicles used to provide services.

**10. Non-Emergent Care**

Services provided under this program are not meant to be emergency or acute medical services. Any potential risky health situations must be reported to the Member's attending physician and/or to local emergency services, such as 911, as appropriate.

CG

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

M

\_\_\_\_\_  
Member/MP Signature

\_\_\_\_\_  
Date

11143



**WISCONSIN MEDICAID PROGRAM PROVIDER AGREEMENT AND  
ACKNOWLEDGEMENT OF TERMS OF PARTICIPATION  
FOR WAIVER SERVICE PROVIDER AGENCIES OR INDIVIDUALS**

Completion of this form is required under Federal Law by the Centers for Medicare & Medicaid Services, Department of Health and Human Services, under the Code of Federal Regulations 42 CFR 431.107.

|                                                                                         |      |              |          |
|-----------------------------------------------------------------------------------------|------|--------------|----------|
| Name of Provider (Typed or Printed—Must exactly match name used on all other documents) |      | Phone Number |          |
| Address – Street                                                                        | City | State        | Zip Code |

The above-referenced provider of home and community-based waiver services under Wisconsin's Medicaid program, hereinafter referred to as the provider, hereby agrees and acknowledges as follows:

1. To provide only the items or services authorized by the managed care organization or IRIS program.
2. To accept the payment issued by the managed care organization or IRIS program as payment in full for provided items or services.
3. To make no additional claims or charges for provided items or services.
4. To refund any overpayment to the managed care organization or IRIS program.
5. To keep any records necessary to disclose the extent of services provided consistent with the provider's business type.
6. To provide, upon request by the managed care organization, the IRIS program, or the Department of Health Services (DHS) or its designee, information regarding the items or services provided.
7. To comply with all other applicable federal and state laws, regulations, and policies relating to providing home and community-based waiver services under Wisconsin's Medicaid program including the caregiver background check law.
8. Medicaid Confidentiality Policies and Procedures: To maintain the confidentiality of all records or other information relating to each participant's status as a waiver participant and items or services the participant receives from the Provider.
9. To respect and comply with the waiver participant's right to refuse medication and treatment and other rights granted the participant under federal and state law.
10. Medicaid Fraud Prevention Policies and Procedures (including records retention): To keep records necessary to disclose the extent of services provided to waiver participants **for a period of ten (10) years** and to furnish upon request to the DHS, the federal Department of Health and Human Services, or the state Medicaid Fraud Control Unit, any information regarding services provided and payments claimed by the Provider for furnishing services under the Wisconsin Medicaid Program. This requirement includes retaining all records and documents according to the terms provided by Wis. Admin. Code § DHS 106.02(a)-(d); (f)-(g).
11. The provider agrees to comply with the disclosure requirements of 42 CFR Part 455, Subpart B, as now in effect or as may be amended. To meet those requirements and address real or potential conflict of interest that may influence service provision, among other things the provider shall furnish to the managed care organization and upon request, to the Department in writing:
  - a) The names and addresses of all vendors of drugs, medical supplies or transportation, or other providers in which it has a controlling interest or ownership;
  - b) The names and addresses of all persons who have a controlling interest in the provider;



05295



**DEPARTMENT OF HEALTH SERVICES**

Division of Medicaid Services  
F-00180C (07/2017)

**STATE OF WISCONSIN**

42 CFR 431.107 & 42 CFR 438.602(b)

- c) Whether any of the persons named in compliance with (a) and (b) above are related to any owner or to a person with a controlling interest as spouse, parent, child or sibling;
  - d) The names and addresses of any subcontractors who have had business transactions with the provider;
  - e) The identity of any person named in compliance with (a) and (b) above, who has been convicted of a criminal offense related to that person's involvement in any program under Medicare, Medicaid, or Title XX services programs since the inception of those programs.
12. To provide to the DHS identifying information, including name, specialty, date of birth, Social Security number, national provider identifier, (NPI) (if eligible for an NPI), Federal taxpayer identification number, and State license or certification for purposes of enrollment with the State Medicaid program.
13. To include its NPI (if eligible for an NPI) on all claims submitted under the Medicaid program.
14. To comply with the advance directives requirements specified in 42 CFR Part 489, Subpart I.

**Modifications to this agreement cannot and will not be agreed to. Altering this agreement in any way voids the Department of Health Services' signature. This agreement is not transferable or assignable.**

Name – Provider (Typed or Printed)

SIGNATURE – Provider

Date Signed

CG

**FOR DMS USE ONLY (DO NOT WRITE BELOW THIS LINE)**

SIGNATURE – Department of Health Services

Date Signed



8/14/17





## MCO Self Directed Supportive Home Care

### TRAINING VERIFICATION FORM

**Service Description:** Supportive Home Care (SHC) is the provision of a range of services for members who require assistance to meet their daily living needs, ensure adequate functioning in their home and permit safe access to the community. SHC includes personal services such as activities of daily living, assistance in the use of adaptive equipment, mobility and communication aids and accompanying the member to appointments. It may also include assisting the member follow through on treatment plans. Household services may include performing household tasks and home maintenance activities such as meal preparation, shopping, laundry and house cleaning.

**Employee/Care provider:**

**Address:**

**Phone:**

**Employer/Member:**

### Personal Assistance and Household/Chore Services Required Minimum Training and Qualified Provider Standards

Providers of supportive home care and personal assistance services must meet the following DHS required minimum training and qualified provider standards to deliver services and receive payments using Medicaid funding. **Each member/employer is responsible for providing information and training to their on specific care needs.**

#### 1. Policies, Procedures

Including HIPPA compliance and other confidentiality requirements, ethical standards, including respecting personal property, safely providing services to members, scheduling and procedure/ notice for needed time off and initiating back up services as needed.

#### 2. Billing and payment processes and relevant contact information

Record keeping, reporting, and contact information including the name and contact information of the primary contact information of the member and Fiscal/employer agent or co-employment agency

#### 3. Recognizing & Responding to Emergencies

Protocols for contacting local emergency response systems prompt notification to primary member contact, MCO team and Fiscal Employer Agent.

Examples: emergency contact numbers, when to call 911, fire/tornado plan, prompt notification to support team, etc.

#### 4. Member/Employer Specific Information

Member individual needs, medical conditions, strengths, abilities, preferences/rules; expectations for providing care needs safely.

Examples: wearing gloves, washing hands, handling equipment, transfers, transportation, grooming preferences, how to use adaptive/mobility aids, preparation of foods, preferences for assistance with daily living and abilities.

#### 5. General Target Information

Any general information that might apply to the care of the member

Example: info on working with elderly, people with physical or cognitive disabilities, or mental health challenges

#### 6. Providing Quality Homemaking/Household Services (if provided)

Understanding good nutrition, special diets, meal planning and preparation. Understanding and maintaining a clean, safe & healthy environment. Respecting member preferences in housekeeping tasks and shopping

Examples: how to run the washer/dryer, washing dishes, preparing meals, etc.

#### 7. Working Effectively with Employee/Participant

Understanding and respecting member self-direction, individuality, independence and rights. Procedures for handling conflict and complaints, cultural differences and family relationships and behavioral supports (if needed).

**OVER for SIGNATURES**



09303



### Exemption and Waiver from Training Requirements

Prior to employment, the employer/member may exempt a prospective service provider from the personal service and household chore service training requirements when it is determined that the provider already has sufficient comparable knowledge or experience.

**Exemption:** Due to a licensure or Credential, the following professions may be exempted from the training requirements: Certified Nursing Assistant (CNA), Licensed Practical Nurse (LPN), Registered Nurse (RN), Physical or Occupational Therapist (PT, OT) or certified Physical or Occupational Assistant (CPTA or COTA). When an exemption is granted, the employee/provider must still document the license or certification. ***The employer/member ensure the worker performing medically oriented tasks such as tube feedings, wound care or tracheotomy care is competent in performing those tasks specific to the employer/member.***

☐ ***This provider is exempt due to licensure or certification as***

- |                                                             |                                                             |
|-------------------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> Licensed Practical Nurse (LPN)     | <input type="checkbox"/> Registered Nurse (RN)              |
| <input type="checkbox"/> Certified Nursing Assistant (CNA)  | <input type="checkbox"/> Physical or Occupational Therapist |
| <input type="checkbox"/> Physical or Occupational Assistant |                                                             |

**Waiver:** Some or all of the required training may be waived based on knowledge and skills attained through prior experience (e.g., personal care worker with a certified personal care agency). When a waiver is granted, ***the employer/member ensure the worker performing medically oriented tasks such as tube feedings, wound care or tracheotomy care is competent in performing those tasks specific to the employer/member.***

☐ ***This provider is waived from specific training due to prior training and/or experience.***

#### LIST Prior Experience/Training

|  |
|--|
|  |
|  |
|  |

### SIGNATURES

By signing below, I attest I meet the minimum training and qualified provider standards in order to provide Supported Home Care to my employer/member. As the Employer, I attest the above person meets all provider standards and training requirements set by DHS as explained.

|    |                                    |      |
|----|------------------------------------|------|
| CG | Employee/care provider             | Date |
| M  | Employer/ Representative Signature | Date |

**Return Form to:** Consumer Direct Care Network WI  
 744 Ryan Drive, Suite 201  
 Hudson, WI 54016-7984  
 Phone: 877-785-9991 (toll free)  
 Fax: 877-785-9992 (toll free)  
 Email: infoCDWI@consumerdirectcare.com

09304



## DEPARTMENT OF HEALTH SERVICES

Division of Quality Assurance  
F-82064A (01/2022)

## STATE OF WISCONSIN

Wis. Stat. § 50.065  
Wis. Admin. Code § DHS 12.05(4)

## BACKGROUND INFORMATION DISCLOSURE (BID) FOR ENTITY EMPLOYEES AND CONTRACTORS: INSTRUCTIONS

**PURPOSE**

- The *Background Information Disclosure for Employees and Contractors* ([form F-82064](#)) gathers information required by Wis. Stat. § 50.065 and Wis. Admin. Code ch. DHS 12 for entities to conduct [caregiver background checks](#) for prospective and existing employees and contractors. This form may also be used by entities to conduct background checks for students and volunteers that are expected to have regular and direct contact with clients.
- NOTE:** Form F-82064 should not be used by applicants for *entity operator approval* or by entities requesting approval for an individual to reside in entity facilities as a *non-client resident*. Applicants for *entity operator approval* or for a *non-client resident* background check must request an [entity background check](#) from the Division of Quality Assurance.

**CAREGIVER BACKGROUND CHECK LAW**

[Entities](#) must conduct background checks to verify initial and renewal eligibility of employees and contractors to serve as [caregivers](#). Pursuant to Wis. Stat. § 50.065 and Wis. Admin. Code ch. DHS 12, an entity may not employ or contract with an individual to serve as a "caregiver," if the individual has certain governmental findings or criminal convictions affecting eligibility. See [Offenses Affecting Eligibility for Employment or Contract in Roles with Client Contact](#).

**APPLICATION**

Caregiver Background Checks are required for prospective and existing employees and contractors of entities. The term [entity](#) includes, but is not limited to:

- |                                                             |                                                     |
|-------------------------------------------------------------|-----------------------------------------------------|
| • Adult Day Care Centers                                    | • Home Health Agencies                              |
| • Adult Family Homes                                        | • Hospices                                          |
| • Alcohol and Other Drug Abuse Treatment Programs           | • Hospitals                                         |
| • Ambulance Service Providers                               | • Mental Health Day Treatment Services for Children |
| • AODA Services                                             | • Nursing Homes                                     |
| • Community Based-Residential Facilities                    | • Outpatient Mental Health Clinics                  |
| • Community Mental Health Programs                          | • Personal Care Agencies                            |
| • Community Support Programs                                | • Residential Care Apartment Complexes              |
| • Comprehensive Community Services                          | • Rural Medical Centers                             |
| • Corporate Guardianships                                   | • Youth Crisis Stabilization Facilities             |
| • Facilities Serving People with Developmental Disabilities | • Programs regulated by ch. DHS 75                  |
| • Emergency Mental Health Service Programs                  |                                                     |

**FAIR EMPLOYMENT ACT & ELIGIBILITY REQUIREMENTS**

Wisconsin Stat. §§ 111.31 – 111.395, prohibits discrimination because of a criminal record or pending charge. However, it is not discrimination to decline to hire or license a person based on the person's arrest or conviction record if the arrest or conviction is substantially related to the circumstances of the particular job or licensed activity. In addition, Wisconsin law establishes conditions of eligibility for employment or contract to work in roles with regular and direct client/patient contact.

Wis. Stat. § 50.065(4m)(b) reads:

Notwithstanding s. 111.335, and except as provided in sub. (5), an entity may not employ or contract with a caregiver or permit to reside at the entity a nonclient resident, if the entity knows or should have known any of the following:

1. That the person has been convicted of a serious crime.
2. That a unit of government or a state agency, as defined in s. 16.61 (2) (d), has made a finding that the person has abused or neglected any client or misappropriated the property of any client.
3. That a final determination has been made under s. 48.981 (3) (c) 5m. or, if a contested case hearing is held on such a determination, a final decision has been made under s. 48.981 (3) (c) 5p. that the person has abused or neglected a child.
4. That, in the case of a position for which the person must be credentialed by the department of safety and professional services, the person's credential is not current or is limited so as to restrict the person from providing adequate care to a client.

See [Offenses Affecting Eligibility](#) for guidance.



00540





## DEPARTMENT OF HEALTH SERVICES

Division of Quality Assurance

F-82064 (01/2022)

## STATE OF WISCONSIN

Wis. Stat. § 50.065

Wis. Admin. Code § DHS 12.05(4)

Page 1 of 2

## BACKGROUND INFORMATION DISCLOSURE (BID) FOR ENTITY EMPLOYEES AND CONTRACTORS

- PENALTY:** A person who provides false information on this form may be subject to forfeiture and sanctions, as provided in Wis. Stat. § 50.065(6)(c) and Wis. Admin Code § DHS 12.05(4).
- Completion of this form to verify your eligibility for employment/service as a “caregiver” is required by Wis. Stat. § 50.065 and Wis. Admin Code ch. DHS 12. Failure to complete this form may result in denial or termination of your employment, contract or service agreement.

Refer to DQA form [F-82064A, Instructions](#), for additional information.**Check the box that applies to you.**

- |                                                                                      |                                                                                           |
|--------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Applicant / Employee<br><input type="checkbox"/> Contractor | <input type="checkbox"/> Student / Volunteer<br><input type="checkbox"/> Other – Specify: |
|--------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

**NOTE:** This form should NOT be used by applicants for *entity operator approval* (license, certification, registration or other DHS approval) or by entities requesting approval for an individual to reside in entity facilities as a *non-client resident*. Applicants for *entity operator approval* or for a *non-client resident* background check must request an [entity background check](#) from the Division of Quality Assurance.

|                                |               |             |
|--------------------------------|---------------|-------------|
| Full Legal Name – <i>First</i> | <i>Middle</i> | <i>Last</i> |
|--------------------------------|---------------|-------------|

Other Names (including prior to marriage)

|                                           |                                  |                                                                      |
|-------------------------------------------|----------------------------------|----------------------------------------------------------------------|
| Position Title ( applied for or existing) | Birth Date ( <i>MM/DD/YYYY</i> ) | Sex<br><input type="checkbox"/> Male <input type="checkbox"/> Female |
|-------------------------------------------|----------------------------------|----------------------------------------------------------------------|

|              |      |       |          |
|--------------|------|-------|----------|
| Home Address | City | State | Zip Code |
|--------------|------|-------|----------|

Business Name and Address – Employer (Entity)

### Answering “NO” to all questions does not guarantee employment, a contract, or service agreement.

If more space is required, attach additional documentation to this form and indicate “see attached” in your answer.

**SECTION A – DISCLOSURES**

- Do you have any criminal charges pending against you, including in federal, state, local, military, and tribal courts?  
If **Yes**, list each charge, when it occurred or the date of the charge, and the city and state where the court is located.  
You may be asked to supply additional information, including a copy of the criminal complaint or any other relevant court or police documents.
 

|                          |                          |
|--------------------------|--------------------------|
| Yes                      | No                       |
| <input type="checkbox"/> | <input type="checkbox"/> |
- Were you ever convicted of any crime anywhere, including in federal, state, local, military, and tribal courts?  
If **Yes**, list each crime, when it occurred or the date of the conviction, and the city and state where the court is located.  
You may be asked to supply additional information including a certified copy of the judgment of conviction, a copy of the criminal complaint, or any other relevant court or police documents.
 

|                          |                          |
|--------------------------|--------------------------|
| Yes                      | No                       |
| <input type="checkbox"/> | <input type="checkbox"/> |
- Please note that Wis. Stat. § 48.981, *Abused or neglected children and abused unborn children*, may apply to information concerning findings of child abuse and neglect.  
Has any government or regulatory agency (other than the police) ever found that you committed **child** abuse or neglect?  
Provide an explanation below, including when and where the incident(s) occurred.
 

|                          |                          |
|--------------------------|--------------------------|
| Yes                      | No                       |
| <input type="checkbox"/> | <input type="checkbox"/> |
- Has any government or regulatory agency (other than the police) ever found that you abused or neglected **any person or client**?  
If **Yes**, explain, including when and where it happened.
 

|                          |                          |
|--------------------------|--------------------------|
| Yes                      | No                       |
| <input type="checkbox"/> | <input type="checkbox"/> |



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- |                                                                                                                                                                                                                                        |                          |                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 5. Has any government or regulatory agency (other than the police) ever found that you misappropriated (improperly took or used) the property of a person or client?<br>If <b>Yes</b> , explain, including when and where it happened. | Yes                      | No                       |
|                                                                                                                                                                                                                                        | <input type="checkbox"/> | <input type="checkbox"/> |
- 
- |                                                                                                                                                                                            |                          |                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 6. Has any government or regulatory agency (other than the police) ever found that you abused an <b>elderly person</b> ?<br>If <b>Yes</b> , explain, including when and where it happened. | Yes                      | No                       |
|                                                                                                                                                                                            | <input type="checkbox"/> | <input type="checkbox"/> |
- 
- |                                                                                                                                                                                                                                            |                          |                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 7. Do you have a government issued credential that is not current or is limited so as to restrict you from providing care to clients?<br>If <b>Yes</b> , explain, including credential name, limitations or restrictions, and time period. | Yes                      | No                       |
|                                                                                                                                                                                                                                            | <input type="checkbox"/> | <input type="checkbox"/> |

#### SECTION B – OTHER REQUIRED INFORMATION

- |                                                                                                                                                                                                                                                 |                          |                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 1. Has any government or regulatory agency ever limited, denied, or revoked your license, certification, or registration to provide care, treatment, or educational services?<br>If <b>Yes</b> , explain, including when and where it happened. | Yes                      | No                       |
|                                                                                                                                                                                                                                                 | <input type="checkbox"/> | <input type="checkbox"/> |
- 
- |                                                                                                                                                                                                                                         |                          |                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 2. Has any government or regulatory agency ever denied you permission or restricted your ability to live on the premises of a care providing facility?<br>If <b>Yes</b> , explain, including when and where it happened and the reason. | Yes                      | No                       |
|                                                                                                                                                                                                                                         | <input type="checkbox"/> | <input type="checkbox"/> |
- 
- |                                                                                                                                                                                                                                               |                          |                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 3. Have you been discharged from a branch of the US Armed Forces, including any reserve component?<br>If <b>Yes</b> , indicate the year of discharge:<br>Attach a copy of your DD214, if you were discharged within the last three (3) years. | Yes                      | No                       |
|                                                                                                                                                                                                                                               | <input type="checkbox"/> | <input type="checkbox"/> |
- 
- |                                                                                                                                           |                          |                          |
|-------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 4. Have you resided outside of Wisconsin in the last three (3) years?<br>If <b>Yes</b> , list each state and the dates you resided there. | Yes                      | No                       |
|                                                                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> |
- 
- |                                                                                                                                                                                                          |                          |                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 5. If you are employed by or applying for the State of Wisconsin, have you resided outside of Wisconsin in the last seven (7) years?<br>If <b>Yes</b> , list each state and the dates you resided there. | Yes                      | No                       |
|                                                                                                                                                                                                          | <input type="checkbox"/> | <input type="checkbox"/> |
- 
- |                                                                                                                                                                                                                                                    |                          |                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 6. Have you had a caregiver background check done within the last four (4) years?<br>If <b>Yes</b> , list the date of each check, and the name, address, and phone number of the person, facility, or government agency that conducted each check. | Yes                      | No                       |
|                                                                                                                                                                                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> |
- 
- |                                                                                                                                                                                                                                                                                                                            |                          |                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 7. Have you ever requested a rehabilitation review with the Wisconsin Department of Health Services, a county department, a private child placing agency, school board, or DHS-designated tribe?<br>If <b>Yes</b> , list the review date and the review result. You may be asked to provide a copy of the review decision. | Yes                      | No                       |
|                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> | <input type="checkbox"/> |

**Read and initial the following statement.**

**CG** I have completed and reviewed this form (F-82064, BID) and affirm that the information is true and correct as of today's date.

**NAME** – Person Completing This Form

Date Submitted





## EMPLOYEE HEALTH QUESTIONNAIRE

Employee Name: \_\_\_\_\_  
(please print)

**Background:** You have been conditionally hired to provide services for the service recipient in accordance with their authorized plan of care. You may be required to perform physical tasks. The purpose of this Health Questionnaire is to assess your ability to safely perform the authorized tasks. The information provided on this Questionnaire will be used to help manage your employment in a safe manner. Your responses are considered *Confidential*.

**Instructions:** Respond to each item as to whether you have a medical or physical activity restriction or limitation. **Please explain each "Yes" answer on the backside of this form and attach additional information as necessary.**

Return this completed form and other employment forms to the Consumer Direct Care Network (CDCN) office.

|    | Do you currently have a Physical Activity Restriction for:                                                         | NO        | YES        |
|----|--------------------------------------------------------------------------------------------------------------------|-----------|------------|
| 1  | Sitting                                                                                                            |           |            |
| 2  | Stationary Standing                                                                                                |           |            |
| 3  | Walking                                                                                                            |           |            |
| 4  | Ability to be Mobile                                                                                               |           |            |
| 5  | Crouching (bending at knee)                                                                                        |           |            |
| 6  | Kneeling/Crawling                                                                                                  |           |            |
| 7  | Stooping (bending at waist)                                                                                        |           |            |
| 8  | Twisting (knees/waist/neck)                                                                                        |           |            |
| 9  | Turning/Pivoting                                                                                                   |           |            |
| 10 | Climbing                                                                                                           |           |            |
| 11 | Balancing                                                                                                          |           |            |
| 12 | Reaching overhead                                                                                                  |           |            |
| 13 | Reaching extension                                                                                                 |           |            |
| 14 | Grasping                                                                                                           |           |            |
| 15 | Pushing/Pulling                                                                                                    |           |            |
| 16 | Lifting/Carrying                                                                                                   |           |            |
| 17 | Whole/Partial Loss of Hearing                                                                                      |           |            |
| 18 | Blindness (partial or complete) or Eye Problems                                                                    |           |            |
| 19 | Have you ever been advised by a health care professional to restrict your physical activities in any way?          |           |            |
|    | <b>Personal Medical History – In the past 5 years, have you had or been treated for:</b>                           | <b>NO</b> | <b>YES</b> |
| 20 | Epilepsy                                                                                                           |           |            |
| 21 | Fainting/Dizzy Spells                                                                                              |           |            |
| 22 | Hernia                                                                                                             |           |            |
| 23 | Muscular Strain                                                                                                    |           |            |
| 24 | Neck or Back Injury                                                                                                |           |            |
| 25 | Ruptured Intervertebral Disc                                                                                       |           |            |
| 26 | Joint Injury or Pain                                                                                               |           |            |
| 27 | Fractures                                                                                                          |           |            |
| 28 | Tuberculosis or Non-Negative TB Test                                                                               |           |            |
| 29 | Lung Problems/Disease                                                                                              |           |            |
| 30 | Head Injury                                                                                                        |           |            |
| 31 | Other Current Problems, Diseases, Conditions                                                                       |           |            |
| 32 | Have you been hospitalized or undergone surgery, other than for childbirth?                                        |           |            |
| 33 | Have you refused a recommended surgical procedure?                                                                 |           |            |
| 34 | Are you currently taking any medication or drugs, whether by prescription or not, that could impair your judgment? |           |            |



| Do you currently have, or have you ever been told by a health care professional that you have any physical limitations related to the list below? |          |    |     |   |       |    |     |
|---------------------------------------------------------------------------------------------------------------------------------------------------|----------|----|-----|---|-------|----|-----|
|                                                                                                                                                   |          | NO | YES |   |       | NO | YES |
| A                                                                                                                                                 | Back     |    |     | H | Arm   |    |     |
| B                                                                                                                                                 | Shoulder |    |     | I | Hip   |    |     |
| C                                                                                                                                                 | Neck     |    |     | J | Knee  |    |     |
| D                                                                                                                                                 | Elbow    |    |     | K | Ankle |    |     |
| E                                                                                                                                                 | Wrist    |    |     | L | Foot  |    |     |
| F                                                                                                                                                 | Hand     |    |     | M | Leg   |    |     |
| G                                                                                                                                                 | Finger   |    |     | N | Other |    |     |

Please explain any "Yes" answers from page 1 and 2 in detail below and note the associated number or letter. Also, include the dates of injuries & surgeries. Use additional pages, if necessary:

[illegible]

**CG** *Employee Signature:* \_\_\_\_\_ *Date:* \_\_\_\_/\_\_\_\_/\_\_\_\_

State Office/Location: \_\_\_\_\_ Risk Mgr Review: [\_\_\_\_\_] Date \_\_\_\_/\_\_\_\_/\_\_\_\_





# 2023 Payroll Calendar

Symbol Key: ○ Pay Day △ Postal and Bank Holiday

| JANUARY |      |     |     |     |      |     | FEBRUARY |      |     |     |      |      |     | MARCH     |      |     |     |     |      |     |
|---------|------|-----|-----|-----|------|-----|----------|------|-----|-----|------|------|-----|-----------|------|-----|-----|-----|------|-----|
| Sun     | Mon  | Tue | Wed | Thu | Fri  | Sat | Sun      | Mon  | Tue | Wed | Thu  | Fri  | Sat | Sun       | Mon  | Tue | Wed | Thu | Fri  | Sat |
| 1       | △ 2  | 3   | 4   | 5   | 6    | 7   |          |      |     | 1   | 2    | 3    | 4   |           |      |     | 1   | 2   | 3    | 4   |
| 8       | 9    | 10  | 11  | 12  | ○ 13 | 14  | 5        | 6    | 7   | 8   | 9    | ○ 10 | 11  | 5         | 6    | 7   | 8   | 9   | ○ 10 | 11  |
| 15      | △ 16 | 17  | 18  | 19  | 20   | 21  | 12       | 13   | 14  | 15  | 16   | 17   | 18  | 12        | 13   | 14  | 15  | 16  | 17   | 18  |
| 22      | 23   | 24  | 25  | 26  | ○ 27 | 28  | 19       | △ 20 | 21  | 22  | 23   | ○ 24 | 25  | 19        | 20   | 21  | 22  | 23  | ○ 24 | 25  |
| 29      | 30   | 31  |     |     |      |     | 26       | 27   | 28  |     |      |      |     | 26        | 27   | 28  | 29  | 30  | 31   |     |
| APRIL   |      |     |     |     |      |     | MAY      |      |     |     |      |      |     | JUNE      |      |     |     |     |      |     |
| Sun     | Mon  | Tue | Wed | Thu | Fri  | Sat | Sun      | Mon  | Tue | Wed | Thu  | Fri  | Sat | Sun       | Mon  | Tue | Wed | Thu | Fri  | Sat |
|         |      |     |     |     |      | 1   |          | 1    | 2   | 3   | 4    | ○ 5  | 6   |           |      |     |     | 1   | ○ 2  | 3   |
| 2       | 3    | 4   | 5   | 6   | ○ 7  | 8   | 7        | 8    | 9   | 10  | 11   | 12   | 13  | 4         | 5    | 6   | 7   | 8   | 9    | 10  |
| 9       | 10   | 11  | 12  | 13  | 14   | 15  | 14       | 15   | 16  | 17  | 18   | ○ 19 | 20  | 11        | △ 12 | 13  | 14  | 15  | ○ 16 | 17  |
| 16      | 17   | 18  | 19  | 20  | ○ 21 | 22  | 21       | 22   | 23  | 24  | 25   | 26   | 27  | 18        | △ 19 | 20  | 21  | 22  | 23   | 24  |
| 23      | 24   | 25  | 26  | 27  | 28   | 29  | 28       | △ 29 | 30  | 31  |      |      |     | 25        | 26   | 27  | 28  | 29  | ○ 30 |     |
| 30      |      |     |     |     |      |     |          |      |     |     |      |      |     |           |      |     |     |     |      |     |
| JULY    |      |     |     |     |      |     | AUGUST   |      |     |     |      |      |     | SEPTEMBER |      |     |     |     |      |     |
| Sun     | Mon  | Tue | Wed | Thu | Fri  | Sat | Sun      | Mon  | Tue | Wed | Thu  | Fri  | Sat | Sun       | Mon  | Tue | Wed | Thu | Fri  | Sat |
|         |      |     |     |     |      | 1   |          |      | 1   | 2   | 3    | 4    | 5   |           |      |     |     |     | 1    | 2   |
| 2       | 3    | △ 4 | 5   | 6   | 7    | 8   | 6        | 7    | 8   | 9   | 10   | ○ 11 | 12  | 3         | △ 4  | 5   | 6   | 7   | ○ 8  | 9   |
| 9       | 10   | 11  | 12  | 13  | ○ 14 | 15  | 13       | 14   | 15  | 16  | 17   | 18   | 19  | 10        | 11   | 12  | 13  | 14  | 15   | 16  |
| 16      | 17   | 18  | 19  | 20  | 21   | 22  | 20       | 21   | 22  | 23  | 24   | ○ 25 | 26  | 17        | 18   | 19  | 20  | 21  | ○ 22 | 23  |
| 23      | 24   | 25  | 26  | 27  | ○ 28 | 29  | 27       | 28   | 29  | 30  | 31   |      |     | 24        | 25   | 26  | 27  | 28  | 29   | 30  |
| 30      | 31   |     |     |     |      |     |          |      |     |     |      |      |     |           |      |     |     |     |      |     |
| OCTOBER |      |     |     |     |      |     | NOVEMBER |      |     |     |      |      |     | DECEMBER  |      |     |     |     |      |     |
| Sun     | Mon  | Tue | Wed | Thu | Fri  | Sat | Sun      | Mon  | Tue | Wed | Thu  | Fri  | Sat | Sun       | Mon  | Tue | Wed | Thu | Fri  | Sat |
| 1       | 2    | 3   | 4   | 5   | ○ 6  | 7   |          |      |     | 1   | 2    | ○ 3  | 4   |           |      |     |     |     | ○ 1  | 2   |
| 8       | △ 9  | 10  | 11  | 12  | 13   | 14  | 5        | 6    | 7   | 8   | 9    | △ 10 | 11  | 3         | 4    | 5   | 6   | 7   | 8    | 9   |
| 15      | 16   | 17  | 18  | 19  | ○ 20 | 21  | 12       | 13   | 14  | 15  | 16   | ○ 17 | 18  | 10        | 11   | 12  | 13  | 14  | ○ 15 | 16  |
| 22      | 23   | 24  | 25  | 26  | 27   | 28  | 19       | 20   | 21  | 22  | △ 23 | 24   | 25  | 17        | 18   | 19  | 20  | 21  | 22   | 23  |
| 29      | 30   | 31  |     |     |      |     | 26       | 27   | 28  | 29  | 30   |      |     | 24        | △ 25 | 26  | 27  | 28  | ○ 29 | 30  |
|         |      |     |     |     |      |     |          |      |     |     |      |      |     | 31        |      |     |     |     |      |     |

## 2023 Bank & Post Office Holidays

\*Consumer Direct Care Network office closures

\***New Year's Day** - Monday, January 2

\***Martin Luther King, Jr. Day** - Monday, January 16

**Presidents Day** - Monday, February 20

\***Memorial Day** - Monday, May 29

\***Juneteenth** - Monday, June 19

\***Independence Day** - Tuesday, July 4

\***Labor Day** - Monday, September 4

**Columbus Day** - Monday, October 9

\***Veterans Day** - Friday, November 10

\***Thanksgiving Day** - Thursday, November 23

\***Christmas Day** - Monday, December 25



Work weeks are Sunday through Saturday. You must submit time daily using Electronic Visit Verification (EVV). Corrections are due by the correction deadline. Late time or time with mistakes may result in late pay. Thank you!

| Two Week Pay Period |            | EVV Time Correction | Pay Date   |
|---------------------|------------|---------------------|------------|
| Start Date          | End Date   | Deadline            |            |
| Sunday              | Saturday   | Monday              | Friday     |
| 12/18/2022          | 12/31/2022 | 1/2/2023            | 1/13/2023  |
| 1/1/2023            | 1/14/2023  | 1/16/2023           | 1/27/2023  |
| 1/15/2023           | 1/28/2023  | 1/30/2023           | 2/10/2023  |
| 1/29/2023           | 2/11/2023  | 2/13/2023           | 2/24/2023  |
| 2/12/2023           | 2/25/2023  | 2/27/2023           | 3/10/2023  |
| 2/26/2023           | 3/11/2023  | 3/13/2023           | 3/24/2023  |
| 3/12/2023           | 3/25/2023  | 3/27/2023           | 4/7/2023   |
| 3/26/2023           | 4/8/2023   | 4/10/2023           | 4/21/2023  |
| 4/9/2023            | 4/22/2023  | 4/24/2023           | 5/5/2023   |
| 4/23/2023           | 5/6/2023   | 5/8/2023            | 5/19/2023  |
| 5/7/2023            | 5/20/2023  | 5/22/2023           | 6/2/2023   |
| 5/21/2023           | 6/3/2023   | 6/5/2023            | 6/16/2023  |
| 6/4/2023            | 6/17/2023  | 6/19/2023           | 6/30/2023  |
| 6/18/2023           | 7/1/2023   | 7/3/2023            | 7/14/2023  |
| 7/2/2023            | 7/15/2023  | 7/17/2023           | 7/28/2023  |
| 7/16/2023           | 7/29/2023  | 7/31/2023           | 8/11/2023  |
| 7/30/2023           | 8/12/2023  | 8/14/2023           | 8/25/2023  |
| 8/13/2023           | 8/26/2023  | 8/28/2023           | 9/8/2023   |
| 8/27/2023           | 9/9/2023   | 9/11/2023           | 9/22/2023  |
| 9/10/2023           | 9/23/2023  | 9/25/2023           | 10/6/2023  |
| 9/24/2023           | 10/7/2023  | 10/9/2023           | 10/20/2023 |
| 10/8/2023           | 10/21/2023 | 10/23/2023          | 11/3/2023  |
| 10/22/2023          | 11/4/2023  | 11/6/2023           | 11/17/2023 |
| 11/5/2023           | 11/18/2023 | 11/20/2023          | 12/1/2023  |
| 11/19/2023          | 12/2/2023  | 12/4/2023           | 12/15/2023 |
| 12/3/2023           | 12/16/2023 | 12/18/2023          | 12/29/2023 |
| 12/17/2023          | 12/30/2023 | 1/1/2024            | 1/12/2024  |
| 12/31/2023          | 1/13/2024  | 1/15/2024           | 1/26/2024  |

**Consumer Direct Care Network Wisconsin**  
**744 Ryan Drive, Suite 201**  
**Hudson, WI 54016-7984**

**Phone:** 877-785-9991

**Fax:** 877-785-9992

**Web:** [www.ConsumerDirectWI.com](http://www.ConsumerDirectWI.com)



# 2023 Payroll Calendar

Symbol Key:



Time Due



Pay Day



Postal and Bank Holiday

| JANUARY |               |              |     |     |      |     | FEBRUARY |               |     |     |               |               |     | MARCH     |               |     |     |     |      |     |
|---------|---------------|--------------|-----|-----|------|-----|----------|---------------|-----|-----|---------------|---------------|-----|-----------|---------------|-----|-----|-----|------|-----|
| Sun     | Mon           | Tue          | Wed | Thu | Fri  | Sat | Sun      | Mon           | Tue | Wed | Thu           | Fri           | Sat | Sun       | Mon           | Tue | Wed | Thu | Fri  | Sat |
| 1       | <del>2</del>  | 3            | 4   | 5   | 6    | 7   |          |               |     | 1   | 2             | 3             | 4   |           |               |     | 1   | 2   | 3    | 4   |
| 8       | <del>9</del>  | 10           | 11  | 12  | (13) | 14  | 5        | <del>6</del>  | 7   | 8   | 9             | (10)          | 11  | 5         | <del>6</del>  | 7   | 8   | 9   | (10) | 11  |
| 15      | <del>16</del> | 17           | 18  | 19  | 20   | 21  | 12       | <del>13</del> | 14  | 15  | 16            | 17            | 18  | 12        | <del>13</del> | 14  | 15  | 16  | 17   | 18  |
| 22      | <del>23</del> | 24           | 25  | 26  | (27) | 28  | 19       | <del>20</del> | 21  | 22  | 23            | (24)          | 25  | 19        | <del>20</del> | 21  | 22  | 23  | (24) | 25  |
| 29      | <del>30</del> | 31           |     |     |      |     | 26       | <del>27</del> | 28  |     |               |               |     | 26        | <del>27</del> | 28  | 29  | 30  | 31   |     |
| APRIL   |               |              |     |     |      |     | MAY      |               |     |     |               |               |     | JUNE      |               |     |     |     |      |     |
| Sun     | Mon           | Tue          | Wed | Thu | Fri  | Sat | Sun      | Mon           | Tue | Wed | Thu           | Fri           | Sat | Sun       | Mon           | Tue | Wed | Thu | Fri  | Sat |
|         |               |              |     |     |      | 1   |          | <del>1</del>  | 2   | 3   | 4             | (5)           | 6   |           |               |     |     | 1   | (2)  | 3   |
| 2       | <del>3</del>  | 4            | 5   | 6   | (7)  | 8   | 7        | <del>8</del>  | 9   | 10  | 11            | 12            | 13  | 4         | <del>5</del>  | 6   | 7   | 8   | 9    | 10  |
| 9       | <del>10</del> | 11           | 12  | 13  | 14   | 15  | 14       | <del>15</del> | 16  | 17  | 18            | (19)          | 20  | 11        | <del>12</del> | 13  | 14  | 15  | (16) | 17  |
| 16      | <del>17</del> | 18           | 19  | 20  | (21) | 22  | 21       | <del>22</del> | 23  | 24  | 25            | 26            | 27  | 18        | <del>19</del> | 20  | 21  | 22  | 23   | 24  |
| 23      | <del>24</del> | 25           | 26  | 27  | 28   | 29  | 28       | <del>29</del> | 30  | 31  |               |               |     | 25        | <del>26</del> | 27  | 28  | 29  | (30) |     |
| 30      |               |              |     |     |      |     |          |               |     |     |               |               |     |           |               |     |     |     |      |     |
| JULY    |               |              |     |     |      |     | AUGUST   |               |     |     |               |               |     | SEPTEMBER |               |     |     |     |      |     |
| Sun     | Mon           | Tue          | Wed | Thu | Fri  | Sat | Sun      | Mon           | Tue | Wed | Thu           | Fri           | Sat | Sun       | Mon           | Tue | Wed | Thu | Fri  | Sat |
|         |               |              |     |     |      | 1   |          |               | 1   | 2   | 3             | 4             | 5   |           |               |     |     |     | 1    | 2   |
| 2       | <del>3</del>  | <del>4</del> | 5   | 6   | 7    | 8   | 6        | <del>7</del>  | 8   | 9   | 10            | (11)          | 12  | 3         | <del>4</del>  | 5   | 6   | 7   | (8)  | 9   |
| 9       | <del>10</del> | 11           | 12  | 13  | (14) | 15  | 13       | <del>14</del> | 15  | 16  | 17            | 18            | 19  | 10        | <del>11</del> | 12  | 13  | 14  | 15   | 16  |
| 16      | <del>17</del> | 18           | 19  | 20  | 21   | 22  | 20       | <del>21</del> | 22  | 23  | 24            | (25)          | 26  | 17        | <del>18</del> | 19  | 20  | 21  | (22) | 23  |
| 23      | <del>24</del> | 25           | 26  | 27  | (28) | 29  | 27       | <del>28</del> | 29  | 30  | 31            |               |     | 24        | <del>25</del> | 26  | 27  | 28  | 29   | 30  |
| 30      | <del>31</del> |              |     |     |      |     |          |               |     |     |               |               |     |           |               |     |     |     |      |     |
| OCTOBER |               |              |     |     |      |     | NOVEMBER |               |     |     |               |               |     | DECEMBER  |               |     |     |     |      |     |
| Sun     | Mon           | Tue          | Wed | Thu | Fri  | Sat | Sun      | Mon           | Tue | Wed | Thu           | Fri           | Sat | Sun       | Mon           | Tue | Wed | Thu | Fri  | Sat |
| 1       | <del>2</del>  | 3            | 4   | 5   | (6)  | 7   |          |               |     | 1   | 2             | (3)           | 4   |           |               |     |     |     | (1)  | 2   |
| 8       | <del>9</del>  | 10           | 11  | 12  | 13   | 14  | 5        | <del>6</del>  | 7   | 8   | 9             | <del>10</del> | 11  | 3         | <del>4</del>  | 5   | 6   | 7   | 8    | 9   |
| 15      | <del>16</del> | 17           | 18  | 19  | (20) | 21  | 12       | <del>13</del> | 14  | 15  | 16            | (17)          | 18  | 10        | <del>11</del> | 12  | 13  | 14  | (15) | 16  |
| 22      | <del>23</del> | 24           | 25  | 26  | 27   | 28  | 19       | <del>20</del> | 21  | 22  | <del>23</del> | 24            | 25  | 17        | <del>18</del> | 19  | 20  | 21  | 22   | 23  |
| 29      | <del>30</del> | 31           |     |     |      |     | 26       | <del>27</del> | 28  | 29  | 30            |               |     | 24        | <del>25</del> | 26  | 27  | 28  | (29) | 30  |
|         |               |              |     |     |      |     |          |               |     |     |               |               |     | 31        |               |     |     |     |      |     |

## 2023 Bank & Post Office Holidays

\*Consumer Direct Care Network office closures

\***New Year's Day** - Monday, January 2

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\***Christmas Day** - Monday, December 25



**For Live-In and Child Caregivers Only** - Each pay period consists of two Sunday through Saturday work weeks. Paper timesheets or web portal time is due Monday by midnight following each work week. Late time or time with mistakes may result in late pay. Thank you!

| <b>Work Week 1</b>      | <b>Timesheet Due</b> | <b>Work Week 2</b>      | <b>Timesheet Due</b> | <b>Pay Date</b> |
|-------------------------|----------------------|-------------------------|----------------------|-----------------|
| Sunday through Saturday | Monday               | Sunday through Saturday | Monday               |                 |
| 12/18/22 to 12/24/22    | 12/26/22             | 12/25/22 to 12/31/22    | 1/2/23               | 1/13/2023       |
| 1/1/23 to 1/7/2023      | 1/9/23               | 1/8/23 to 1/14/23       | 1/16/23              | 1/27/2023       |
| 1/15/23 to 1/21/23      | 1/23/23              | 1/22/23 to 1/28/23      | 1/30/23              | 2/10/2023       |
| 1/29/23 to 2/4/23       | 2/6/23               | 2/5/23 to 2/11/23       | 2/13/23              | 2/24/2023       |
| 2/12/23 to 2/18/23      | 2/20/23              | 2/19/23 to 2/25/23      | 2/27/23              | 3/10/2023       |
| 2/26/23 to 3/4/23       | 3/6/23               | 3/5/23 to 3/11/23       | 3/13/23              | 3/24/2023       |
| 3/12/23 to 3/18/23      | 3/20/23              | 3/19/23 to 3/25/23      | 3/27/23              | 4/7/2023        |
| 3/26/23 to 4/1/23       | 4/3/23               | 4/2/23 to 4/8/23        | 4/10/23              | 4/21/2023       |
| 4/9/23 to 4/15/23       | 4/17/23              | 4/16/23 to 4/22/23      | 4/24/23              | 5/5/2023        |
| 4/23/23 to 4/29/23      | 5/1/23               | 4/30/23 to 5/6/23       | 5/8/23               | 5/19/2023       |
| 5/7/23 to 5/13/23       | 5/15/23              | 5/14/23 to 5/20/23      | 5/22/23              | 6/2/2023        |
| 5/21/23 to 5/27/23      | 5/29/23              | 5/28/23 to 6/3/23       | 6/5/23               | 6/16/2023       |
| 6/4/23 to 6/10/23       | 6/12/23              | 6/11/23 to 6/17/23      | 6/19/23              | 6/30/2023       |
| 6/18/23 to 6/24/23      | 6/26/23              | 6/25/23 to 7/1/23       | 7/3/23               | 7/14/2023       |
| 7/2/23 to 7/8/23        | 7/10/23              | 7/9/23 to 7/15/23       | 7/17/23              | 7/28/2023       |
| 7/16/23 to 7/22/23      | 7/24/23              | 7/23/23 to 7/29/23      | 7/31/23              | 8/11/2023       |
| 7/30/23 to 8/5/23       | 8/7/23               | 8/6/23 to 8/12/23       | 8/14/23              | 8/25/2023       |
| 8/13/23 to 8/19/23      | 8/21/23              | 8/20/23 to 8/26/23      | 8/28/23              | 9/8/2023        |
| 8/27/23 to 9/2/23       | 9/4/23               | 9/3/23 to 9/9/23        | 9/11/23              | 9/22/2023       |
| 9/10/23 to 9/16/23      | 9/18/23              | 9/17/23 to 9/23/23      | 9/25/23              | 10/6/2023       |
| 9/24/23 to 9/30/23      | 10/2/23              | 10/1/23 to 10/7/23      | 10/9/23              | 10/20/2023      |
| 10/8/23 to 10/14/23     | 10/16/23             | 10/15/23 to 10/21/23    | 10/23/23             | 11/3/2023       |
| 10/22/23 to 10/28/23    | 10/30/23             | 10/29/23 to 11/4/23     | 11/6/23              | 11/17/2023      |
| 11/5/23 to 11/11/23     | 11/13/23             | 11/12/23 to 11/18/23    | 11/20/23             | 12/1/2023       |
| 11/19/23 to 11/25/23    | 11/27/23             | 11/26/23 to 12/2/23     | 12/4/23              | 12/15/2023      |
| 12/3/23 to 12/9/23      | 12/11/23             | 12/10/23 to 12/16/23    | 12/18/23             | 12/29/2023      |
| 12/17/23 to 12/23/23    | 12/25/23             | 12/24/23 to 12/30/23    | 1/1/24               | 1/12/2024       |

CDWITimesheets@ConsumerDirectCare.com

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## Work Opportunity Tax Credits - Consumer Direct Care Network

Consumer Direct Care Network (CDCN) participates in the Work Opportunity Tax Credit (WOTC) program. ADP administers WOTC on behalf of CDCN. Please follow the steps listed below to screen for the WOTC program. We appreciate your cooperation.

### Applicant Instructions

- Open <https://tcs.adp.com/consumerdirectcare> or scan the QR code below.  
*\*\*Note: If using a shared screening device, ensure the device does not have an autofill/auto complete function enabled*
- Please answer each question to complete the voluntary screening.
- Eligible applicants will be asked to **Electronically Sign and click Submit** to complete the screening.
- Ineligible applicants will be asked to click **Submit** to finish the screening. You will not be asked to electronically sign.

***\*ADP will contact WOTC-eligible new hires via email or text to request proof of age or address documentation, when needed.***

***\*\*If you are unable to screen via the Web Link please contact ADP at 1-800-237-3279 (1-800-ADP-EASY) available 6am-11 pm ET, 7 days a week and enter company code shown below to screen for Tax Credits.***

**IVR CODE: 410849**



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