



EMPLOYEE DATA FORM & BACKGROUND CHECK CONSENT

Instructions for Applicants: Supply the information below to set up your employee file and conduct a pre-employment background check as required by program rules. Review and sign the consent.

Employee Contact/Background Check Information					
Name: _____					
First	Middle	Last			
Physical Address: _____					
Street	Apt/Unit #	City	State	Zip Code	
Mailing Address: _____					
<i>(if different than physical address)</i>					
Street/PO Box	Apt/Unit #	City	State	Zip Code	
Phone #: Home (____) _____ Cell (____) _____					
Email: _____					
Emergency Contact: _____					
Name		Phone		Relationship	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Date of Birth: _____ Social Security#: _____ - ____ - _____					
Employment Relationships					
Name of Veteran Receiving Services: _____					
Employee's family relationship, if any, to Veteran Receiving Services: _____					
Name of Employer of Record: _____					
<i>(Veteran or Veteran's Representative)</i>					

Authorization to Obtain and Consent to Release Background Check Information – I understand the information request above is to set me up in the Consume Direct Care Network's (CDCN) accounting system and to obtain a criminal background check on me through the Colorado Bureau of Investigation. I authorize release of the background check findings to the Veteran Directed Care program authorizing agency, the Denver Regional Council of Governments, who will determine if there are any disqualifying offenses that would prevent me from working for the program participant. I understand this will not be used to discriminate against me in violation of any law.

Signature of Applicant: _____ Date: _____





EMPLOYEE ENROLLMENT CHECKLIST

Employee Name	Participant (Veteran) Name	Employer of Record Name <i>(if different than Participant)</i>

Please complete all the forms in the list below including this one. If you would like a paper copy of submitted forms, please let us know and we will return copies to you. Employee applicants are reminded they may not begin work until:

- all employment forms listed below have been submitted to, and approved by, Consumer Direct Care Network (CDCN),
- background check results are received and indicate no disqualifying offense,
- the Participant/Employer has received notice of authorization from CDCN stating employment start date.

Forms required for all new Employees (please check each item as they are completed):

1. Employee Application/Data Form
2. Employee Enrollment Checklist (this form)
3. Employment Relationship Disclosure
4. I-9 Employment Eligibility Verification - *Additional I-9 instructions are available on the CDCN Colorado website under the forms tab*
5. W-4 Employee's Withholding Allowance Certificate
6. Wage Memo
7. Pay Selection Form – *Attachment may be required, see form instructions*
8. Employment Agreement
9. Health Questionnaire

Supplements

- Employee Packet Instructions
- Payroll Calendar
- Online Timesheet Instructions
- Paper Timesheet and Instructions

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



Employee Name	Participant (Veteran) Name	Employer of Record (EOR) Name

Employee-Employer Relationship Determination

Background. Employees providing domestic services such as personal care may be exempt from some payroll taxes. This is based on the employee’s age and relationship to the Employer of Record (EOR). The EOR is listed above and is either the Participant or their designee. Consumer Direct Care Network (CDCN) will apply any exemptions based on the relationships identified below.

Instructions to Employee. CHOOSE ONLY ONE DESCRIPTION BELOW. Check the box that best describes your relationship to the EOR named above.

Child of EOR. I am less than 21 years old. The EOR is my parent. I am the child (including adoptive child) of the EOR. I am also less than 21 years old.

Child of EOR. I am 21 years old or older. The EOR is my parent. I am the child (including adoptive child) of the EOR. I am also 21 years old or older.

Spouse of EOR. The EOR is my husband or wife.

Parent of EOR. The EOR is my son or daughter (including adoptive child). Please answer additional questions below.

Yes No The EOR (my son or daughter) has a child or step child that lives in the home.

Yes No The EOR is (1) a widow or widower; (2) divorced; or (3) married and lives with a spouse but the spouse can’t care for their child or step child due to a mental or physical condition. The spouse is unable to provide care for at least 4 straight weeks in 3 months.

Yes No The EOR’s child or stepchild is less than 18 years old or needs personal care from an adult. Care is needed for at least 4 straight weeks in 3 months due to a mental or physical condition.

Relative not described above. The EOR is my aunt, uncle, sibling, grandparent, grandchild or other relative not specifically listed above.

Please describe the relationship: _____.

Not related to the EOR. I am not related by blood, marriage or adoption to the EOR.





EMPLOYEE-EMPLOYER RELATIONSHIP DISCLOSURE

Important Notes:

- If employee and EOR qualify for tax exemptions, they must be taken. Exemptions cannot be waived.
- If employee’s earnings are exempt from these taxes, they may not qualify for related benefits. An example is unemployment insurance.
- Exemptions are based on the relationship between the employee and EOR. The Veteran Participant may or may not be the EOR.

Employee-Participant Live-in Determination

Background. Employees that live under the same roof as the Veteran receiving services may be exempt from federal minimum wage and overtime regulations.

Instructions to Employee. Do you live under the same roof as the Veteran receiving services? Check Yes or No below.

<input type="checkbox"/> Yes <input type="checkbox"/> No Employee resides at the same residence as the Veteran receiving services.
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Acknowledgements

Employee and EOR attest the relationships defined above are accurate. This may show that the employee and EOR are exempt from some taxes. Explanations of exemptions are provided below. If these relationships change, employee must notify CDCN within 5 days. If CDCN is not notified of changes, employee may have to pay back money that should have been withheld from pay.

If Employee checked “Yes” above indicating they live at the same residence as the Veteran receiving services, they understand and declare they are not subject to overtime requirements of the Fair Labor Standards Act for Domestic Care Workers (Title 29, Subtitle B, Chapter V, Subchapter A, Part 552).

Employee Signature *Date* *Employer of Record Signature* *Date*

Explanation of Employee Exemptions

Relationship to EIN Holder (Employer of Record)	FICA	FUTA	SUTA
Spouse	Exempt	Exempt	Exempt
Parent (including adoptive and step parent)	*Exempt **Subject to Tax	Exempt	Subject to Tax
Child age 18-20	Exempt	Exempt	Exempt
All other Relationships	Subject to Tax	Subject to Tax	Subject to Tax
No Relationship	Subject to Tax	Subject to Tax	Subject to Tax

*Exempt if answered “No” to any of the 3 questions on page 1 regarding care for the EOR’s child.

**Subject to Tax if answered “Yes” to all 3 questions on page 1 regarding care for the EOR’s child.





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

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

▶ **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):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<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. <i>(See instructions)</i>	
<p><i>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.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write In This Space	

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



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

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

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
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C 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		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
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)
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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
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

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

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status 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. 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 	OR	<ol style="list-style-type: none"> 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 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 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 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 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

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

Refer to the instructions for more information about acceptable receipts.



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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.**

2020

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		▶ 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 .
	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.)		

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

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
2 Enter: { \$24,800 if you're married filing jointly or qualifying widow(er); \$18,650 if you're head of household; \$12,400 if you're single or married filing separately }
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-"
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
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4

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.

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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





WAGE MEMO

Employee Name	Participant (Veteran) Name	Employer of Record (EOR) Name

An employee’s wage must be consistent with employment law. To ensure compliance with employment law and program rules an employee’s wage can range from the published Colorado minimum wage per hour up to a maximum hourly wage of \$20 per hour. Rates and services performed must be within the authorized budget approved by the payer.

Employee named above will be compensated at an hourly rate, as shown below, for normal services rendered:

Regular Wage of \$_____/hour Effective Date: _____

Hours per Week_____

Overtime: Working overtime (more than 40 hours in a work week, or more than 12 hours in one day or one continuous shift) is not allowed without prior written approval from the agency authorizing services.

Live-in Exemption from Overtime: If the employee lives at the same residence as the veteran receiving services, they understand and declare they are not subject to overtime requirements, including receiving time and a half pay for overtime hours, of the Fair Labor Standards Act for Domestic Car Workers (Title 29, Subtitle B, Chapter V, Subchapter A, Part 552).

Start Date: Employee and employer acknowledge that employee cannot start work and be paid until they receive written notice from CDCN of an official start date. Written notice will be provided through an official “Okay to Work” letter.

As the employer, I understand it is my responsibility to monitor hours worked and anticipate and resolve any such potential unauthorized hours worked situations.

Employee Signature

Date

Employer of Record Signature

Date





PAY SELECTION FORM

Employee Name: _____
(please print)

Consumer Direct Care Network (CDCN) recommends every employee select direct deposit, either to a prepaid debit card issued through US Bank or to another account you specify. Direct deposits avoid all possible delays associated with delivery of mail - and that helps you access your pay on pay day. Your pay stub (summary of your pay) will be sent by first class mail to your address on file. First class mail terms and limitations apply.

CDCN offers the following pay options. Please select one option below.

- US Bank Focus Card Direct Deposit** – I authorize CDCN to issue me a US Bank Focus Card using my Social Security Number and other identification on file and to initiate payroll deposits to my card account. You should receive your debit card in approximately two weeks.
- Bank or Credit Union Direct Deposit** – I authorize CDCN to initiate payroll deposits to
(name of bank or financial institution): _____
Account Type (check one): Checking Savings

For Checking Accounts:
Attach (tape) a voided check here
Do not attach a deposit slip.

For Savings Accounts: provide a document from your bank with exact numbers to process direct deposits to your account. If the document is larger than a standard-sized check, please provide a separate document. Do not attach a deposit slip because it does not have all the necessary numbers.

I authorize CDCN to process my selected method of pay as indicated above. In the event that funds are deposited mistakenly to my account, I authorize CDCN to debit my account to correct the error. It is my responsibility to confirm that each deposit has occurred and to pay any fees caused by overdrafts on my account. Deposits will be made on each payday unless I notify my employer, in writing, of my request to stop direct deposits. I understand that CDCN reserves the right to refuse any direct deposit request, that all direct deposits are made through an Automated Clearing House (ACH), and that the processing is subject to ACH terms and limitations, as well as those of my financial institution. **I understand that I may still receive a paper check while my selected method of pay is being set up.**

Signature

Date



With the
U.S. Bank Focus Card™ ...

life just got easy.



The U.S. Bank Focus Card

is a Visa® or Mastercard® prepaid debit card and a convenient alternative to receiving paper checks.



SAFE

- Your pay will be deposited onto a prepaid Visa or Mastercard each payday.
- Funds are protected¹ if lost or stolen.
- Keep track of purchases and loads with text² and email alerts.



CONVENIENT

- Your card can be used anywhere Visa and Mastercard debit cards are accepted worldwide.
- Access to cash when you need it most with over thousands of in-network ATMs nationwide.



PORTABLE

- Your card can stay with you for life.
- Add tax refunds, pay from a second employer, and even cash deposits!

Visit prepaidmaterials.com/usbankfocus

to learn more about the features and benefits of the U.S. Bank Focus Card.

¹ You are generally protected from all liability for unauthorized transactions with Zero Liability. You must call the number on the back of your Card immediately to report any unauthorized use. Certain conditions and limitations may apply. See your Cardholder Agreement for details.

² For text messages, standard messaging charges apply through your mobile carrier and message frequency depends on account settings.

The Focus Card is issued by U.S. Bank National Association pursuant to a license from Visa U.S.A. Inc. or Mastercard International. Mastercard is a registered trademark and the circles design is a trademark of Mastercard International Incorporated. ©2019 U.S. Bank. Member FDIC.



Getting Started



For security, your card comes in a plain white windowed envelope.



Follow the activation instructions that accompany your card.

Features



Cash Back Rewards

For purchases at certain retail and restaurant locations.



Savings Account

Create an interest-bearing savings account without ever going to a bank.



Cash Reload Networks⁵

In addition to payroll deposits, there are a variety of ways to add cash to your Focus Card account.



Text and Email Alerts⁴

Instant notification when money is added or your card balance gets low.



Mobile Banking App⁴

Quickly see your account balance and transaction history.



Track Spending

Online | Phone | Email | Text⁴ | Mobile App

Fee Schedule

Activity	Cost																												
Monthly Account Maintenance	Free																												
Purchases at Point-of-Sale (Domestic)	Free																												
Cash Back with Purchases (Domestic)	Free																												
ATM Transactions	<table border="1"> <thead> <tr> <th></th> <th>Cash Withdrawal</th> <th>Declined Withdrawal</th> <th>Balance Inquiry</th> </tr> </thead> <tbody> <tr> <td>The owner of any Non-U.S. Bank or Non-MoneyPass ATM may assess an additional surcharge fee for any ATM transaction that you complete.</td> <td></td> <td></td> <td></td> </tr> <tr> <td>U.S. Bank ATM</td> <td>Free</td> <td>Free</td> <td>Free</td> </tr> <tr> <td>MoneyPass[®] ATM</td> <td>Free</td> <td>Free</td> <td>Free</td> </tr> <tr> <td>Allpoint[®] ATM</td> <td>Free</td> <td>Free</td> <td>Free</td> </tr> <tr> <td>Other ATM</td> <td>\$2.00</td> <td>\$0.50</td> <td>\$1.00</td> </tr> <tr> <td>International ATM</td> <td>\$3.00</td> <td>\$0.50</td> <td>\$1.00</td> </tr> </tbody> </table>		Cash Withdrawal	Declined Withdrawal	Balance Inquiry	The owner of any Non-U.S. Bank or Non-MoneyPass ATM may assess an additional surcharge fee for any ATM transaction that you complete.				U.S. Bank ATM	Free	Free	Free	MoneyPass [®] ATM	Free	Free	Free	Allpoint [®] ATM	Free	Free	Free	Other ATM	\$2.00	\$0.50	\$1.00	International ATM	\$3.00	\$0.50	\$1.00
	Cash Withdrawal	Declined Withdrawal	Balance Inquiry																										
The owner of any Non-U.S. Bank or Non-MoneyPass ATM may assess an additional surcharge fee for any ATM transaction that you complete.																													
U.S. Bank ATM	Free	Free	Free																										
MoneyPass [®] ATM	Free	Free	Free																										
Allpoint [®] ATM	Free	Free	Free																										
Other ATM	\$2.00	\$0.50	\$1.00																										
International ATM	\$3.00	\$0.50	\$1.00																										
Teller Cash Withdrawal	Free																												
Teller Cash Withdrawal Decline	\$0.00																												
Customer Service Automated Phone Service, Online, Live Phone Representative	Free																												
Text or Email Alerts⁴	Free																												
Inactivity After 90 consecutive days. Not assessed if balance is \$0.00.	\$2.00 Per Month																												
Monthly Paper Statement	If requested – \$2.00																												
Card Replacement Non-Personalized Issued by employer (If applicable to your program) Personalized	\$5.00 Standard \$5.00; Expedited \$15.00; Overnight \$25.00																												
ChekToday Convenience Checks (If applicable to your program)	<table border="1"> <thead> <tr> <th>Check Authorization</th> <th>Count</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td>Check Order</td> <td>Free</td> <td>Free; Expedited \$35.00</td> </tr> <tr> <td>Check Return</td> <td></td> <td>\$25.00</td> </tr> <tr> <td>Stop Payment</td> <td></td> <td>\$25.00</td> </tr> <tr> <td>Lost/Stolen Check</td> <td></td> <td>\$25.00</td> </tr> <tr> <td>Void Check</td> <td></td> <td>Free</td> </tr> <tr> <td>Check Reversal</td> <td></td> <td>\$25.00</td> </tr> <tr> <td>Check Copy</td> <td></td> <td>\$10.00</td> </tr> </tbody> </table>	Check Authorization	Count	Amount	Check Order	Free	Free; Expedited \$35.00	Check Return		\$25.00	Stop Payment		\$25.00	Lost/Stolen Check		\$25.00	Void Check		Free	Check Reversal		\$25.00	Check Copy		\$10.00				
Check Authorization	Count	Amount																											
Check Order	Free	Free; Expedited \$35.00																											
Check Return		\$25.00																											
Stop Payment		\$25.00																											
Lost/Stolen Check		\$25.00																											
Void Check		Free																											
Check Reversal		\$25.00																											
Check Copy		\$10.00																											
Foreign Transaction	Up to 3% of transaction amount																												
Transaction Limits	Count Amount																												
Maximum Card Balance	N/A \$40,000																												
Purchases (includes cash back)	20 per day \$4,000 per day																												
Cash Loads (If applicable to your program)	3 per day \$950 per day																												
Teller Cash Withdrawal	5 per day \$2,525 per day																												
ATM Withdrawal	5 per day \$1,525 per day; \$1,025 max transaction																												
Loads or Deposits	10 per day \$20,000 per day																												
Signature-based POS returns	4 per day N/A																												
Pending ACH Credits	5 per day \$5,000 per day																												
ACH Loads	5 per day \$20,000 per day																												

We reserve the right to change the above fee schedule upon written notification to you as required by applicable law.

⁴US Bank does not charge a fee for mobile banking. Standard messaging and data rates may apply through your mobile carrier.

⁵Businesses performing your reload may charge a fee. Cash reload services are provided by unaffiliated third parties.



EMPLOYEE AGREEMENT

I, _____, (Employee name) referred to as the “Employee” in this Agreement, agree to and acknowledge the following: _____, (Employer of Record name) referred to as the “EOR” in this Agreement, has elected to hire me for the purpose of performing personal care services for _____, (Participant name). The Participant is the veteran enrolled in the Veteran Directed Care (VDC) program. The Denver Regional Council of Governments (DRCOG) is the “Authorizing Agency” that oversees this program and authorizes the Participant’s budget and funds. DRCOG has contracted with Consumer Direct for Colorado, LLC doing business as Consumer Direct Care Network Colorado (CDCN) to serve as the Participant’s Financial Management Services (FMS) agency to assist with employer related tasks and payroll. Employee understands that the EOR named above is their employer. Neither CDCN nor DRCOG are the Employee’s employer.

1. **Enrollment:** The Employee has received an Employee Enrollment Packet. This packet contains mandatory forms to become an employee of the EOR named above. The Employee is responsible for completing all documents.
2. **Eligibility:** Employee acknowledges they meet minimum qualifications to serve as an employee in the VDC program. This includes:
 - being at least 18 years old.
 - are eligible to work in the United States and have a valid Social Security Number.
 - having the necessary knowledge, skills and experience to meet the Participant’s service needs.
 - are not the Participant’s Authorized Representative.
3. **Wage and Payment:**
 - A. Employee will be paid an hourly rate defined in a wage memo.
 - B. All compensation is subject to applicable tax withholding.
 - C. CDCN will issue payment to the Employee on behalf of the EOR on a biweekly basis. Submission of accurate time records is required. Time records must be received by noon on Monday following the pay period. Submittal after the deadline may experience a delay in payment, in which case payment will be issued on the following scheduled pay date.
 - D. CDCN offers two direct deposit pay options, either to a US Bank Focus Paycard or to a bank account specified by the Employee. If the Employee wishes to change their direct deposit option, a new Pay Selection Form must be submitted. Pay stubs (a summary of pay) are sent first class mail to the Employee’s address on file.
 - E. The Employee understands that CDCN is not financially responsible for payment of services when:
 - The Participant loses program eligibility;
 - The EOR allows the Employee to perform unapproved tasks, or work more hours than what is approved on the Participant’s Authorization; or



- The Participant is in a hospital, nursing home, or long-term care facility.
- F. CDCN will file all required amended payroll tax returns in instances where there have been over-collected social security and Medicare taxes from employees' compensation. The Employee will receive refunds of over-collected social security and Medicare taxes directly from CDCN if earnings are less than the IRS threshold published in Circular E for the current tax year. Refunds will be paid to the Employee in January immediately following year-end. The Employee agrees that they will not file a claim for refund of over-collected Medicare or Social Security with the IRS.
4. **Background Check:** Employee understands they must pass a criminal background check prior to hire. CDCN will pay for a background check conducted by the Colorado Bureau of Investigation. Results of the background check are shared with Authorizing Agency who has final determination of hiring.
5. **Effective Date:** Employment will be effective upon notice from CDCN that Employee Packet materials have been received and approved, and that the background check has not revealed a disqualifying offense. Employee and Employer will receive a written "Okay to Work" authorization letter stating hire date. If Employee starts working prior to receiving an "Okay to Work" authorization letter, Employee understands they will not be paid by CDCN.
6. **Employee Responsibilities:**
- A. Protect the health and welfare of the Participant by providing services in accordance with requirements of the VDC program, the Participant's Spending Plan and agreed upon work schedule. Perform job duties in an ethical manner, preserving and respecting the rights and dignity of the Participant.
 - B. Provide accurate recording of time worked and submitting time records to the EOR in a timely manner.
 - C. Notifying the EOR as soon as possible if unable to make a scheduled work shift due to illness, emergency or other incident.
 - D. Keep all information regarding the Participant confidential and abide by DRCOG's confidentiality policies.
 - E. Provide accurate information to CDCN needed to determine local, state and federal tax withholdings from Employee's wages.
7. **EOR Responsibilities:**
- A. Orient and train the Employee sufficient to meet the Participant's service needs as outlined in the Participant's Spending Plan.
 - B. Schedule and manage the day-to-day activities of the Employee.
 - C. In the event of unforeseen circumstances or emergencies, provide as much advance notice to Employee as possible if a work schedule must be changed.
 - D. Review and submit employee timesheets (online or paper) to CDCN in accordance with the CDCN payroll schedule to ensure Employee receives their pay in a timely manner.



- E. Ensure employees only work the approved number of hours. EOR is liable for paying all wages and expenses that:
 - I. Exceed the amount approved in the Veteran’s Spending Plan; and/or
 - II. Result in an employee working unapproved overtime.

7. Reporting Requirements:

- A. The Employee must report possible neglect, abuse or exploitation of a Participant to proper authorities such as police or adult protective services.
- B. Suspected Fraud must be reported to CDCN's Fraud Hotline 1-877-532-8530.
- C. The Employee is covered by Workers’ Compensation Insurance. Work place injuries must be reported to the CDCN Injury Hotline at 1-888-541-1701 within 24 hours.

8. Change of Information Notification: Employee must notify CDCN as soon as possible if they have a change in their name, address, or contact information. This can be done by sending a “Status Change” form to CDCN with the corrected information. For changes in tax withholding, a revised federal and/or state W-4 form should be submitted.

9. Benefits: Employee is not provided vacation, sick or holiday pay. Employee is not provided health insurance. Information on purchasing health insurance through the Health Insurance Marketplace has been provided to Employee. Employee is covered under Workers’ Compensation Insurance. Workplace injuries must be reported to the CDCN Injury Hotline as described above.

10. Non-Emergent Care: Services provided under this program are not designed to be an emergency or acute medical service plan. The Employee understand that any potentially risky health situation should be reported to the Participant’s attending physician or to emergency services (911), as appropriate.

11. Additional Employee Acknowledgements – The Employee acknowledges the following:

- A. The Employee is employed by the EOR listed on page 1 of this Agreement. The Employee is not employed by CDCN or DRCOG.
- B. This Agreement does not guarantee a specific number of hours of work.
- C. This Agreement does not prevent the Employee from working for another Participant in the VDC program. Nor does it prevent the EOR from hiring other Employees.
- D. The Employee and EOR have received a current CDCN Pay Schedule. A copy is also available online at www.consumerdirectco.com

Signatures:

Employee Signature

Date

Employer of Record Signature

Date



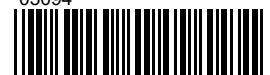
Employee Name: _____
(please print)

Background: At this point in the employment process, you have been conditionally hired by a Consumer/Member/ Representative/Individual (“Employer”) as an Employee. Your position involves delivering services for the Employer. Your duties will vary according to the needs and authorized services of the Employer, but will require you to perform tasks of a physical nature, which have physical demand requirements. The purpose of this Health Questionnaire is to obtain information about 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 to physical activity. **Please explain each “Yes” answer on the reverse of this form and attach additional information as necessary.**

Return this completed form, with the 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?		
Personal Medical History		NO	YES
In the past 5 years, have you had or been treated for:			
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?		



Employee Name: _____
 (please print)

Do you currently have, or have you ever been told by a health care professional that you have, any physical limitations in reference 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		

CDCN does not discriminate in hiring, promotion, or other terms and conditions of employment and does not discriminate against persons who have, in good faith, filed a claim for or received benefits pursuant to State Workers' Compensation Laws. Requests for Accommodations which allow employees to perform the essential functions should be requested in writing and will be provided if they do not cause an undue hardship.

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:

I hereby certify that I have answered the above questions to the best of my knowledge, and that my answers are true and complete. I understand that misrepresentation or omission of facts is cause for dismissal and may result in denial of workers' compensation benefits.

Employee Signature: _____ Date: ____/____/____

Office Use Only

Reviewed by: [_____] Date ____/____/____ Date sent to Risk Mgr: ____/____/____

State Office/Location: _____ Risk Mgr Review: [_____] Date ____/____/____



Symbol Key: Time Due

 Pay Day

 Postal & 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							1	1	2	3	4	5	6	7
5	6	7	8	9	10	11	2	3	4	5	6	7	8	8	9	10	11	12	13	14
12	13	14	15	16	17	18	9	10	11	12	13	14	15	15	16	17	18	19	20	21
19	20	21	22	23	24	25	16	17	18	19	20	21	22	22	23	24	25	26	27	28
26	27	28	29	30	31		23	24	25	26	27	28	29	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	2	3	4						1	2		1	2	3	4	5	6
5	6	7	8	9	10	11	3	4	5	6	7	8	9	7	8	9	10	11	12	13
12	13	14	15	16	17	18	10	11	12	13	14	15	16	14	15	16	17	18	19	20
19	20	21	22	23	24	25	17	18	19	20	21	22	23	21	22	23	24	25	26	27
26	27	28	29	30			24	25	26	27	28	29	30	28	29	30				
						31							31							
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	2	3	4							1			1	2	3	4	5
5	6	7	8	9	10	11	2	3	4	5	6	7	8	6	7	8	9	10	11	12
12	13	14	15	16	17	18	9	10	11	12	13	14	15	13	14	15	16	17	18	19
19	20	21	22	23	24	25	16	17	18	19	20	21	22	20	21	22	23	24	25	26
26	27	28	29	30	31		23	24	25	26	27	28	29	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	1	2	3	4	5	6	7			1	2	3	4	5
4	5	6	7	8	9	10	8	9	10	11	12	13	14	6	7	8	9	10	11	12
11	12	13	14	15	16	17	15	16	17	18	19	20	21	13	14	15	16	17	18	19
18	19	20	21	22	23	24	22	23	24	25	26	27	28	20	21	22	23	24	25	26
25	26	27	28	29	30	31	29	30						27	28	29	30	31		

2020 Bank & Post Office Holidays

- *New Year's Day - Wednesday, January 1
- *Martin Luther King, Jr. Day - Monday, January 20
- Presidents Day - Monday, February 17
- *Memorial Day - Monday, May 25
- *Independence Day (observed) - Friday, July 3

- *Labor Day - Monday, September 7
- Columbus Day - Monday, October 12
- Veterans Day - Wednesday, November 11
- *Thanksgiving Day - Thursday, November 26
- *Christmas Day - Friday, December 25

*Consumer Direct Care Network office closures



Work weeks are Sundays through Saturdays. Time must be submitted by MONDAY at NOON. Late time or time with mistakes may result in late pay. Thank you!

Pay Period - Week 1 Sunday through Saturday	Pay Period - Week 2 Sunday through Saturday	Pay Date Tuesday
12/22/2019 to 12/28/2019	12/29/2019 to 01/04/2020	01/14/2020
01/05/2020 to 01/11/2020	01/12/2020 to 01/18/2020	01/28/2020
01/19/2020 to 01/25/2020	01/26/2020 to 02/01/2020	02/11/2020
02/02/2020 to 02/08/2020	02/09/2020 to 02/15/2020	02/25/2020
02/16/2020 to 02/22/2020	02/23/2020 to 02/29/2020	03/10/2020
03/01/2020 to 03/07/2020	03/08/2020 to 03/14/2020	03/24/2020
03/15/2020 to 03/21/2020	03/22/2020 to 03/28/2020	04/07/2020
03/29/2020 to 04/04/2020	04/05/2020 to 04/11/2020	04/21/2020
04/12/2020 to 04/18/2020	04/19/2020 to 04/25/2020	05/05/2020
04/26/2020 to 05/02/2020	05/03/2020 to 05/09/2020	05/19/2020
05/10/2020 to 05/16/2020	05/17/2020 to 05/23/2020	06/02/2020
05/24/2020 to 05/30/2020	05/31/2020 to 06/06/2020	06/16/2020
06/07/2020 to 06/13/2020	06/14/2020 to 06/20/2020	06/30/2020
06/21/2020 to 06/27/2020	06/28/2020 to 07/04/2020	07/14/2020
07/05/2020 to 07/11/2020	07/12/2020 to 07/18/2020	07/28/2020
07/19/2020 to 07/25/2020	07/26/2020 to 08/01/2020	08/11/2020
08/02/2020 to 08/08/2020	08/09/2020 to 08/15/2020	08/25/2020
08/16/2020 to 08/22/2020	08/23/2020 to 08/29/2020	09/08/2020
08/30/2020 to 09/05/2020	09/06/2020 to 09/12/2020	09/22/2020
09/13/2020 to 09/19/2020	09/20/2020 to 09/26/2020	10/06/2020
09/27/2020 to 10/03/2020	10/04/2020 to 10/10/2020	10/20/2020
10/11/2020 to 10/17/2020	10/18/2020 to 10/24/2020	11/03/2020
10/25/2020 to 10/31/2020	11/01/2020 to 11/07/2020	11/17/2020
11/08/2020 to 11/14/2020	11/15/2020 to 11/21/2020	12/01/2020
11/22/2020 to 11/28/2020	11/29/2020 to 12/05/2020	12/15/2020
12/06/2020 to 12/12/2020	12/13/2020 to 12/19/2020	12/29/2020
12/20/2020 to 12/26/2020	12/27/2020 to 01/02/2021	01/12/2021

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