



EMPLOYEE ENROLLMENT PACKET

Employee Name: _____



Veteran Participant Name: _____

Central Texas Veteran Directed Home and Community Based Services (VD-HCBS) Program

6243 IH Ten West, Suite 430, San Antonio, Texas 78201
CDS lines: 210-798-DSSW Fax: 210-798-5200
Toll Free Phone: 866-675-7331 Fax: 866-301-1182
www.cdsintexas.com <http://www.facebook.com/CDSinTexas>



EMPLOYEE CHECKLIST AND INSTRUCTIONS

- You must complete all required forms in the packet in order to be paid by CDS in Texas.
- You must fill out any information required and sign where highlighted.
- Your employer must fill out information required and sign where highlighted..

When this packet is complete, it must be faxed, scanned and emailed, or mailed to CDS in Texas. Pictures of forms will not be accepted. See our website www.cdsintexas.com for free or inexpensive scanning apps for iPhone and Android.

Important: Do not start working until we have notified your employer that you are cleared to work. You **will not get paid** if you work prior to our authorized start date. You **will not get paid** until we have all of the required forms.

Instructions for each form start on the next page.

Use the checklist below to confirm that you have sent all the required items.

| REQUIRED FORMS - RETURN TO CDS IN TEXAS | |
|---|--|
| <input type="checkbox"/> | Employment application filled out and signed |
| <input type="checkbox"/> | USCIS Form I-9 filled out and signed by you and your employer |
| <input type="checkbox"/> | Copy of driver's license is attached and legible. |
| <input type="checkbox"/> | Copy of social security card is attached and legible. |
| <input type="checkbox"/> | Direct Deposit Authorization is filled out and signed. |
| <input type="checkbox"/> | Voided check, prepaid card form, or letter from bank is attached . |
| <input type="checkbox"/> | Exemptions worksheet is filled out and signed. |
| <input type="checkbox"/> | IRS Form W-4 is filled out and signed. |
| <input type="checkbox"/> | Employment Agreement is filled out and signed by you and your employer. |
| <input type="checkbox"/> | Form 1733 is filled out and signed by you and your employer. |
| <input type="checkbox"/> | Form 1728 is filled out and signed by you and your employer. |
| <input type="checkbox"/> | Form 1727 is filled out and signed by you and your employer. |
| <input type="checkbox"/> | Form 1732 is filled out and signed by you and your employer. |
| <input type="checkbox"/> | Form 1731 is filled out and signed by you and your employer. |
| <input type="checkbox"/> | Form 1725 Criminal History and Registry check is filled out and signed by you and your employer. |
| PACKET SUBMISSION METHODS | |
| FAX to 877-726-5896 | |
| Scan and email to: VD@cdsintexas.com | |
| Mail to: CDS in Texas, Attention: Veterans Directed Program, 6243 IH 10 West, San Antonio, Texas 78201 | |
| Questions? Call 866-675-7331, ext. 8391 | |



Employment Application

Veteran Name: _____

Part I: To be Completed by the Applicant

| PERSONAL INFORMATION | | | | |
|---|---------------------------|-----------------------------------|--------------------------------|--------------------|
| First Name: | M.I.: | Last Name: | | Gender (optional): |
| SSN: | DOB: / / | Phone(s)--include area code: | Phone(s)--include area code: | |
| Mailing Address: | | | | |
| City: | State: | Zip: | County: | |
| Email Address: | | Driver's License No: | State of Issuance: | |
| Relationship to Employer: | | | | |
| QUALIFICATIONS | | | | |
| The applicant must be of 18 years of age or older AND may not be the authorized representative. Failure to meeting either of these requirements at any time will result in the disqualification of the applicant or employee's eligibility. | | | | |
| | School or Licensing Board | Dates Attended or Licensure Dates | Degree Obtained or License No. | |
| High School or GED | | | | |
| Technical School | | | | |
| College | | | | |
| Specialized Training | | | | |
| Other | | | | |
| WORK EXPERIENCE | | | | |
| <i>Please list your last 3 (three) jobs beginning with the most recent.</i> | | | | |
| Company Name | Your Title | Supervisor | Dates | Reason for Leaving |
| | | | | |
| | | | | |
| | | | | |
| May the employer contact your previous supervisors for reference? YES NO | | | | |

| REFERENCES | | |
|--|--------------------|-----------------|
| <i>Please list at least three non-relative references.</i> | | |
| Name | Company/Occupation | Phone Number(s) |
| | | |
| | | |
| | | |

| EMERGENCY CONTACT INFORMATION | | |
|-------------------------------|--------------|-----------------|
| Name | Relationship | Phone Number(s) |
| | | |

| BACKGROUND AND OTHER CHECKS | |
|--|-------|
| Previous Names Used (if applicable) | Dates |
| | |
| | |
| Previous Addresses (within the last 5 years) | Dates |
| | |
| | |
| | |

| Voluntary (Optional) Disclosure | |
|--|--------------------------------|
| Have you ever pled guilty or nolo contendere to a crime or been convicted of a crime other than a minor traffic offense? YES <input type="checkbox"/> NO <input type="checkbox"/> | Voluntary explanation: |

I certify that all of the information included in this application is true and correct to the best of my knowledge. I understand that before employment can be offered to me, I must first undergo background checks which will include a criminal history check. I further state that I understand that this application and any other forms which I complete, along with background check results will be shared with my prospective employer, the financial management services agency, CDS in Texas, and veteran directed program and/or state administrators. I understand CDS in Texas is not my employer and in no way uses this information to determine whether I am able to be employed under the self-directed program. I understand my prospective employer may base the hiring decision on the results of any check or screening. I understand I may not provide services for payment until all required checks and screening are conducted and the employer reviews the results and hires me. I hereby release CDS in Texas, my employer and his/her agents from any and all liability, claims and/or demands, of whatever kind, related to the compilation or preparation of the investigative reports, checks, and screenings that I authorized herein. I agree to hold CDS in Texas harmless for any consequences resulting from the information provided on the form or any checks or screenings conducted thereunder. I have read and understand this form. If hired, I agree to abide by all program rules and responsibilities as an employee.

 Employee Signature

 Date



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

▶ START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

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 | Other Last Names Used (if any) | |
| Address (Street Number and Name) | | | Apt. Number | City or Town | | State ZIP Code |
| Date of Birth (mm/dd/yyyy) | U.S. Social Security Number [][] - [][] - [][][][] | | Employee's E-mail Address | | Employee's Telephone Number | |

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

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

Veteran: _____

| |
|--|
| <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 (Alien Registration Number/USCIS Number): _____ |
| <input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. (See instructions) |
| Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number. |
| 1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____ |
| QR Code - Section 1 Do Not Write In This Space |

| | |
|-----------------------|---------------------------|
| Signature of Employee | Today's Date (mm/dd/yyyy) |
|-----------------------|---------------------------|

Preparer and/or Translator Certification (check one):

☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

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 | | Today's Date (mm/dd/yyyy) | |
| Last Name (Family Name) | | First Name (Given Name) | |
| Address (Street Number and Name) | | City or Town | State ZIP Code |



Employer Completes Next Page





Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

| | | | | |
|------------------------------|-------------------------|-------------------------|------|--------------------------------|
| Employee Info from Section 1 | Last Name (Family Name) | First Name (Given Name) | M.I. | Citizenship/Immigration Status |
|------------------------------|-------------------------|-------------------------|------|--------------------------------|

List A **OR** **List B** **AND** **List C**
Identity and Employment Authorization Identity Employment Authorization

| | | |
|---------------------------------------|---|---------------------------------------|
| Document Title | Document Title | Document Title |
| Issuing Authority | Issuing Authority | Issuing Authority |
| Document Number | Document Number | Document Number |
| Expiration Date (if any) (mm/dd/yyyy) | Expiration Date (if any) (mm/dd/yyyy) | Expiration Date (if any) (mm/dd/yyyy) |
| Document Title | Additional Information Veteran Name: _____ | |
| Issuing Authority | | |
| Document Number | QR Code - Sections 2 & 3 Do Not Write In This Space | |
| Expiration Date (if any) (mm/dd/yyyy) | | |
| Document Title | | |
| Issuing Authority | | |
| Document Number | | |
| Expiration Date (if any) (mm/dd/yyyy) | | |

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear 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.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions)

| | | | |
|--|---|--|----------------|
| Signature of Employer or Authorized Representative | Today's Date (mm/dd/yyyy) | Title of Employer or Authorized Representative | |
| Last Name of Employer or Authorized Representative | First Name of Employer or Authorized Representative | Employer's Business or Organization Name | |
| Employer's Business or Organization Address (Street Number and Name) | | City or Town | State ZIP Code |

Section 3: Reverification and Rehires (To be completed and signed by employer or authorized representative.)

| | | | |
|------------------------------------|-------------------------|----------------|--|
| A. New Name (if applicable) | | | B. Date of Rehire (if applicable) |
| Last Name (Family Name) | First Name (Given Name) | Middle Initial | Date (mm/dd/yyyy) |

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

| | | |
|----------------|-----------------|---------------------------------------|
| Document Title | Document Number | Expiration Date (if any) (mm/dd/yyyy) |
|----------------|-----------------|---------------------------------------|

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

| | | |
|--|---------------------------|---|
| Signature of Employer or Authorized Representative | Today's Date (mm/dd/yyyy) | Name of Employer or Authorized Representative |
|--|---------------------------|---|



DIRECT DEPOSIT AUTHORIZATION AGREEMENT

You must complete this entire form and send all required attachments for your payments to be processed.

| REQUESTOR INFORMATION | | | |
|---|----------------|--|--|
| Name: | | SSN: | |
| Phone: | | DOB: | |
| Email: | | | |
| Address: | | | |
| Account Information | | | |
| Routing Number | Account Number | Type of Account | Submission Reason |
| | | <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Prepaid Card | <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Prepaid Card |
| Documentation Attached** | | | |
| <input type="checkbox"/> Financial Institution letter <input type="checkbox"/> Voided check <input type="checkbox"/> Typed form from card company | | | |

I understand I must attach documentation to this form. All documentation must contain my printed name, account number and routing number. Temporary checks or deposit slips are not acceptable. If using a prepaid card, I must get a statement from the issuing authority demonstrating that this is an active account. I understand I should be able to go to the prepaid card issuer's website to obtain this information.

By signing below I acknowledge that if this form is not submitted timely with acceptable documentation, payments will be delayed. I am authorizing automatic deposits to the account shown above. I authorize CDS in Texas to initiate debit entries for any erroneous deposited amounts. If the account above has been closed or does not contain adequate funds, I authorize the withholding of any erroneous deposit from future payments owed to me.

I understand that any changes to the above account must be immediately submitted to CDS in Texas and agree that CDS in Texas is not responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or my financial institution. **I understand that it is my responsibility to verify the crediting of funds to my account before writing checks or initiating debits against my account** and I will not hold CDS in Texas responsible for any charges I incur from my financial institution as a result of initiating withdrawals before funds are deposited.



Requestor Signature



DATE:



Household Employee Determination of Tax Exemption

Under IRS rules, certain individuals are exempt from certain state and federal taxes. Please complete the form below so that we can determine your status.

PLEASE PRINT CLEARLY

Veteran's Name _____

Employee's Name _____ Birthdate: _____

1. Tax Exemptions for a Child Employed by his/her own Parent. Are you the child of the employer?

- ☐ Yes **My employer is my parent.**
☐ No **My employer is NOT my parent.**

2. Tax Exemptions for a Parent Employed by his/her own Child. Are you the parent of the employer?

- ☐ Yes **My employer is my child.**
☐ No **My employer is NOT my child.**

FOR PAYROLL DEPARTMENT: This employee ☐ is ☐ is not exempt from SUTA/FUTA.
This employee ☐ is ☐ is not exempt from FICA/Medicare

DATE: _____

Household Employee Determination of Overtime Exemption

Department of Labor rules require overtime to be paid to any employee who works more than 40 hours in a work week. However, *if* the employee lives in the home with the participant at least 5 days of the workweek s/he may be exempt from the overtime provision. Please check the box below if this fits your status.

☐ **Yes, I live with the veteran at least 5 days of the workweek.** I understand that by selecting this statement, I am not eligible for overtime wages. Hours worked over 40 in a single workweek will be paid at the regular hourly rate in accordance with the budget. My employer is responsible for notifying CDS in Texas immediately of any change to my residence status that affects this exemption.

☐ **No, I do not live with the veteran,** and I understand that unless funds have been specifically designated for overtime in my employer's budget, it will be my employer's responsibility to pay any overtime wages not covered by the budget.

Employee Signature: _____ Date: _____

Employee's Withholding Certificate

OMB No. 1545-0074

▶ **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.**

2020

| | | | |
|---|--|-----------|---|
| Step 1: Enter Personal Information | (a) First name and middle initial | Last name | (b) Social security number |
| | Address | | |
| | City or town, state, and ZIP code | | |
| | (c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly (or Qualifying widow(er)) <input type="checkbox"/> 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.) | | ▶ 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 . |

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, when to use the online estimator, 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) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3-4); or

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; 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 accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld ▶ ☐

TIP: To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

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 Dependents | If your 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 and 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

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.

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.

Exemption from withholding. You may claim exemption from withholding for 2020 if you meet both of the following conditions: you had no federal income tax liability in 2019 and you expect to have no federal income tax liability in 2020. You had no federal income tax liability in 2019 if (1) your total tax on line 16 on your 2019 Form 1040 or 1040-SR is zero (or less than the sum of lines 18a, 18b, and 18c), 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 2020 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 1a, 1b, and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 16, 2021.

Your privacy. If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: 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). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as the additional Medicare tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

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 these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

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.

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

If you (and your spouse) have a total of only two jobs, you may instead 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. Step 3 of Form W-4 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. 972, Child Tax Credit and Credit for Other Dependents. You can also include **other tax credits** in this step, such as education tax credits and the foreign tax credit. 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 2020 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.

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; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 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 2020 itemized deductions (from Schedule A (Form 1040 or 1040-SR)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 10% of your income **1** \$ _____
- 2** Enter: $\left\{ \begin{array}{l} \bullet \$24,800 \text{ if you're married filing jointly or qualifying widow(er)} \\ \bullet \$18,650 \text{ if you're head of household} \\ \bullet \$12,400 \text{ if you're single or married filing separately} \end{array} \right\}$ **2** \$ _____
- 3** If line 1 is greater than line 2, subtract line 2 from line 1. 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 Schedule 1 (Form 1040 or 1040-SR)). 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 possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

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

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

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

Married Filing Jointly or Qualifying Widow(er)

| Higher Paying Job Annual Taxable Wage & Salary | Lower Paying Job Annual Taxable Wage & Salary | | | | | | | | | | | |
|--|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|------------------------|------------------------|
| | \$0 - 9,999 | \$10,000 - 19,999 | \$20,000 - 29,999 | \$30,000 - 39,999 | \$40,000 - 49,999 | \$50,000 - 59,999 | \$60,000 - 69,999 | \$70,000 - 79,999 | \$80,000 - 89,999 | \$90,000 - 99,999 | \$100,000 - 109,999 | \$110,000 - 120,000 |
| \$0 - 9,999 | \$0 | \$220 | \$850 | \$900 | \$1,020 | \$1,020 | \$1,020 | \$1,020 | \$1,020 | \$1,210 | \$1,870 | \$1,870 |
| \$10,000 - 19,999 | 220 | 1,220 | 1,900 | 2,100 | 2,220 | 2,220 | 2,220 | 2,220 | 2,410 | 3,410 | 4,070 | 4,070 |
| \$20,000 - 29,999 | 850 | 1,900 | 2,730 | 2,930 | 3,050 | 3,050 | 3,050 | 3,240 | 4,240 | 5,240 | 5,900 | 5,900 |
| \$30,000 - 39,999 | 900 | 2,100 | 2,930 | 3,130 | 3,250 | 3,250 | 3,440 | 4,440 | 5,440 | 6,440 | 7,100 | 7,100 |
| \$40,000 - 49,999 | 1,020 | 2,220 | 3,050 | 3,250 | 3,370 | 3,570 | 4,570 | 5,570 | 6,570 | 7,570 | 8,220 | 8,220 |
| \$50,000 - 59,999 | 1,020 | 2,220 | 3,050 | 3,250 | 3,570 | 4,570 | 5,570 | 6,570 | 7,570 | 8,570 | 9,220 | 9,220 |
| \$60,000 - 69,999 | 1,020 | 2,220 | 3,050 | 3,440 | 4,570 | 5,570 | 6,570 | 7,570 | 8,570 | 9,570 | 10,220 | 10,220 |
| \$70,000 - 79,999 | 1,020 | 2,220 | 3,240 | 4,440 | 5,570 | 6,570 | 7,570 | 8,570 | 9,570 | 10,570 | 11,220 | 11,240 |
| \$80,000 - 99,999 | 1,060 | 3,260 | 5,090 | 6,290 | 7,420 | 8,420 | 9,420 | 10,420 | 11,420 | 12,420 | 13,260 | 13,460 |
| \$100,000 - 149,999 | 1,870 | 4,070 | 5,900 | 7,100 | 8,220 | 9,320 | 10,520 | 11,720 | 12,920 | 14,120 | 14,980 | 15,180 |
| \$150,000 - 239,999 | 2,040 | 4,440 | 6,470 | 7,870 | 9,190 | 10,390 | 11,590 | 12,790 | 13,990 | 15,190 | 16,050 | 16,250 |
| \$240,000 - 259,999 | 2,040 | 4,440 | 6,470 | 7,870 | 9,190 | 10,390 | 11,590 | 12,790 | 13,990 | 15,520 | 17,170 | 18,170 |
| \$260,000 - 279,999 | 2,040 | 4,440 | 6,470 | 7,870 | 9,190 | 10,390 | 11,590 | 13,120 | 15,120 | 17,120 | 18,770 | 19,770 |
| \$280,000 - 299,999 | 2,040 | 4,440 | 6,470 | 7,870 | 9,190 | 10,720 | 12,720 | 14,720 | 16,720 | 18,720 | 20,370 | 21,370 |
| \$300,000 - 319,999 | 2,040 | 4,440 | 6,470 | 8,200 | 10,320 | 12,320 | 14,320 | 16,320 | 18,320 | 20,320 | 21,970 | 22,970 |
| \$320,000 - 364,999 | 2,720 | 5,920 | 8,750 | 10,950 | 13,070 | 15,070 | 17,070 | 19,070 | 21,290 | 23,590 | 25,540 | 26,840 |
| \$365,000 - 524,999 | 2,970 | 6,470 | 9,600 | 12,100 | 14,530 | 16,830 | 19,130 | 21,430 | 23,730 | 26,030 | 27,980 | 29,280 |
| \$525,000 and over | 3,140 | 6,840 | 10,170 | 12,870 | 15,500 | 18,000 | 20,500 | 23,000 | 25,500 | 28,000 | 30,150 | 31,650 |

Single or Married Filing Separately

| Higher Paying Job Annual Taxable Wage & Salary | Lower Paying Job Annual Taxable Wage & Salary | | | | | | | | | | | |
|--|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|------------------------|------------------------|
| | \$0 - 9,999 | \$10,000 - 19,999 | \$20,000 - 29,999 | \$30,000 - 39,999 | \$40,000 - 49,999 | \$50,000 - 59,999 | \$60,000 - 69,999 | \$70,000 - 79,999 | \$80,000 - 89,999 | \$90,000 - 99,999 | \$100,000 - 109,999 | \$110,000 - 120,000 |
| \$0 - 9,999 | \$460 | \$940 | \$1,020 | \$1,020 | \$1,470 | \$1,870 | \$1,870 | \$1,870 | \$1,870 | \$2,040 | \$2,040 | \$2,040 |
| \$10,000 - 19,999 | 940 | 1,530 | 1,610 | 2,060 | 3,060 | 3,460 | 3,460 | 3,460 | 3,640 | 3,830 | 3,830 | 3,830 |
| \$20,000 - 29,999 | 1,020 | 1,610 | 2,130 | 3,130 | 4,130 | 4,540 | 4,540 | 4,720 | 4,920 | 5,110 | 5,110 | 5,110 |
| \$30,000 - 39,999 | 1,020 | 2,060 | 3,130 | 4,130 | 5,130 | 5,540 | 5,720 | 5,920 | 6,120 | 6,310 | 6,310 | 6,310 |
| \$40,000 - 59,999 | 1,870 | 3,460 | 4,540 | 5,540 | 6,690 | 7,290 | 7,490 | 7,690 | 7,890 | 8,080 | 8,080 | 8,080 |
| \$60,000 - 79,999 | 1,870 | 3,460 | 4,690 | 5,890 | 7,090 | 7,690 | 7,890 | 8,090 | 8,290 | 8,480 | 9,260 | 10,060 |
| \$80,000 - 99,999 | 2,020 | 3,810 | 5,090 | 6,290 | 7,490 | 8,090 | 8,290 | 8,490 | 9,470 | 10,460 | 11,260 | 12,060 |
| \$100,000 - 124,999 | 2,040 | 3,830 | 5,110 | 6,310 | 7,510 | 8,430 | 9,430 | 10,430 | 11,430 | 12,420 | 13,520 | 14,620 |
| \$125,000 - 149,999 | 2,040 | 3,830 | 5,110 | 7,030 | 9,030 | 10,430 | 11,430 | 12,580 | 13,880 | 15,170 | 16,270 | 17,370 |
| \$150,000 - 174,999 | 2,360 | 4,950 | 7,030 | 9,030 | 11,030 | 12,730 | 14,030 | 15,330 | 16,630 | 17,920 | 19,020 | 20,120 |
| \$175,000 - 199,999 | 2,720 | 5,310 | 7,540 | 9,840 | 12,140 | 13,840 | 15,140 | 16,440 | 17,740 | 19,030 | 20,130 | 21,230 |
| \$200,000 - 249,999 | 2,970 | 5,860 | 8,240 | 10,540 | 12,840 | 14,540 | 15,840 | 17,140 | 18,440 | 19,730 | 20,830 | 21,930 |
| \$250,000 - 399,999 | 2,970 | 5,860 | 8,240 | 10,540 | 12,840 | 14,540 | 15,840 | 17,140 | 18,440 | 19,730 | 20,830 | 21,930 |
| \$400,000 - 449,999 | 2,970 | 5,860 | 8,240 | 10,540 | 12,840 | 14,540 | 15,840 | 17,140 | 18,450 | 19,940 | 21,240 | 22,540 |
| \$450,000 and over | 3,140 | 6,230 | 8,810 | 11,310 | 13,810 | 15,710 | 17,210 | 18,710 | 20,210 | 21,700 | 23,000 | 24,300 |

Head of Household

| Higher Paying Job Annual Taxable Wage & Salary | Lower Paying Job Annual Taxable Wage & Salary | | | | | | | | | | | |
|--|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|------------------------|------------------------|
| | \$0 - 9,999 | \$10,000 - 19,999 | \$20,000 - 29,999 | \$30,000 - 39,999 | \$40,000 - 49,999 | \$50,000 - 59,999 | \$60,000 - 69,999 | \$70,000 - 79,999 | \$80,000 - 89,999 | \$90,000 - 99,999 | \$100,000 - 109,999 | \$110,000 - 120,000 |
| \$0 - 9,999 | \$0 | \$830 | \$930 | \$1,020 | \$1,020 | \$1,020 | \$1,480 | \$1,870 | \$1,870 | \$1,930 | \$2,040 | \$2,040 |
| \$10,000 - 19,999 | 830 | 1,920 | 2,130 | 2,220 | 2,220 | 2,680 | 3,680 | 4,070 | 4,130 | 4,330 | 4,440 | 4,440 |
| \$20,000 - 29,999 | 930 | 2,130 | 2,350 | 2,430 | 2,900 | 3,900 | 4,900 | 5,340 | 5,540 | 5,740 | 5,850 | 5,850 |
| \$30,000 - 39,999 | 1,020 | 2,220 | 2,430 | 2,980 | 3,980 | 4,980 | 6,040 | 6,630 | 6,830 | 7,030 | 7,140 | 7,140 |
| \$40,000 - 59,999 | 1,020 | 2,530 | 3,750 | 4,830 | 5,860 | 7,060 | 8,260 | 8,850 | 9,050 | 9,250 | 9,360 | 9,360 |
| \$60,000 - 79,999 | 1,870 | 4,070 | 5,310 | 6,600 | 7,800 | 9,000 | 10,200 | 10,780 | 10,980 | 11,180 | 11,580 | 12,380 |
| \$80,000 - 99,999 | 1,900 | 4,300 | 5,710 | 7,000 | 8,200 | 9,400 | 10,600 | 11,180 | 11,670 | 12,670 | 13,580 | 14,380 |
| \$100,000 - 124,999 | 2,040 | 4,440 | 5,850 | 7,140 | 8,340 | 9,540 | 11,360 | 12,750 | 13,750 | 14,750 | 15,770 | 16,870 |
| \$125,000 - 149,999 | 2,040 | 4,440 | 5,850 | 7,360 | 9,360 | 11,360 | 13,360 | 14,750 | 16,010 | 17,310 | 18,520 | 19,620 |
| \$150,000 - 174,999 | 2,040 | 5,060 | 7,280 | 9,360 | 11,360 | 13,480 | 15,780 | 17,460 | 18,760 | 20,060 | 21,270 | 22,370 |
| \$175,000 - 199,999 | 2,720 | 5,920 | 8,130 | 10,480 | 12,780 | 15,080 | 17,380 | 19,070 | 20,370 | 21,670 | 22,880 | 23,980 |
| \$200,000 - 249,999 | 2,970 | 6,470 | 8,990 | 11,370 | 13,670 | 15,970 | 18,270 | 19,960 | 21,260 | 22,560 | 23,770 | 24,870 |
| \$250,000 - 349,999 | 2,970 | 6,470 | 8,990 | 11,370 | 13,670 | 15,970 | 18,270 | 19,960 | 21,260 | 22,560 | 23,770 | 24,870 |
| \$350,000 - 449,999 | 2,970 | 6,470 | 8,990 | 11,370 | 13,670 | 15,970 | 18,270 | 19,960 | 21,260 | 22,560 | 23,900 | 25,200 |
| \$450,000 and over | 3,140 | 6,840 | 9,560 | 12,140 | 14,640 | 17,140 | 19,640 | 21,530 | 23,030 | 24,530 | 25,940 | 27,240 |



EMPLOYER AND EMPLOYEE SERVICE AGREEMENT

This Service Agreement between the Employer and Employee contains the responsibilities to which both parties agree to adhere, and signify their agreement by initialing and/or signing where indicated.

The Employer agrees:

To adhere to all federal, state, and local employment-related laws and regulations.

- 1) To assume responsibility for:
 - a. Liability for any negligent acts or omissions by the Employer, his/her Employee(s) and service provider(s), the Designated Representative (if applicable), the Individual or others in the work place;
 - b. Managing the risk and liability of any incidence(s) of Employee work-related injury/injuries or illnesses.
- 2) To provide orientation and training to the Employee of tasks and activities to be performed for the Veteran.
- 3) To provide the Employee with written notice of compensation for services delivered.
- 4) To adhere to all federal, state, and local employment-related laws and regulations.

The Employee agrees:

- 1) To provide information and documents to the Employer, as required, to maintain current, up-to-date personnel records. The information and documents include at least changes in address and/or telephone numbers, criminal convictions and evidence of employment status and qualifications.
- 2) That the Employee meets eligibility requirements for employment.
- 3) To not use the personal property of the Employer or the Individual without prior approval. The Employee will reimburse the Employer for any expense incurred related to his/her personal use of the personal property.
- 4) To respect the rights and dignity of the Veteran and to follow safety procedures for the benefit of the Veteran and the Employee.
- 5) That personal medical and personal information and data about the Veteran and the Employee is confidential. This information is not to be discussed, directly or indirectly, with others outside of the work environment at any time, currently or in the future.
- 6) To notify the Employer as soon as possible when the Employee will be late for work or is not able to work, as well as not report to work when illness or another condition may jeopardize the health and safety of the Veteran.
- 7) That by signing this agreement, Employee is willing and able to perform the tasks as outlined by, and at the direction of, the Employer, the Individual or the Designated Representative, if applicable.
- 8) That if an overpayment is deposited to the Employee's account, it will be recouped as soon as detected, and if funds are not immediately available, the amount due will be deducted from future payments.

Both the Employer and Employee Agree:

- 1) That this document serves as an agreement, not an employment contract.
- 2) That the Employer employs the Employee. The Employee is not an independent contractor. The Employer controls the training and management, evaluation and firing/termination of the Employee. The Employee does not work for CDS in Texas or the Area Agency on Aging of Central Texas.
- 3) That the Employee is not barred by relationship to the Individual, Employer or Designated Representative, if applicable, from being an Employee.
- 4) That funds for services to pay the Employee are from public sources, and financial accountability and liability applies to the use of the funds. Both the Employer and the Employee have an individual and joint responsibility to be accountable for the public funds spent through the Veteran

Employer's initials _____ Employee Initials _____

Directed Program and understand that submitting false or fraudulent time sheets, submitting a time sheet of an unqualified service provider, submitting a time sheet for tasks other than those approved on the service plan or implementation plan will be reported to the appropriate authorities for investigation and possible prosecution as fraud.

- 5) To provide an accurate accounting of services delivered by the Employee, and to submit accurate time sheets and documentation for reimbursement to CDS in Texas.
- 6) That a Financial Management Services Agency (FMSA) is responsible for the administration of program funds on behalf of the Employer, including payroll functions.
- 7) To submit timesheets only for actual time worked and allowable, budgeted benefits, and invoices for approved, budgeted expenses.
- 8) The Employer must not charge any fee to the Employee. The Employee must not make any payment to the Employer related to the Employee's employment. Any corrections to payroll are made by CDS in Texas.
- 9) That neither CDS in Texas nor the Area Agency on Aging of Central Texas is responsible or liable for any negligent acts, work-related injuries or omissions by the Employer, Individual, Employee, other Employees and service providers and/or the Designated Representative, if applicable.

Salary and Benefits:

- 1) Employee and Employer agree that the starting salary will be \$ _____ per hour and that overtime will be paid for hours worked over 40 unless Employee is determined to be exempt from overtime.
- 2) Employee will be paid at least twice a month.
- 3) Employee will provide Employer with any legal garnishments which must be withheld from Employee's pay, such as child support or student loans.
- 4) Other benefits may include: _____

Duration and Modification of Service Agreement:

This Service Agreement will be in effect as of the date this agreement is signed by the Employer and Employee or the date services for the Veteran are approved, whichever occurs first.

This Service Agreement cannot be modified.

This Service Agreement will terminate when:

- a. The Veteran is no longer participating in the Veteran Directed Program.
- b. The Employee becomes ineligible to work due to a conviction barring employment or a listing on any national or state registry prohibiting employment.
- c. The Employee fails to maintain and provide documentation of eligibility for employment.
- d. The Employee is found to have jeopardized the health and safety of Veteran or to have been reported for abuse, neglect or exploitation of Veteran.

This Service Agreement may be terminated, without cause, by either party with 14-calendar days written notice. A different time frame may be used if both parties agree in writing.

Employer:

Employee:

Date: _____

Date: _____

(Signature)

(Signature)

(Printed Name)

(Printed Name)

Name of Veteran if different than Employer: _____

**Employer and Employee Acknowledgement of
Exemption from Nursing Licensure for Certain Services
Delivered through Consumer Directed Services**

The employer in the Consumer Directed Services (CDS) option is the individual receiving services or the individual's legally authorized representative (LAR). The employer may choose to have certain nursing services provided by an unlicensed person employed in the CDS option. The individual or the LAR must be capable of training the unlicensed employee in the performance of the task(s) and train and supervise the employee performing the task(s). The employee who delivers the service must not have been denied a license under Chapter 301, Occupations Code or have a license under Chapter 301, Occupations Code that is revoked or suspended.

When the employee is trained and supervised by the LAR, the employee delivers the service when the LAR is present or is immediately accessible to the employee. If the employee will perform the service when the LAR is not present, the LAR must observe the person performing the service at least once to assure the LAR that the employee performs the service correctly.

Government Code, Title 4, Subtitle I, Chapter 531, Subchapter B, §531.051, Consumer Direction for certain services for persons with disabilities, states the employee must not perform those service that are expressly prohibited from delegation by the Texas Board of Nursing (Texas Administrative Code, §225.12, *Tasks Prohibited From Delegation*), including:

- (1) physical, psychological, and social assessment, which requires professional nursing judgment, intervention, referral, or follow-up;
- (2) formulation of the nursing care plan and evaluation of the client's response to the care rendered;
- (3) specific tasks involved in the implementation of the care plan that require professional nursing judgment or intervention;
- (4) the responsibility and accountability for client or client's responsible adult health teaching and health counseling which promotes client or client's responsible adult education and involves the client's responsible adult in accomplishing health goals; and
- (5) the following tasks related to medication administration:
 - (A) calculation of any medication doses except for measuring a prescribed amount of liquid medication and breaking a tablet for administration, provided the RN has calculated the dose;
 - (B) administration of medications by an injectable route except for subcutaneous injectable insulin as permitted by §225.11(b) of this title (relating to Delegation of Administration of Medications From Pill Reminder Container and Administration of Insulin);
 - (C) administration of medications by way of a tube inserted in a cavity of the body except as permitted by §225.10(10) of this title (relating to Task That May Be Delegated);
 - (D) responsibility for receiving or requesting verbal or telephone orders from a physician, dentist, or podiatrist; and
 - (E) administration of the initial dose of a medication that has not been previously administered to the client.

Examples of services that may be exempt from nursing licensure and can be included in the Individual Service Plan for the CDS option if all the qualifying conditions are met include:

- (1) bathing, including feminine hygiene;
- (2) grooming, including nail care, except for consumers with medical conditions like diabetes;
- (3) feeding, including feeding through a permanently placed feeding tube;
- (4) routine skin care, including decubitus Stage 1;
- (5) transferring, ambulation or positioning;
- (6) exercising and range of motion; and digital stimulation;
- (7) the administering of a bowel and bladder program, including suppositories, catheterization, enemas, manual evacuation and digital stimulation;

(8) administering oral medications that are normally self-administered, including administration through a gastrostomy tube;
and

(9) non-invasive and non-sterile treatments with low risk of infection.

(Signing this section indicates you understand what tasks are exempt from the requirement to have a nursing license.)

Employee:

→
Printed Name

→
Signature

→
Date

Employer:

→
Printed Name

→
Signature

→
Date

Certification We, the employee and the employer, certify that the employer has trained and supervised the employee in the delivery of the services listed below. We understand that those services that cannot be provided by anybody except a licensed nurse, according to Texas Administrative Code, §225.12, **Tasks Prohibited From Delegation**, must not be provided by the employee. Checked tasks indicate the employee may perform those tasks when the LAR is not present to supervise.

If the employee will be doing any of the tasks listed in 1 – 9, fill in those tasks here; otherwise, leave blank.

| | | |
|--------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

Employee:

→
Signature

→
Date

Employer:

→
Signature

→
Date

NOTE: ONLY FILL IN THE SECOND SECTION
ABOVE IF THE EMPLOYEE WILL BE PROVIDING
ANY OF THE 9 TYPES OF SERVICE LISTED ON
THIS FORM.

Participant Name: _____

Veteran Directed Services
Occupational Exposure to Bloodborne Pathogens

Universal Precautions

Blood has long been recognized as a potential source of pathogenic microorganisms that may present a risk to individuals who are exposed during the performance of their duties. Universal precautions is the method of control required by the Occupational Safety and Health Administration (OSHA) to protect employees from exposure to all human blood and body fluids. **Universal precautions** refers to a concept of bloodborne disease control, which requires that all human blood and certain human body fluids be treated as if known to be infectious for HIV (the virus that causes AIDS), the Hepatitis B virus and other bloodborne pathogens.

Protective barriers reduce the risk of exposure to blood, body fluids containing visible blood and other fluids to which universal precautions apply. Examples of protective barriers include gloves, gowns, masks and protective eyewear. Universal precautions are intended to supplement rather than replace recommendations for routine infection control, such as hand-washing and using gloves to prevent gross microbial contamination of hands. Universal precautions will be used during the provision of services as applicable and appropriate.

Employee Initials: _____ Date: _____
↑ ↑

Hepatitis B

Hepatitis B is a serious infection involving the liver. Hepatitis B virus (HBV) can cause lifelong infection, cirrhosis (scarring) of the liver, liver cancer, liver failure and death. Hepatitis B is spread when blood or body fluids from an infected person enters the body of a person who is not infected. HBV is a major infectious occupational hazard for health care. Any health-care worker may be at risk for HBV exposure depending on the tasks that he or she performs. Workers should be vaccinated if their tasks involve contact with blood or blood-contaminated body fluids.

Employee Initials: _____ Date: _____
↑ ↑

Hepatitis B Vaccination

OSHA standards effective June 4, 1992, require that employers make available the Hepatitis B vaccine and vaccination series to all employees who have occupational exposure. The Hepatitis B vaccine is available at no cost to the employee. The cost to provide vaccinations is an administrative expense to the employer and is reimbursable through the consumer's program budget.

The vaccine is administered in a prescribed series of three injections over a six-month period:

Dose 2 is administered 30 days after Dose 1.

Dose 3 is administered five months following Dose 2.

The employee is responsible for requesting from the healthcare provider administering the vaccination additional information specific to the efficiency, safety, benefits, method of administration and potential side effects of the Hepatitis B vaccination.

The employee may elect to receive or decline the Hepatitis B vaccination.

Employee Initials: _____ Date: _____
↑ ↑

Participant Name: _____

Employee Name: _____

Informed Choice Related to Hepatitis B Vaccination

Employee Statement — Check one statement below.

- ☐ I agree to receive the Hepatitis B vaccination and will be reimbursed by my employer within 30 days of presenting a paid receipt for each dose. I understand that I will only be reimbursed for doses received while employed by the employer.
- ☐ I agree to receive the Hepatitis B vaccination and the employer and I have agreed to the following arrangement(s) related to covering the cost of the vaccination:

- ☐ I decline the Hepatitis B vaccination at this time because I have previously received the Hepatitis B vaccination.
- ☐ I decline the Hepatitis B vaccination.

* I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine at this time. However, I decline the Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Federal Register: 61 FR 5507, February 13, 1996

*OSHA 1910.1030 App A – Mandatory Declination Statement

Certification by Employee:

I, _____, the employee, acknowledge and certify that I have received information on occupational exposure to bloodborne pathogens, universal precautions, Hepatitis B and Hepatitis B vaccination. I have been provided the opportunity to ask questions and to seek additional information. I have made my choice (as documented above) related to the Hepatitis B vaccination based on informed choice.

* I may decide in the future to request and accept the vaccination at no charge to me.

Employee:

→

Printed Name

→

Signature

→

Date

Employer:

→

Printed Name

→

Signature

→

Date

Participant Name: _____



Veteran Directed Services
Management and Training of Service Provider

| | | |
|--|-------------------|----------------------------|
| Service Provider Name (Employee) → | First Day of Work | Annual Evaluation Due Date |
| Name of Individual Receiving Services → | Program → | Services Delivered |
| Name of Consumer Directed Services Employer → | | |

I. Purpose (Choose one)

- ☐ Initial Orientation ☐ Ongoing Training
- ☐ Evaluation
- ☐ 30-Day 3-Month 6-Month Annual Other _____
- ☐ Supervision
- ☐ Verbal Warning: ☐ First ☐ Second ☐ Third ☐ Other _____
- Written Warning: ☐ First Second Third Other _____
- ☐ Conflict Resolution Other _____

II. Documentation of Topics Covered at Initial Orientation or Ongoing Training: *(Initial orientation must include training related to the individual's condition and the tasks the service provider will perform as well as any required training described in an applicable addendum to Form 1735, Employer and Financial Management Services Agency Service Agreement. Employer should initial below.*

- ____ Employee oriented to individual's condition and trained to perform approved tasks.
- ____ Employee demonstrated knowledge of individual's condition, any special needs, and showed competence to perform the approved Tasks.

III. Documentation of Abuse, Neglect and Exploitation Training: *(Initial orientation must include training on acts that constitute abuse, neglect or exploitation of an individual.)* **Employer should initial below.**

- ____ Employee was trained on acts which constitute abuse, neglect, and/or exploitation and understands the responsibility to report instances of ANE and understands actions that will be taken if they are reported to have committed ANE.

IV. Evaluation/Performance Review:

V. Corrective Action Plan (if applicable):

Date for follow-up on corrective action plan: _____

VI. Service Provider Comments: (if any)

Signature of Service Provider _____ Date _____

This document has been reviewed with the service provider listed above.

Signature of Employer _____ Date _____

Signature of Witness _____ Date _____

Date sent to FMSA:

Page 18 01/16/2016 Received by FMSA:

Veteran Directed Services
Employee Work Schedule and Assigned Tasks

→ **Employee Name:** _____ **Veteran Name:** _____

Purpose of Form:

Activity Involved:

☒ Initial

☐ Tasks

☐ Change

☐ Schedule

Effective Date: _____

→ **Schedule I**

**LIST WORK SCHEDULE: IT MAY
CHANGE WITHOUT NOTICE TO CDS**

| Day | Time In | Time Out | Time In | Time Out | Time In | Time Out | Total Hours |
|--------------------|---------|----------|---------|----------|---------|----------|-------------|
| Sunday | | | | | | | |
| Monday | | | | | | | |
| Tuesday | | | | | | | |
| Wednesday | | | | | | | |
| Thursday | | | | | | | |
| Friday | | | | | | | |
| Saturday | | | | | | | |
| Weekly Total Hours | | | | | | | |

flexible

→ **Schedule I – Tasks**

Check those that apply - refer to your care plan

- Assist with medications _____
- Bathing _____
- Grooming _____
- Toileting _____
- Personal Hygiene _____
- Dressing _____
- Cleaning _____
- Meal Preparation _____
- Feeding, Eating _____
- Laundry _____
- Assistance with Shopping _____
- Escort _____
- Transfer and Ambulation _____
(includes positioning, standby assistance, assistance with wheelchair and/or prostheses or braces.)
- Locomotion/Mobility _____
(inside or outside)
- Habilitation Training _____
(refer to person centered planning or habilitation plan)
- Approved Health Related Tasks _____
- Other: _____
- Other: _____

If no set schedule, you can write "flexible" in the grid above

Schedule II

(OPTIONAL)

| Day | Time In | Time Out | Time In | Time Out | Time In | Time Out | Total Hours |
|--------------------|---------|----------|---------|----------|---------|----------|-------------|
| Sunday | | | | | | | |
| Monday | | | | | | | |
| Tuesday | | | | | | | |
| Wednesday | | | | | | | |
| Thursday | | | | | | | |
| Friday | | | | | | | |
| Saturday | | | | | | | |
| Weekly Total Hours | | | | | | | |

Schedule II – Tasks

Acknowledgment of Work Schedule and Assigned Tasks – Sign and Date:

→ _____ → _____ → _____ → _____
Signature – Employer Date Signature – Employee Date

Consumer Directed Services
Criminal Conviction History and Registry Checks

Applicant is a person being considered as a service provider (employee or independent contractor [when required]).

Section I - Applicant Authorization/Acknowledgment (Applicant must complete this section.)

I, (applicant's printed name) _____, give my permission to check for a criminal conviction history, to check the required registries annually, and to check the state and federal lists of individuals and entities excluded from participation in Medicaid (LEIE) monthly as part of my application as a service provider through the Consumer Directed Services (CDS) option. I also understand that a criminal conviction or a registry listing that prohibits a person from employment in a health care setting in the state of Texas may prohibit my employment.

I understand that I must not provide services for payment until the required criminal history and registry checks are conducted, the employer and Financial Management Services Agency (FMSA) review the results and determine that I can be paid for services, and this form is signed by the FMSA.

Signature - Applicant

Date

Applicant Information Required by the Texas Department of Public Safety (DPS) (Applicant must print.)

Is this a New Employee? ☐

Is this a Re-hire of an old employee? ☐

Individual's Name (Last, First, Middle)

Alias

Maiden Name

Date of Birth (mm/dd/yyyy)

Social Security No.

Employee Phone Number

Section II - Criminal Conviction History Check and Registry Verification Process (Employer must complete this section.)

Veteran's Name (Person using Services)

Employer Name

Criminal Conviction History Check (Check each box to certify agreement):

- ☒ I request that my FMSA obtain a **current** Criminal Conviction History Check of the applicant from DPS. I authorize the FMSA to be reimbursed for the cost of obtaining the DPS Criminal Conviction History Check and if I request the report, the cost of sending the report from my budgeted funds.
- ☒ I understand that if I request the report, the FMSA must send it to me through a secure method, DPS approved encrypted software or certified mail.
- ☒ I understand that all criminal records and reports obtained by my FMSA, and the information they contain, are confidential information.
- ☒ I understand all DPS criminal history information reports must be destroyed five days after I make the hiring decision. Paper records need to be shredded, pulped or burned. For electronic records, destroying the media or using specialized software to copy over the data are acceptable methods.
- ☒ I understand that sharing of criminal history information with any person or agency may be prosecuted as a Class A Misdemeanor.

Signature - Employer

Date

Registry Check

- ☒ I request that my FMSA obtain the applicant's status with the Employee Misconduct Registry and the Nurse Aide Registry initially and annually.
- ☒ I understand that the FMSA will screen the applicant initially and monthly using both the state and federal lists of excluded individuals and entities (LEIE).
- ☒ I also understand that the applicant cannot provide services and cannot be paid with program funds until the criminal history and registry checks are completed and my FMSA has notified me that the applicant meets the qualifications.

Signature - Employer

Date

I request that the FMSA provide the criminal history to me:

- ☐ Verbally
☐ Encrypted email
☐

Date

Section III - Criminal Conviction History and Registry Check Results

DPS Criminal Conviction Criminal History Check

| | |
|--|---|
| Date of DPS Check | Time (specify a.m. or p.m.) |
| Obtained By | Convictions: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| DPS approved dissemination method used to inform employer of results: <input type="checkbox"/> Verbally <input type="checkbox"/> Encrypted email <input type="checkbox"/> Certified mail <input type="checkbox"/> Did not request report – sent Form 1725 | Date FMSA staff notified employer: _____ FMSA staff: _____ |
| Date disseminated by FMSA: _____ | |
| If yes, does the conviction(s) prohibit service delivery in compliance with Health and Safety Code Chapter 250, §250.006(a), or §250.006(b)? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Within five calendar days after the hiring decision, the FMSA must destroy the criminal history record information obtained from DPS whether or not hired or retained by the employer or designated representative. Date report was destroyed: _____ Date employer notified FMSA of hiring decision: _____ | |

Registry Checks (Conduct search at <https://emr.dads.state.tx.us/DadsEMRWeb/>)

| | | | |
|-------------------------|-----------------------------|-------------|---|
| Date of Registry Checks | Time (specify a.m. or p.m.) | Obtained By | <input type="checkbox"/> Employer <input type="checkbox"/> FMSA Representative |
|-------------------------|-----------------------------|-------------|---|

Employee Misconduct Registry: ☐ No Record ☐ Record (must not be hired or retained)

Nurse Aide Registry: ☐ No Record ☐ Record (must not be hired or retained)

Medicaid Exclusion List: ☐ No Record ☐ Record (must not be hired)

Certification - I acknowledge that the applicant's DPS criminal conviction history and registry record were checked.

The applicant ☐ is ☐ is not eligible for hire, to be retained for service delivery based on the checks above.

Signature - FMSA Representative

Date FMSA notified the employer or
Designated Representative

FMSA and Employer Must Each Keep Original or Copy of This Form

VETERAN'S NAME: _____
(Person receiving services)

EMPLOYEE NAME: _____



INFORMATION FOR EMPLOYEES

CDS in Texas serves participants in the consumer directed services delivery model also known as self-direction. We have prepared some frequently asked questions and answers to help you understand your role, the veteran's role as your employer, and how we fit in.

FREQUENTLY ASKED QUESTIONS

| | |
|--|--|
| What is consumer direction? | Consumer direction, also known as self-direction, allows the veteran to become the employer of record. It is also called the Veteran Directed Home and Community Based Services Program (VD-HCBS) |
| Who is CDS in Texas? | We are known as a financial management services agency. We will conduct background checks for your employer and process your timesheets, withhold taxes, and prepare your W-2 at year end. |
| Who do I work for? | You work for the veteran. You do not work for CDS in Texas. Questions regarding hours, pay, timesheets, duties, etc. should be directed to your employer. |
| How do I apply? | Your employer has all the application forms, or you can download them from our website www.cdsintexas.com . Follow the directions carefully and then fax or email the completed forms to 877-726-5896. You can also scan and email the application to VA@cdsintexas.com |
| What comes next? | Once we have the application packet, we do background checks and notify your potential employer of the results. Your employer will decide whether to hire you. If hired, your employer will give you a start date and train you on what services are needed |
| How do I record my time worked? | Your employer will provide you with a timesheet. Record your time daily. Be sure to sign and date the timesheet. |
| How do I get paid? | The application packet has forms for direct deposit to a bank account or pre-paid card, or you can select our paycard. When your payroll is processed, you will receive an email notification. |
| When do I get paid? | Your employer has the payroll schedule. You will be paid every other week on a Friday. If Friday is a holiday, you will be paid on Thursday. |
| What if my pay is not in my account on payday? | Check with your employer to see if there is a fax or email confirmation. If there is not, re-send and call our office to let us know about the late timesheet. If there is confirmation of receipt, you or your employer should call our office. We should be able to locate the missing timesheet, and we will process as quickly as possible. |
| How do I get my payroll records | When we enroll you as an employee, you will receive an email registration notice that will tell you how to login to our self-serve web-based payroll system. |
| What taxes are withheld from my pay? | CDS in Texas will withhold all federal taxes. You will receive email notification when your payroll is processed and will be able to see what taxes have been withheld. |
| Will I get a W-2? | Your W-2 will be released by January 31. |
| What else do I need to know? | If the consumer is in the hospital or other facility or loses eligibility, you cannot work. |
| What if I'm working for two individuals? | You must complete two applications, and if you provide services during the same hours, you cannot be paid twice for hours worked simultaneously |
| Does CDS in Texas have a website? | Yes. Visit us at www.cdsintexas.com . Follow us on Facebook. |

| | |
|--------------------------------------|--|
| Other important things to know | <ul style="list-style-type: none"> You certify your timesheets as true and correct. Record your hours each day and do not sign timesheets until your last shift for that payroll period has been worked. Never sign blank timesheets. Incorrect timesheets may be viewed as fraud. |
| | <ul style="list-style-type: none"> Any over or under payment of payroll will be corrected as soon as possible but no later than the next payroll. |
| | <ul style="list-style-type: none"> Everyone has a responsibility to report abuse, neglect or exploitation (1-800-252-5400). |
| | <ul style="list-style-type: none"> Work with your employer until you fully understand what is expected of you and you understand how your employer wants all tasks completed. Make sure you understand how your employer wants to be notified if you cannot work a scheduled shift. This is an individual, not an agency, so you should give them time to arrange for back up. |
| Is there anything else I need to do? | <p><u>YES !!</u> If any of your information changes -- your name, your address, your banking information, your telephone number, your email address -- use the payroll status change form which is part of this packet and fax or email it to us.</p> |

CDS in Texas - 2020 Payroll Schedule

If Friday is a holiday, payday will be on a Thursday

Payroll is processed bi-weekly (every other week). Timesheets are due every other Monday. Payday is every other Friday

NOTE: Beginning October 1, 2020, payroll will be processed semi-monthly (twice in one month). Timesheet due dates and paydays will change. Timesheets are due every 1st or the 15th of the month. Payday will now be every 1st and the 15th. (If date falls on a weekend, payroll will be processed the Friday prior.

| PAY PERIOD | PAYROLL START | END | DUE | PAY DATE |
|------------|---------------|------------|------------|------------|
| 1 | 12/15/2019 | 12/28/2019 | 12/30/2019 | 01/10/2020 |
| 2 | 12/29/2019 | 01/11/2020 | 01/13/2020 | 01/24/2020 |
| 3 | 01/12/2020 | 01/25/2020 | 01/27/2020 | 02/07/2020 |
| 4 | 01/26/2020 | 02/08/2020 | 02/10/2020 | 02/21/2020 |
| 5 | 02/09/2020 | 02/22/2020 | 02/24/2020 | 03/06/2020 |
| 6 | 02/23/2020 | 03/07/2020 | 03/09/2020 | 03/20/2020 |
| 7 | 03/08/2020 | 03/21/2020 | 03/23/2020 | 04/03/2020 |
| 8 | 03/22/2020 | 04/04/2020 | 04/06/2020 | 04/17/2020 |
| 9 | 04/05/2020 | 04/18/2020 | 04/20/2020 | 05/01/2020 |
| 10 | 04/19/2020 | 05/02/2020 | 05/04/2020 | 05/15/2020 |
| 11 | 05/03/2020 | 05/16/2020 | 05/18/2020 | 05/29/2020 |
| 12 | 05/17/2020 | 05/30/2020 | 06/01/2020 | 06/12/2020 |
| 13 | 05/31/2020 | 06/13/2020 | 06/15/2020 | 06/26/2020 |
| 14 | 06/14/2020 | 06/27/2020 | 06/29/2020 | 07/10/2020 |
| 15 | 06/28/2020 | 07/11/2020 | 07/13/2020 | 07/24/2020 |
| 16 | 07/12/2020 | 07/25/2020 | 07/27/2020 | 08/07/2020 |
| 17 | 07/26/2020 | 08/08/2020 | 08/10/2020 | 08/21/2020 |
| 18 | 08/09/2020 | 08/22/2020 | 08/24/2020 | 09/04/2020 |
| 19 | 08/23/2020 | 09/05/2020 | 09/07/2020 | 09/18/2020 |
| 20 | 09/06/2020 | 09/19/2020 | 09/21/2020 | 10/02/2020 |
| 21 | 09/20/2020 | 09/30/2020 | 10/05/2020 | 10/16/2020 |
| 22 | 10/01/2020 | 10/15/2020 | 10/16/2020 | 10/30/2020 |
| 23 | 10/16/2020 | 10/31/2020 | 11/01/2020 | 11/13/2020 |
| 24 | 11/01/2020 | 11/15/2020 | 11/16/2020 | 11/30/2020 |
| 25 | 11/16/2020 | 11/30/2020 | 12/01/2020 | 12/15/2020 |
| 26 | 12/01/2020 | 12/15/2020 | 12/16/2020 | 12/30/2021 |
| 1 | 12/16/2020 | 12/31/2020 | 01/01/2021 | 01/15/2021 |

Signed timesheets can be scanned and emailed to: VD@cdisintexas.com.

All timesheets are due by 5 PM on the date due, EVEN IF IT IS A HOLIDAY

EMPLOYEES SHOULD NOT TRY TO CASH THEIR CHECKS EARLY. Our bank receives a list of approved checks on payday. Any checks cashed prior to that date will be returned.

PLEASE USE THE FAX NUMBERS OR EMAIL BELOW TO SEND ALL VETERAN TIMESHEETS

| |
|--|
| Veteran Fax Number |
| 210-640-3913 |
| Email Address |
| VD@cdisintexas.com |

Alternate numbers: If above numbers are not working: 866 301 1182 or 866 462 6671 or 877 812 3789

For all Veteran related questions or inquiries, please contact Luis Ochoa

210-798-3779 Ext. 1624

lochoa@cdisintexas.com

If unavailable, please contact Ashley Menchaca at 210-798-3779 Ext. 1664

CDS in Texas - 2021 Payroll Schedule

If payday lands on a holiday, payroll will be processed the day before

NOTE: Payroll is processed semi-monthly (twice in one month). Timesheet due dates and paydays have changed. Timesheets are due every 1st or the 15th of the month. Payday will now be every 1st and the 15th. (If date falls on a weekend, payroll will be processed the Friday prior.)

| PAY PERIOD | PAYROLL START | END | DUE | PAY DATE |
|------------|---------------|------------|------------|------------|
| 1 | 12/16/2020 | 12/31/2020 | 01/01/2021 | 01/15/2021 |
| 2 | 01/01/2021 | 01/15/2021 | 01/16/2021 | 02/01/2021 |
| 3 | 01/16/2021 | 01/31/2021 | 02/01/2021 | 02/12/2021 |
| 4 | 02/01/2021 | 02/15/2021 | 02/16/2021 | 03/01/2021 |
| 5 | 02/16/2021 | 02/28/2021 | 03/01/2021 | 03/15/2021 |
| 6 | 03/01/2021 | 03/15/2021 | 03/16/2021 | 04/01/2021 |
| 7 | 03/16/2021 | 03/31/2021 | 04/01/2021 | 04/15/2021 |
| 8 | 04/01/2021 | 04/15/2021 | 04/16/2021 | 04/30/2021 |
| 9 | 04/16/2021 | 04/31/2021 | 05/01/2021 | 05/14/2021 |
| 10 | 05/01/2021 | 05/15/2021 | 05/16/2021 | 06/01/2021 |
| 11 | 05/16/2021 | 05/31/2021 | 06/01/2021 | 06/15/2021 |
| 12 | 06/01/2021 | 06/15/2021 | 06/16/2021 | 07/01/2021 |
| 13 | 06/16/2021 | 06/30/2021 | 07/01/2021 | 07/15/2021 |
| 14 | 07/01/2021 | 07/15/2021 | 07/16/2021 | 07/30/2021 |
| 15 | 07/16/2021 | 07/31/2021 | 08/01/2021 | 08/13/2021 |
| 16 | 08/01/2021 | 08/15/2021 | 08/16/2021 | 09/01/2021 |
| 17 | 08/16/2021 | 08/31/2021 | 09/01/2021 | 09/15/2021 |
| 18 | 09/01/2021 | 09/15/2021 | 09/16/2021 | 10/01/2021 |
| 19 | 09/16/2021 | 09/30/2021 | 10/01/2021 | 10/15/2021 |
| 20 | 10/01/2021 | 10/15/2021 | 10/16/2021 | 11/01/2021 |
| 21 | 10/16/2021 | 10/31/2021 | 11/01/2021 | 11/15/2021 |
| 22 | 11/01/2021 | 11/15/2021 | 11/16/2021 | 12/01/2021 |
| 23 | 11/16/2021 | 11/30/2021 | 12/01/2021 | 12/15/2021 |
| 24 | 12/01/2021 | 12/15/2021 | 12/16/2021 | 12/30/2021 |
| 1 | 12/16/2021 | 12/31/2021 | 01/01/2022 | 01/14/2022 |

All timesheets are due by 5 PM every 1ST or the 16TH following the last day of the pay period even if it lands on a holiday
EMPLOYEES SHOULD NOT TRY TO CASH THEIR CHECKS EARLY. Our bank receives a list of approved checks on payday. Any checks cashed prior to that date will be returned.

PLEASE USE THE FAX NUMBERS OR EMAIL BELOW TO SEND ALL VETERAN TIMESHEETS

| |
|---------------------------|
| Veteran Fax Number |
| 210-640-3913 |
| Email Address |
| VD@cdsintexas.com |

Alternate numbers: If above numbers are not working: 866 301 1182 or 866 462 6671 or 877 812 3789

For all Veteran related questions or inquiries, please contact Luis Ochoa

210-798-3779 Ext. 1624
lochoa@cdsintexas.com

If unavailable, please contact Ashley Menchaca at 210-798-3779 Ext. 1664



Veteran Directed - Employee Timesheet

*You may email timesheets to VD@cdsintexas.com or fax to 1-210-640-3913

Type of Service

PC - Personal Care Svcs HM - Homemaker Svcs HOS - Hospital/Medical Facility ES - Escort Svcs RS - Respite Svcs

Veteran Name: _____

Month: _____

Employee Name: _____

Pay Period # _____

| Date of month | Service Type | Time In | Time Out | Time In | Time Out | Total Hrs | Comment / Daily Task |
|--|--------------|---------|----------|---------|----------|-----------|----------------------|
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| 9 | | | | | | | |
| 10 | | | | | | | |
| 11 | | | | | | | |
| 12 | | | | | | | |
| 13 | | | | | | | |
| 14 | | | | | | | |
| 15 | | | | | | | |
| Total Pay Period Hours | | | | | | | |
| Was the consumer hospitalized or in a medical care facility during this pay period? Please list dates above and leave comment. | | | | | | | |

Employer and Employee hereby certify that the work hours listed above and service notes included are accurate, that the services provided are in accordance with the current tasks authorized and the services were NOT provided while the consumer was in the hospital, nursing home, or the Veteran-reimbursed healthcare facility. I understand the falsification of this timesheet is considered fraud, and may result in dismissal from the program and criminal prosecution.

Veteran/DR Signature _____

Date _____

Employee Signature _____

Date _____

NOTE: no more than 40 hours in any one work week, unless you are exempt status. To track, circle date a work week begins (Sun) and date it ends (Sat).

USE 24 HOUR TIME

8:00 AM = 8:00 or 0800
8:00 PM = 20:00 or 2000

Noon = 12:00
1 PM = 13:00
2 PM = 14:00
3 PM = 15:00
4 PM = 16:00
5 PM = 17:00
6 PM = 18:00
7 PM = 19:00
8 PM = 20:00
9 PM = 21:00
10 PM = 22:00
11 PM = 23:00
12 AM = 00:00
12:01 AM = 00:01
12:30 AM = 00:30
1 AM = 01:00

***You may email timesheets to VD@cdsintexaa.com or fax number to 1-210-640-3913**



Employer Name:

Employee Name:

Veteran - Directed Home - Service Notes (Required)

[illegible]



Veteran Directed - Employee Timesheet

****You may email timesheets to VD@cdisintexas.com or fax to 1-210-640-3913**

| Type of Service | | | |
|-------------------------|----------------------|---------------------------------|------------------------------------|
| PC - Personal Care Svcs | HML - Homemaker Svcs | HOS - Hospital/Medical Facility | ES - Escort Svcs RS - Respite Svcs |

Veteran Name: _____

Employee Name: _____

Month: _____

Pay Period # _____

NOTE: no more than 40 hours in any one work week, unless you are exempt status. To track, circle date a work week begins (Sun) and date it ends (Sat).

USE 24 HOUR TIME

8:00 AM = 8:00 or 0800
8:00 PM = 20:00 or 2000

Noon = 12:00
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3 PM = 15:00
4 PM = 16:00
5 PM = 17:00
6 PM = 18:00
7 PM = 19:00
8 PM = 20:00
9 PM = 21:00
10 PM = 22:00
11 PM = 23:00
12 AM = 00:00
12:01 AM = 00:01
12:30 AM = 00:30
1 AM = 01:00

| Date of month | Service Type | Time In | Time Out | Time In | Time Out | Total Hrs | Comment / Daily Task |
|--|--------------|---------|----------|---------|----------|-----------|----------------------|
| 16 | | | | | | | |
| 17 | | | | | | | |
| 18 | | | | | | | |
| 19 | | | | | | | |
| 20 | | | | | | | |
| 21 | | | | | | | |
| 22 | | | | | | | |
| 23 | | | | | | | |
| 24 | | | | | | | |
| 25 | | | | | | | |
| 26 | | | | | | | |
| 27 | | | | | | | |
| 28 | | | | | | | |
| 29 | | | | | | | |
| 30 | | | | | | | |
| 31 | | | | | | | |
| Total Pay Period Hours | | | | | | | |
| Was the consumer hospitalized or in a medical care facility during this pay period? Please list dates above and leave comment. | | | | | | | |

Employer and Employee hereby certify that the work hours listed above and service notes included are accurate, that the services provided are in accordance with the current tasks authorized and the services were NOT provided while the consumer was in the hospital, nursing home, or the Veteran-reimbursed healthcare facility. I understand the falsification of this timesheet is considered fraud, and may result in dismissal from the program and criminal prosecution.

Veteran/DR Signature _____

Date _____

Employee Signature _____

Date _____

***You may email timesheets to VD@cdsintexas.com or fax number to 1-210-640-3913**



Employer Name: _____

Employee Name:

Veteran - Directed Home - Service Notes (Required)

[illegible]