

# INSTRUCTIONS for COMPLETING THE EMPLOYEE PACKET

The Employee Packet consists of the first 3 documents shown below; the 4<sup>th</sup> document is optional. For each new employee, put the completed documents together in the order shown and submit to the Agency for Persons with Disabilities Area Office via your consultant, along with the Purchasing Plan on which the employee first appears. This applies to every employee listed on the purchasing plan, including employees who are listed as Emergency Back Ups (EBUs). Every form must be completed as instructed below or the employee will not be able to be paid until the forms have been corrected and re-submitted.

If an employee has a NAME change, a Change of Name/Address form AND a new Employee Packet must be completed and submitted to APD. Follow the instructions below for completing the I-9 in the event of an employee's name change.

## 1. Employee Information Form

- ◆ This is a 1 page form
  - Fill in all lines of this form with the information requested.
  - Sign and date the form.
  - Make a copy of the form for your files.

## 2. IRS Form W-4

- ◆ This is a 1 page form with 1 additional page of support material
  - Employee enters all information requested in sections 1-7.
  - Employee **MUST** sign and date form.
  - Enter the name of the employer (participant) and the participant's CDC+ Consumer ID # in section 8.
  - Leave sections 9 and 10 blank.
  - Make a copy of the form for your files.
  - Please note that if your employee has a name change, the employee must complete a new W-4 and submit it with the name change form to APD via your consultant.

## 3. DHS Form I-9

- ◆ This is a 1 page form with 3 additional pages of support material
  - Employee completes all areas of Section 1.
    - Employee **MUST** check one of the three boxes in the lower right area of Section 1.
  - Employee **MUST** sign and date Section 1.
  - The "Preparer and/or Translator Certification" section is to be completed only if applicable.
  - Participant or participant's CDC+ representative completes Section 2. As an employer, you are required by law to verify the working credentials of

your employees. You must confirm that you have seen certain official documents belonging to the employee. The I-9 form gives you three lists of documents that qualify.

- If the document you reviewed came from List A, you only need to enter that document in the List A section of the I-9; leave the rest of this area blank.
- If the document you reviewed did not come from List A, you must examine a document from List B and a document from List C, and enter both those document titles, numbers, expiration dates, etc., in the List B section and in the List C section, respectively.
- In the "Certification" area, you MUST enter the month/day/year that the employee started working or will start working for you.**
- Complete the signature blocks. If the CDC+ Representative signs this form, sign as: "*Representative Name for Consumer Name.*" For example, if you are the Representative (Rebecca Repp) for your child who is the participant (Patty Participant), you would sign:  
*Rebecca Representative for Patty Participant*
- Print the Participant's Name in the Print Name block. If the participant's CDC+ Representative signed in the signature block, print "**Representative Name for Consumer Name.**"
- In the Title block, enter "Household Employer."
- In the Business or Organization Name and Address, print the participant's name and address.
- Enter the date signed by the participant or representative.
- Leave Section 3 blank.
- In the margin at the bottom of the form, print the LAST NAME of the consumer and the consumer's CDC+ ID #. (APD needs to be able to link this paperwork with the consumer in case it becomes separated from the Employee Information Form.)
- Make a copy of the form for your files.
- Please note that if your employee has a name change, or if you re-hire this employee, you must make a copy of the original form I-9 that was completed for the employee and enter on that copy the updated information in Section 3 and submit the copy to APD via your consultant.

#### 4. Direct Deposit Form (EFT) (Optional)

- ◆ This is a 1 page form
  - Follow the instructions that are printed on the form.
  - Attach a voided check. The voided check must have the employee's name machine-printed on the check. Cannot accept checks with no names or self-written names. If such a check is not available, you must attach a letter from the bank on bank letterhead confirming that the employee has an account, and providing the account number.
  - Make a copy of the form for your files.