

## Introduction to Consumer Direct Care Network Colorado (CDCN)

Welcome to CDCN! CDCN provides financial management services for veterans who direct their in-home care through the Veteran Directed Care (VDC) program. This program allows veterans to hire workers to assist them with homemaker, personal care, and other services as identified on a service plan. CDCN assists with hiring workers, paying workers, filing all paperwork with state and federal agencies and budget oversight.

## Enrollment Process for Prospective Employees

When a veteran has identified someone they want to hire, CDCN will visit and assist with completing employment forms. All the employment forms have been bundled into an “Employee Enrollment Packet”.

Instructions for completing the forms is presented below. After the packet has been submitted to CDCN, we can process the documents and submit background checks to proper authorities.

Submitting an Employee Enrollment Packet: Completed enrollment documents must be sent to CDCN at the address listed below – via mail, fax or email attachment.

Background Check Requirements: All applicants must submit to a criminal background check through the Colorado Bureau of Investigation. CDCN will pay for the cost of the background check. Results are provided to the agency authorizing the veteran’s services. Authorizing agency will determine if there are any disqualifying offenses. Barrier crimes that prevent hiring include:

- Abduction
- Abuse or neglect of a child or adult
- Any violent felony crime (including, but not limited to, rape, sexual assault, homicide, felonious physical assault or felonious battery)
- Crimes that involve the exploitation of a child or an incapacitated adult
- Felony involving an act of domestic violence
- Felony arson
- Felony or misdemeanor crime against a child or incapacitated adult that causes harm
- Felony drug related offenses (within the last five years)
- Felony DUI (within the last five years)
- Hate crimes
- Healthcare fraud
- Kidnapping
- Murder/homicide
- Neglect or abuse by a caregiver
- Pornography crimes involving children or incapacitated adults
- Purchase or sale of a child
- Sexual offenses (including but not limited to incest, sexual abuse or indecent exposure)

Notification from CDCN: After CDCN has reviewed submitted forms for accuracy, and we have received non-disqualifying background check results, we will notify the employee of their official start date. Written authorization will be provided through an “Okay to Work” letter. If an employee starts working prior to receiving written authorization, they will not be paid by CDCN.

### **CDCN Contact Information and Hours of Operation**

If you have questions about this paperwork to become a veteran’s employee, please call CDCN. Customer service representative can be reached by phone Monday-Friday from 8:00 a.m. to 5:00 p.m., excluding federal holidays. Please call 1-844-381-4433.

#### **Mailing Address**

7951 East Maplewood, Suite 125  
Greenwood Village, CO 80111

#### **Phone**

Enhanced Customer Service Contact Center.....1-844-381-4433  
CDCN Fraud Hotline.....1-877-532-8530

#### **Fax**

Forms/Timesheet.....1-866-924-9072

#### **Email**

Forms/Enrollment Packets/Timesheets.....CDCOTimesheets@consumerdirectcare.com

#### **Web**

Forms/Trainings/Instructions.....<http://www.ConsumerDirectCO.com>

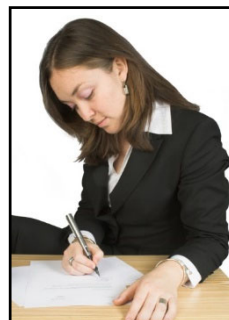
#### **Web Portal**

Online time entry.....<https://CDCNPortal.com/>

### **Completing the Forms and Submitting the Packet**

The purpose of the Employee Enrollment Packet is to provide all required paperwork to be enrolled as the veteran’s employee. The Packet includes some forms you can fill out by yourself, and some that you and your employer must fill out together.

Instruction for completing each form follows. Should you have questions about the forms, please call (1-844-381-4433) or stop by our Greenwood Village office during business hours Monday - Friday, 8:00 am - 5:00 pm.



A CDCN Representative is often available for an in-person enrollment meeting. If so, they will review forms for accuracy and bring them to the CDCN Greenwood Village office for processing. If

a CDCN Representative is not available for an enrollment meeting, the employee and employer can complete the forms on their own. After completing all of the forms, please mail, fax or send via email attachment to:

Consumer Direct Care Network Colorado  
7951 East Maplewood, Suite 125  
Greenwood Village, CO 80111  
Toll Free Fax: 1-866-924-9072  
Email: CDCOTimesheets@consumerdirectcare.com

! **Note:** All forms must be reviewed and approved by CDCN prior to starting work. Each new employee will receive written notice of their official employment start date. Written notice is sent through an **Okay to Work authorization letter**. You cannot start work until you receive this Okay to Work authorization letter from CDCN.

! **Note:** All employment forms are submitted to CDCN for review and approval. However, CDCN serves only as an agent for your employer. The veteran enrolled in the VDC program (or their representative) is your employer. You will not be an employee of CDCN, the state of Colorado, the VA, or the authorizing agency.

### Instructions for Completing Enrollment Packet Forms

1. Employee Data Form: This form is designed to gather basic information about you. This is to set up your file in CDCN's accounting and payroll systems. Please ensure your name, address and contact information are accurate. When completing the form:

- Complete all of the blanks for your contact information and information needed to conduct a background check, as labeled (example: name, mailing address, phone, and so on).
- Complete all the blanks in the Employment Relationship section. Enter the name of the veteran who will receive services as well as the person serving as the Employer of Record (usually the veteran, but not always). Tell us your family relationship to the veteran (such as parent, child, aunt, uncle, etc.). If no relationship exists, write "not related" in the space.
- Read the authorization allowing CDCN to conduct the background check. Sign and date the form. This confirms all the information is correct.

2. Employee Enrollment Checklist: A list of all of the forms in the Employee Packet. Enter the names of the Employee, the Veteran and the Employer of Record in the boxes at the top of the form. You can check off each item as completed.

3. Employee-Employer Relationship Determination: This form is used to determine if an employee's relationship to their employer exempts them from some federal and state payroll taxes. When filling in this form:

- Write the name of the employee, the veteran receiving services, and the employer in the boxes on the top of the form. The employer is usually the veteran receiving services, but not always.
- The employee checks Yes or No for each question. If the employee is the parent or child of their employer, they answer the additional questions.
- Both employee and employer read the acknowledgement and sign and date the form.

4. Employee-Participant Live-in Determination: This form is used to determine an employee's Fair Labor Standards Act overtime pay status. When filling in this form:

- Write the name of the employee, the veteran receiving services, and the employer in the boxes on the top of the form. The employer is usually the veteran receiving services, but not always.
- The employee checks Yes or No as to whether they live with the veteran receiving services.
- Both employee and employer read the acknowledgement and sign and date the form.

5. USCIS I-9 Employment Eligibility Verification: This form documents that you are authorized to work in the United States. Section 1 of the form is filled out by you, the employee. Section 2 is completed by your employer. The employer must review documents that prove your identity. A lists of acceptable documents is in the packet. See next two pages for complete I-9 instructions. Additional instructions are available on the CDCN Colorado website under the Forms tab.

**Note:** It is not necessary to send CDCN copies of the identity documents recorded in Section 2.

## Instructions for Completing Form I-9 Section 1

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

**Employee:** Complete Section 1 of Form I-9. This must be done no later than your first day of work. Please print clearly, and sign and date when you are finished. Refer to the numbered explanations below.

**Employer:** Review Section 1, ensuring your employee has completed it properly

### Employee (steps 1-9)

- ① Print your full legal name: Last, First and Middle Initial. Provide any other names used, such as maiden name. Enter "N/A" if you have never had another name.
- ② Print your physical address. A PO Box is not allowed. Enter "N/A" if you have no apartment number.
- ③ Print your date of birth (mm/dd/yyyy).
- ④ Print your Social Security Number.
- ⑤ Print your email address or print "N/A" if you choose to not provide it.
- ⑥ Print your telephone number or print "N/A" if you choose to not provide it.
- ⑦ Check the one box that best describes your citizenship or immigration status in the United States.
- ⑧ Sign and print the date you completed the form. **No later than first day of work for pay.**
- ⑨ Check the box that indicates whether or not you were assisted by a preparer or translator.

|  <b>Employment Eligibility Verification</b><br>Department of Homeland Security<br>U.S. Citizenship and Immigration Services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                             |                         |                           | USCIS<br>Form I-9<br><small>OMB No. 1615-0047<br/>Expires 08/31/2019</small> |                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------|---------------------------|------------------------------------------------------------------------------|--------------------------------|
| <p>▶ <b>START HERE:</b> 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.</p> <p><b>ANTI-DISCRIMINATION NOTICE:</b> 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.</p>                                                                                                                                                                                                |                             |                         |                           |                                                                              |                                |
| <b>Section 1. Employee Information and Attestation</b> <i>(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.)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                             |                         |                           |                                                                              |                                |
| Last Name (Family Name)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                             | First Name (Given Name) |                           | Middle Initial                                                               | Other Last Names Used (if any) |
| ① Doe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                             | Jane                    |                           | Q                                                                            |                                |
| Address (Street Number and Name)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                             | Apt. Number             | City or Town              | State                                                                        | ZIP Code                       |
| ② 123 Main St.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                             | N/A                     | Anytown                   | CD                                                                           | 81222                          |
| Date of Birth (mm/dd/yyyy)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | U.S. Social Security Number |                         | Employee's E-mail Address |                                                                              | Employee's Telephone Number    |
| ③ 03/13/1964                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ④ 123-45-6789               |                         | ⑤ employee@email.com      |                                                                              | ⑥ 555-123-4567                 |
| <p>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.</p> <p>I attest, under penalty of perjury, that I am (check one of the following boxes):</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                             |                         |                           |                                                                              |                                |
| <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> 1. A citizen of the United States<br/> <input type="checkbox"/> 2. A noncitizen national of the United States (See instructions)<br/> <input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number)<br/> <input type="checkbox"/> 4. An alien authorized to work until (expiration date, applicable mm/dd/yyyy):<br/> <small>Some aliens may write "N/A" in the expiration date field. (See instructions)</small> </div> <div style="font-size: 4em; color: red; opacity: 0.5; transform: rotate(-15deg); pointer-events: none;">             Example           </div> <div style="border: 1px solid black; padding: 5px; width: 150px;"> <small>QR Code - Section 1<br/>Do Not Write in This Space</small> </div> </div> |                             |                         |                           |                                                                              |                                |
| <p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:<br/>An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                             |                         |                           |                                                                              |                                |
| 1. Alien Registration Number/USCIS Number: _____<br>OR<br>2. Form I-94 Admission Number: _____<br>OR<br>3. Foreign Passport Number: _____<br>Country of Issuance: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                             |                         |                           |                                                                              |                                |
| Signature of Employee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                             |                         |                           | Today's Date (mm/dd/yyyy)                                                    |                                |
| ⑧ Jane Doe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                             |                         |                           | 02/05/2018                                                                   |                                |
| <b>Preparer and/or Translator Certification (check one):</b><br><input checked="" type="checkbox"/> I did not use a preparer or translator. <input type="checkbox"/> A preparer(s) and/or translator(s) assisted the employee in completing Section 1.<br><i>(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                             |                         |                           |                                                                              |                                |
| <p>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.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                             |                         |                           |                                                                              |                                |
| 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                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                             |                         |                           |                                                                              |                                |
|  <b>Employer Completes Next Page</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                             |                         |                           |                                                                              |                                |
| Form I-9 11/14/2016 N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                             |                         |                           |                                                                              |                                |
| Page 1 of 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                             |                         |                           |                                                                              |                                |

## Instructions for Completing Form I-9 Section 2

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

**Employee:** Present original, unexpired documents to your employer to verify your identity and authorization to work in the United States. The LIST OF ACCEPTABLE DOCUMENTS is found after the Form I-9.

**Employer (FEIN holder):** Examine the documents your employee provides. Record them in Section 2. The employee must be present while you examine them. Refer to the numbered explanations below.

### Employer (steps 1-10)

① Print employee's name from Section 1: Last, First, and Middle Initial.

② Print citizenship/immigration status from Section 1.

③ Examine each document. Print the details in the appropriate List column.

one document from List A

OR

one from List B and one from List C

Only accept unexpired, original documents (no photocopies).

④ Print the date of the employee's first day of work.

⑤ Sign the form.

⑥ Print the date you signed the form. **Must be completed and signed within 3 days of employee's first day of work.**

⑦ Print your title as "Employer."

⑧ Print your last then first name.

⑨ Print your first and last name.

⑩ Print your physical address, city, state, and zip code.

| 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.                                           |
|                                                                                                                                                                                                                                                                                                                                    |  | ① Doe                                               | Jane                                 | Q                                              |
|                                                                                                                                                                                                                                                                                                                                    |  |                                                     |                                      | ② 1                                            |
| List A                                                                                                                                                                                                                                                                                                                             |  | OR                                                  | List B                               | AND                                            |
| Identity and Employment Authorization                                                                                                                                                                                                                                                                                              |  |                                                     | Identity                             | Employment Authorization                       |
| Document Title                                                                                                                                                                                                                                                                                                                     |  | ③                                                   | Document Title                       |                                                |
|                                                                                                                                                                                                                                                                                                                                    |  |                                                     | Driver's License                     | Social Security Card                           |
| Issuing Authority                                                                                                                                                                                                                                                                                                                  |  |                                                     | Issuing Authority                    |                                                |
|                                                                                                                                                                                                                                                                                                                                    |  |                                                     | State of Residence                   | SSA                                            |
| Document Number                                                                                                                                                                                                                                                                                                                    |  |                                                     | Document Number                      |                                                |
|                                                                                                                                                                                                                                                                                                                                    |  |                                                     | 0123456789abode                      | 123-45-6789                                    |
| Expiration Date (if any)(mm/dd/yyyy)                                                                                                                                                                                                                                                                                               |  |                                                     | Expiration Date (if any)(mm/dd/yyyy) |                                                |
|                                                                                                                                                                                                                                                                                                                                    |  |                                                     | 08/17/2020                           | N/A                                            |
| Document Title                                                                                                                                                                                                                                                                                                                     |  |                                                     | Additional Information               |                                                |
| Issuing Authority                                                                                                                                                                                                                                                                                                                  |  |                                                     |                                      |                                                |
| Document Number                                                                                                                                                                                                                                                                                                                    |  |                                                     |                                      |                                                |
| Expiration Date (if any)(mm/dd/yyyy)                                                                                                                                                                                                                                                                                               |  |                                                     |                                      |                                                |
| Document Title                                                                                                                                                                                                                                                                                                                     |  |                                                     |                                      |                                                |
| Issuing Authority                                                                                                                                                                                                                                                                                                                  |  |                                                     |                                      |                                                |
| Document Number                                                                                                                                                                                                                                                                                                                    |  |                                                     |                                      |                                                |
| Expiration Date (if any)(mm/dd/yyyy)                                                                                                                                                                                                                                                                                               |  |                                                     |                                      |                                                |
| <b>Certification:</b> 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.  |  |                                                     |                                      |                                                |
| <b>The employee's first day of employment (mm/dd/yyyy):</b> ④ 02/05/2018 <i>See instructions for exemptions</i>                                                                                                                                                                                                                    |  |                                                     |                                      |                                                |
| Signature of Employer or Authorized Representative                                                                                                                                                                                                                                                                                 |  | Today's Date(mm/dd/yyyy)                            |                                      | Title of Employer or Authorized Representative |
| ⑤ Ronald Smith                                                                                                                                                                                                                                                                                                                     |  | ⑥ 02/05/2018                                        |                                      | ⑦ Employer                                     |
| Last Name of Employer or Authorized Representative                                                                                                                                                                                                                                                                                 |  | First Name of Employer or Authorized Representative |                                      | Employer's Business or Organization Name       |
| ⑧ Smith                                                                                                                                                                                                                                                                                                                            |  | Ronald                                              |                                      | ⑨ Ronald Smith                                 |
| Employer's Business or Organization Address (Street Number and Name)                                                                                                                                                                                                                                                               |  |                                                     | City or Town                         | State ZIP Code                                 |
| ⑩ 500 Fictional St.                                                                                                                                                                                                                                                                                                                |  |                                                     | Anytown                              | CD 82111                                       |

Submit form I-9 to CDCN with the Employee Packet

6. IRS Form W-4: This determines the amount of federal income tax to be withheld from your pay. You will need to fill out and sign page 1 of the form. Pages 2-4 are instructions and worksheets to help you complete the form.

Step 1: Enter Personal Information. Enter your demographic information, including (a) Name, (b) Social Security number, and (c) Filing status – check only one box for filing status.

Step 2: Multiple Jobs or Spouse works. Complete only if applicable. Applies if you hold more than one job, or are married filing jointly and your spouse also works. Refer to the Multiple Jobs Worksheet on page 3 of Form W-4.

*Note: If you have multiple jobs and will submit multiple W-4s to different employers, ensure steps 3 through 4b are only completed on one W-4.*

Step 3: Claim Dependents. Complete only if applicable. Enter total dollar amount for all claimed dependents on line 3.

Step 4: Other Adjustments. Complete only if applicable.

- a. Enter amount on line 4a for other income (not from jobs) you expect in the coming year that won't have tax withheld. This could be interest or dividends.
- b. Enter the amount on line 4b from the Deductions Worksheet line 5.
- c. Enter the amount on line 4c any additional tax you want withheld for each pay period (including any amount determined from the multiple jobs worksheet).

Step 5: Sign Here. Sign and date the form.

7. Wage Memo:

- Enter the name of the Employee, the Participant (veteran), and Employer of Record on the top of the form in the boxes provided.
- Wage information. The Employer establishes the wage and enters the hourly wage amount into the blank provided.
- Read the explanations about Overtime, Live-in Exemption from Overtime, and Start Date.
- Both Employee and Employer of Record sign and date the form.

8. Pay Selection Form: CDCN wants all employees to be paid in a timely and consistent manner. We offer two pay options: direct deposit to a bank/credit union account or to a pay card. When filling out the form please:

- Enter the Employee's name on the top of the form.
- Choose one of the two pay options. Check the box that describes your choice.
- If you choose direct deposit to a bank or credit union account, provide the name of the institution on the line provided. Check the appropriate box to indicate if it is a checking or savings account. Attach a voided check or other document with exact numbers for processing.
- Sign and date the bottom of the form.



9. Employee Agreement: A legal document between the employer and employee. It outlines eligibility, duties and responsibilities of the employee. Review it carefully. Ask questions of your employer if something is not clear. Employee and employer sign and date the last page to show agreement.

10. Health Questionnaire: This Questionnaire helps ensure that employees are able to perform the required tasks without injuring themselves or the Veteran receiving services. The information from the Questionnaire is kept confidential. However, if it is necessary to make a decision regarding an applicant's fitness for work, some information may be disclosed to your employer and CDCN's Risk Manager.

### Informing CDCN of Changes in Your Information

If the information about you that CDCN has on file changes, such as address or phone number, you should notify CDCN as soon as possible. This ensures you receive your pay stub, W-2, or other correspondence timely. Three ways to notify CDCN include:

1. Call the Customer Service line at 1-844-381-4433.
2. Update your "profile" in the CDCN secure web portal.
3. Submit a Status Change Form. The form is included as a supplement to enrollment materials. It is also available for download on the CDCN website. Please send via fax, mail or email attachment to the CDCN Greenwood Village office.

### Providing Feedback/Complaint Procedures

CDCN is **always** interested in receiving feedback from you. Your feedback helps us improve our services. We want to hear about what worked well for you (compliments or comments), ideas you have for doing things better and any concerns you have with CDCN services. To give us feedback you can:

- Call the Customer Service Center. Staff will listen to your feedback and respond to it. We appreciate hearing about what is working well for you, because we want to keep doing these things! We also want to hear your ideas about how to improve things, because this will make our services better.
- Fill out a Feedback Form and submit it by mail, fax or email attachment. The form is included with supplemental enrollment materials. It is also available online.



If you are unhappy about something involving CDCN, PLEASE let us know right away. Don't let a problem become bigger. We will try to work out the problem with you.



## Getting Paid

CDCN will pay the employee on behalf of their employer on a bi-weekly basis after processing paper or online timesheets. Payment is made every two weeks through direct deposit to a bank account or pay card. The employee selects their preferred pay option with the “Pay Selection Form” submitted with enrollment materials. CDCN will deduct taxes, and if applicable, other withholdings such as garnishments. Payroll stubs and W-2s are sent first class mail to the employee's address on file or electronically.



Payroll Calendar: The CDCN payroll calendar shows (1) each two-week payroll period, (2) when timesheets are due, and (3) pay dates. Time is due every other Monday. Pay days are on Tuesday. A payroll calendar is provided to the employee and employer with enrollment materials. They are also available on the CDCN Colorado website.

Employees have two options for submitting timesheets, electronic (online) or paper.

Online timesheets through the CDCN secure web portal: CDCN strongly recommends the use of our online time cards available through a secure website, CDCNPortal.com. Online time entry is efficient and reduces errors. Through this process, the employee enters work shift information onto an electronic time card. At the end of the payroll cycle when paper timesheets would normally be due, the employer will log into the system and approve the employee's time.

Web portal online timesheet instructions are included with enrollment materials.

Paper Timesheets: Paper timesheets are provided with enrollment materials. They are also available online at CDCN's website.

The timesheet will be processed if:

- Service dates and working times are identified
- The employee has dated and signed
- The employer has reviewed, dated and signed
- The service and hours recorded match authorized hours on the veteran's service plan

An example of a completed timesheet and instructions for completing a timesheet are also provided. Please follow the instructions when filling out a timesheet. The example should help you avoid making mistakes. Mistakes on a timesheet can cause your pay to be late.

After the timesheet is finished, it should be returned to CDCN by mail, fax or email attachment within the deadlines shown on the payroll calendar.

**When are timesheets due?**

Timesheets are due to CDCN every other Monday by noon. The payroll calendar shows when timesheets are due and when paycheck are issued.

**What happens if I'm late getting my timesheet submitted?**

Timesheets submitted after the deadline will be processed and paid on the next available pay date.

**What happens if there is an error on my timesheet?**

CDCN reviews each timesheet carefully. If an error is found, the timesheet will be sent back to the employer for correction.

### **Employee Injury Reporting**

CDCN holds the Workers' Compensation policy and must be informed of any injury in the workplace. Please follow these steps:

**1. Get medical help if needed.**

- If the injury is serious and life-threatening, someone should call 911.
- If the injury needs medical treatment (but is not life-threatening), the employee should go to an urgent-care clinic or doctor's office. If the employee cannot get to a clinic or a doctor's office, go to the emergency room.

**2. Call the CDCN Injury Hotline to report the injury/illness immediately. The employee must call as soon as the injury or illness happens, even if it does not seem serious.**

- The Injury Hotline number is **1-888-541-1701**.
- Injuries can be reported 24-hours a day, 7-days a week.

**3. Employee should tell the participant/employer of the injury or illness before leaving work.**

In addition, the employee must report injuries that occur away from the work place to the Injury Hotline. This is for the employee's safety. CDCN wants to make sure that the injury will not worsen by working. If an injury occurs away from work, please call the Hotline.