



1609 Kimball Ave Ste. 201
Caldwell, ID 83605
(208) 454-5511
(208) 454-5515 FAX
E-Mail: info@lincidaho.org

APPLICATION FOR EMPLOYMENT

Name: _____

Address: _____

City/State/Zip: _____

Phone Number(s): _____ Emergency contact: _____

E-mail address: _____

Have you had a Health and Welfare Background Check within the last 3 years? Yes No

Have you met the minimum job qualifications outlined on the job description? Yes No

Do you have transportation that will get you to work on time every day? Yes No

Are you able to do lifting such as transferring an individual who uses a wheelchair? Yes No

Are you currently certified or licensed for any of the following?
 CPR Medication Assistance CNA LPN RN

Are there any limitations or conditions of employment? Yes No
If yes, please list limits or conditions: _____

REFERENCES:

Name	Phone Number	Relationship

WORK EXPERIENCE:

Company	Phone Number	Position

WHAT LANGUAGES DO YOU SPEAK FLUENTLY? _____

ADDITIONAL INFORMATION: _____

AVAILABILITY FOR WORK:

A) LINC informs Employer/Customers of the applicant's work availability by updating a registry containing the names and information contained within the employment application. Are you available to be placed on the work registry? Yes No

B) If you are applying to work for a specific individual(s), please write the name(s) of the individual(s) on this line: _____

Do you want to be placed on the registry to work for other Employer/Customers? Yes No

Mark all of the following that you will be available to work:

Full Time Part time Mornings Afternoons Evenings Weekends Substitute

Emergency Respite Split-shift On Call 24-hour Shift

Mark the days of the week that you will be available to work:

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Mark the hours that you will be available for work: *

Early Morning (Midnight to 5 am) Morning (5 am to Noon) Afternoon (Noon to 5 pm)

Early Evening (5pm to 9 pm) Late Evening (9 pm to Midnight)

*If you cannot work the hour blocks designated above, please request a matrix so that you can designate your specific days and hours of availability. If you find work or your availability changes, please notify us immediately so the registry can be updated.

I HEREBY AUTHORIZE LINC TO RELEASE APPLICATION INFORMATION FOR PURPOSES OF EMPLOYMENT. I CERTIFY THE INFORMATION I HAVE PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Applicant Signature: _____ Date: _____

ASSISTANT HEALTH SCREEN HISTORY

This information is for official and medically confidential use only and will not be released to unauthorized persons.

Assistant Name: _____

Are you 18 years of age or older? Yes No

With respect to providing attendant services to people with disabilities, do you have any physical or mental condition, or are you taking any medication, that would:

- 1) Limit your mobility, endurance or strength that you could not assist with activities of daily living, for example, bathing, meal prep, transferring, etc.
 Yes No

- 2) Might cause you dizziness or lose consciousness or impair your concentration or memory to where your ability to attend to the emergency needs of another might pose as a safety problem for that person?
 Yes No

- 3) Is contagious and might be transferable in the kind of interpersonal contact typical of attendant services?
 Yes No

If you answered "Yes" to any of the above questions, please explain.

Are you aware of universal safety precautions to prevent the spreading or catching of illness?

Yes No

I certify that the above information supplied by me is true and complete to the best of my knowledge.

Assistant Signature

Date

Form I-9, Employment Eligibility Verification

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification (To be completed and signed by employee at the time employment begins.)

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

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):

- A citizen of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #) _____
- An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - month/day/year)

Employee's Signature	Date (month/day/year)
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Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

Section 2. Employer Review and Verification (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)
LINC - 1609 Kimball Ave Ste 201, Caldwell, ID 83605		

Section 3. Updating and Reverification (To be completed and signed by employer.)

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)
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C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: _____	Document #: _____	Expiration Date (if any): _____
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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	Date (month/day/year)
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

LIST A

**Documents that Establish Both
Identity and Employment
Authorization**

LIST B

**Documents that Establish
Identity**

LIST C

**Documents that Establish
Employment Authorization**

OR

AND

1. U.S. Passport or U.S. Passport Card	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	1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States
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	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	2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
4. Employment Authorization Document that contains a photograph (Form I-766)	3. School ID card with a photograph	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
	4. Voter's registration card	
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form	5. U.S. Military card or draft record	4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
	6. Military dependent's ID card	
	7. U.S. Coast Guard Merchant Mariner Card	
	8. Native American tribal document	5. Native American tribal document
	9. Driver's license issued by a Canadian government authority	
For persons under age 18 who are unable to present a document listed above:		6. U.S. Citizen ID Card (Form I-197)
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	10. School record or report card	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
	11. Clinic, doctor, or hospital record	
	12. Day-care or nursery school record	

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)

Instructions

Read all instructions carefully before completing this form.

Anti-Discrimination Notice. It is illegal to discriminate against any individual (other than an alien not authorized to work in the United States) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents presented have a future expiration date may also constitute illegal discrimination. For more information, call the Office of Special Counsel for Immigration Related Unfair Employment Practices at 1-800-255-8155.

What Is the Purpose of This Form?

The purpose of this form is to document that each new employee (both citizen and noncitizen) hired after November 6, 1986, is authorized to work in the United States.

When Should Form I-9 Be Used?

All employees (citizens and noncitizens) hired after November 6, 1986, and working in the United States must complete Form I-9.

Filling Out Form I-9

Section 1, Employee

This part of the form must be completed no later than the time of hire, which is the actual beginning of employment. Providing the Social Security Number is voluntary, except for employees hired by employers participating in the USCIS Electronic Employment Eligibility Verification Program (E-Verify). **The employer is responsible for ensuring that Section 1 is timely and properly completed.**

Noncitizen nationals of the United States are persons born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad.

Employers should note the work authorization expiration date (if any) shown in **Section 1**. For employees who indicate an employment authorization expiration date in **Section 1**, employers are required to reverify employment authorization for employment on or before the date shown. Note that some employees may leave the expiration date blank if they are aliens whose work authorization does not expire (e.g., asylees, refugees, certain citizens of the Federated States of Micronesia or the Republic of the Marshall Islands). For such employees, reverification does not apply unless they choose to present

in **Section 2** evidence of employment authorization that contains an expiration date (e.g., Employment Authorization Document (Form I-766)).

Preparer/Translator Certification

The Preparer/Translator Certification must be completed if **Section 1** is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete **Section 1** on his or her own. However, the employee must still sign **Section 1** personally.

Section 2, Employer

For the purpose of completing this form, the term "employer" means all employers including those recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors. Employers must complete **Section 2** by examining evidence of identity and employment authorization within three business days of the date employment begins. However, if an employer hires an individual for less than three business days, **Section 2** must be completed at the time employment begins. Employers cannot specify which document(s) listed on the last page of Form I-9 employees present to establish identity and employment authorization. Employees may present any List A document **OR** a combination of a List B and a List C document.

If an employee is unable to present a required document (or documents), the employee must present an acceptable receipt in lieu of a document listed on the last page of this form. Receipts showing that a person has applied for an initial grant of employment authorization, or for renewal of employment authorization, are not acceptable. Employees must present receipts within three business days of the date employment begins and must present valid replacement documents within 90 days or other specified time.

Employers must record in Section 2:

1. Document title;
2. Issuing authority;
3. Document number;
4. Expiration date, if any; and
5. The date employment begins.

Employers must sign and date the certification in **Section 2**. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. If photocopies are made, they must be made for all new hires. Photocopies may only be used for the verification process and must be retained with Form I-9. **Employers are still responsible for completing and retaining Form I-9.**

For more detailed information, you may refer to the *USCIS Handbook for Employers (Form M-274)*. You may obtain the handbook using the contact information found under the header "USCIS Forms and Information."

Section 3, Updating and Reverification

Employers must complete **Section 3** when updating and/or reverifying Form I-9. Employers must reverify employment authorization of their employees on or before the work authorization expiration date recorded in **Section 1** (if any). Employers **CANNOT** specify which document(s) they will accept from an employee.

- A. If an employee's name has changed at the time this form is being updated/reverified, complete Block A.
- B. If an employee is rehired within three years of the date this form was originally completed and the employee is still authorized to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.
- C. If an employee is rehired within three years of the date this form was originally completed and the employee's work authorization has expired **or** if a current employee's work authorization is about to expire (reverification), complete Block B; and:
 - 1. Examine any document that reflects the employee is authorized to work in the United States (see List A or C);
 - 2. Record the document title, document number, and expiration date (if any) in Block C; and
 - 3. Complete the signature block.

Note that for reverification purposes, employers have the option of completing a new Form I-9 instead of completing **Section 3**.

What Is the Filing Fee?

There is no associated filing fee for completing Form I-9. This form is not filed with USCIS or any government agency. Form I-9 must be retained by the employer and made available for inspection by U.S. Government officials as specified in the Privacy Act Notice below.

USCIS Forms and Information

To order USCIS forms, you can download them from our website at www.uscis.gov/forms or call our toll-free number at 1-800-870-3676. You can obtain information about Form I-9 from our website at www.uscis.gov or by calling 1-888-464-4218.

Information about E-Verify, a free and voluntary program that allows participating employers to electronically verify the employment eligibility of their newly hired employees, can be obtained from our website at www.uscis.gov/e-verify or by calling 1-888-464-4218.

General information on immigration laws, regulations, and procedures can be obtained by telephoning our National Customer Service Center at 1-800-375-5283 or visiting our Internet website at www.uscis.gov.

Photocopying and Retaining Form I-9

A blank Form I-9 may be reproduced, provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed Form I-9s for three years after the date of hire or one year after the date employment ends, whichever is later.

Form I-9 may be signed and retained electronically, as authorized in Department of Homeland Security regulations at 8 CFR 274a.2.

Privacy Act Notice

The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 USC 1324a).

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by authorized officials of the Department of Homeland Security, Department of Labor, and Office of Special Counsel for Immigration-Related Unfair Employment Practices.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

Paperwork Reduction Act

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 12 minutes per response, including the time for reviewing instructions and completing and submitting the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W., 3rd Floor, Suite 3008, Washington, DC 20529-2210. OMB No. 1615-0047. **Do not mail your completed Form I-9 to this address.**

Form W-4 (2012)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2012 expires February 18, 2013. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends).

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity

income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

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

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2012. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. The IRS has created a page on www.irs.gov for information about Form W-4, at www.irs.gov/w4. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted on that page.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	<u> </u>
B	Enter "1" if: { <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	B	<u> </u>
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	<u> </u>
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	<u> </u>
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	<u> </u>
F	Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F	<u> </u>
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three to seven eligible children or less "2" if you have eight or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child	G	<u> </u>
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶	H	<u> </u>
<p>For accuracy, complete all worksheets that apply. {</p> <ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. 			

----- Separate here and give Form W-4 to your employer. Keep the top part for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 <div style="font-size: 2em; font-weight: bold; margin: 0;">2012</div>
1 Your first name and middle initial	Last name	2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	6 Additional amount, if any, you want withheld from each paycheck	5 <u> </u> 6 \$ <u> </u>
7 I claim exemption from withholding for 2012, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		7 <u> </u>
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) ▶		Date ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	9 Office code (optional)	10 Employer identification number (EIN)

Deductions and Adjustments Worksheet

Note. Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

1	Enter an estimate of your 2012 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions	1	\$ _____
2	Enter: $\left\{ \begin{array}{l} \$11,900 \text{ if married filing jointly or qualifying widow(er)} \\ \$8,700 \text{ if head of household} \\ \$5,950 \text{ if single or married filing separately} \end{array} \right\}$	2	\$ _____
3	Subtract line 2 from line 1. If zero or less, enter “-0-”	3	\$ _____
4	Enter an estimate of your 2012 adjustments to income and any additional standard deduction (see Pub. 505)	4	\$ _____
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2012 Form W-4</i> worksheet in Pub. 505.)	5	\$ _____
6	Enter an estimate of your 2012 nonwage income (such as dividends or interest)	6	\$ _____
7	Subtract line 6 from line 5. If zero or less, enter “-0-”	7	\$ _____
8	Divide the amount on line 7 by \$3,800 and enter the result here. Drop any fraction	8	_____
9	Enter the number from the Personal Allowances Worksheet , line H, page 1	9	_____
10	Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10	_____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

Note. Use this worksheet *only* if the instructions under line H on page 1 direct you here.

1	Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet)	1	_____
2	Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than “3”	2	_____
3	If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter “-0-”) and on Form W-4, line 5, page 1. Do not use the rest of this worksheet	3	_____
Note. If line 1 is less than line 2, enter “-0-” on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.			
4	Enter the number from line 2 of this worksheet	4	_____
5	Enter the number from line 1 of this worksheet	5	_____
6	Subtract line 5 from line 4	6	_____
7	Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here	7	\$ _____
8	Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed	8	\$ _____
9	Divide line 8 by the number of pay periods remaining in 2012. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2011. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck	9	\$ _____

Table 1

Table 2

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$5,000	0	\$0 - \$8,000	0	\$0 - \$70,000	\$570	\$0 - \$35,000	\$570
5,001 - 12,000	1	8,001 - 15,000	1	70,001 - 125,000	950	35,001 - 90,000	950
12,001 - 22,000	2	15,001 - 25,000	2	125,001 - 190,000	1,060	90,001 - 170,000	1,060
22,001 - 25,000	3	25,001 - 30,000	3	190,001 - 340,000	1,250	170,001 - 375,000	1,250
25,001 - 30,000	4	30,001 - 40,000	4	340,001 and over	1,330	375,001 and over	1,330
30,001 - 40,000	5	40,001 - 50,000	5				
40,001 - 48,000	6	50,001 - 65,000	6				
48,001 - 55,000	7	65,001 - 80,000	7				
55,001 - 65,000	8	80,001 - 95,000	8				
65,001 - 72,000	9	95,001 - 120,000	9				
72,001 - 85,000	10	120,001 and over	10				
85,001 - 97,000	11						
97,001 - 110,000	12						
110,001 - 120,000	13						
120,001 - 135,000	14						
135,001 and over	15						

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 who claims no withholding allowances; 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.



1609 Kimball Ave Ste. 201
Caldwell, ID 83605
(208) 454-5511 V/TTY
(208) 454-5515 FAX
Email: info@lincidaho.org

Memorandum

TO: LINC Personal Assistants and Nurses

SUBJECT: Check Replacement Policy

Replacement checks for checks which have been delayed (or lost) in the U.S. Mail will not be issued until ten (10) business days after the check was originally issued. If your check does not arrive in the mail on or before the tenth business day after payday, a new check can be issued the following Monday.

If you have experienced regular difficulty with accurate and timely delivery of your paychecks (or your other mail), we strongly urge you to consider using our Direct Deposit option for your paychecks. This is the best way to be most confident of receiving your pay on time. If you feel you can't use Direct Deposit because you can't open a checking account, your paychecks can be deposited to a savings account, and anyone should be able to open a savings account.

A Direct Deposit Enrollment form is included on the back of this page for your convenience, should you choose to enroll in that program. Please note, if you are having your checks deposited to a savings account, you will need to have some type of written verification from your bank to verify your account number and routing number. (Most banks have a form of some kind for your to complete).

Thank you for your assistance with this new policy. If you have any question, please contact our office at 336-3335 or 1-877-900-6167, if you live outside the Treasure Valley calling area.

(Please see reverse side)



LIVING INDEPENDENCE NETWORK CORP.

AUTHORIZATION FOR AUTOMATIC DEPOSIT OF PAYROLL

1878 W. Overland Rd. Boise, ID 83705

(208)336-3335 Phone (208)384-5037 Fax

I hereby authorize LINC to initiate credit entries to my account at the financial institution (bank, savings & loan, credit union, etc.) designated by me below. In the event of overpayments to my account, I authorize LINC to make adjustment entries, without a separate notice, to my account to correct the overpayments. I also authorize LINC to process information provided by the authorized financial institution in the even accounts or routing numbers are reassigned by the financial institution.

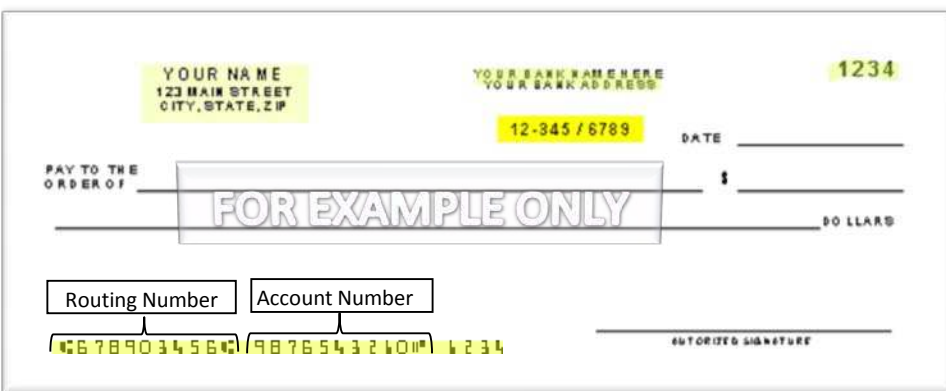
I understand that, when I sign up for direct deposit or change my direct deposit, I will receive paychecks until the financial institution processes my request. Thereafter, I will receive a non-negotiable check (voucher) with a paystub that details my earnings and withholdings for the current pay period, via the website www.my-estub.com. I further understand that it is my responsibility to check my paystub for accuracy each pay period, and report any and all discrepancies immediately. This authority is to remain in full force and effect until revoked in writing in such time and such manner as to afford the institution a reasonable opportunity (a minimum of ten business days) to act on it or upon termination of employment with LINC's employer/customer.

YOUR INFORMATION (Please print legibly)

YOUR NAME			HOME TELEPHONE #			CELL PHONE #		
YOUR ADDRESS CITY STATE ZIP CODE								
NAME OF FINANCIAL INSTITUTION				ADDRESS OF FINANCIAL INSTITUTION (BRANCH, ADDRESS, CITY, and ZIP)				
NAME(S) ON THIS ACCOUNT				ROUTING NUMBER (SEE SAMPLE BELOW)			ACCOUNT NUMBER (SEE SAMPLE BELOW)	
Account Type (CHECK ONE): <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS								

YOUR SIGNED AUTHORIZATION TO BEGIN DIRECT DEPOSIT

YOUR SIGNATURE TO ENROLL		DATE
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PLEASE ATTACH A VOIDED CHECK HERE

** The attached check MUST have your preprinted name and address to be valid, otherwise you must provide an official document from your financial institution providing your name, matching account number and routing number for direct deposit. Deposit slips are not acceptable for direct deposit enrollment.

YOUR CANCELLATION OF PREVIOUS DIRECT DEPOSIT AUTHORITY

I hereby request cancellation my previous authorization for direct deposit.	ACCOUNT NUMBER (CANCELLING)
YOUR SIGNATURE TO CANCEL	DATE



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Caldwell, ID 83605
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Email: info@lincidaho.org

CHECKS BETWEEN PAY PERIODS

In order to bring LINC’s payroll policies more in line with other businesses of our size and to prevent errors in payroll and other tax payments to the state and federal agencies, checks for late time sheets, missed faxes, incorrect addresses, etc. – **regardless of fault** – will not be processed until the following pay period. This includes, but is not limited to, errors due to the customer or other attendants not getting a time sheet in on time, and it also includes any late time sheets or missing checks due to the United States Postal Service delivery delays or errors. If you drop off your time sheet at the Canyon County or Twin Falls LINC offices and it doesn’t get to Boise before the deadline, it is late. (Call to confirm that we received it!) **ABSOLUTELY NO EXCEPTIONS!!**

Time sheets are considered late if they are not received in the Boise LINC office before 5 p.m. Tuesdays (except during holiday weeks when that date or time may be adjusted). We encourage all attendants to check on the arrival of your time sheets by calling our Boise office at 336-3335 or at our toll-free number (1-877-900-6167). If you turn in your time sheets well ahead of the deadline, there will be time to correct any problems prior to the Tuesday, 5 p.m. final deadline. And by calling, you’ll know whether or not the time sheet(s) arrived safely and on time.

Please know that we are not attempting to avoid paying you; we are simply stating that, if one or more time sheets for a pay period arrive in our Boise office after the cutoff date and time, they are late and are not paid until the next pay day.

I acknowledge that I have read and understand the above LINC policies regarding paychecks.

Signature

Date

Print Name Legibly Here, Please



1609 Kimball Ave Ste. 201
Caldwell, ID 83605
(208) 454-5511
(208) 454-5515 FAX
Email: info@lincidaho.org

NEW HIRE REPORTING

To: Idaho Department of Labor
New Hire Reporting
317 W. Main St
Boise, ID 83735-0610
FAX: (208) 332-7411
www.labor.state.id.us/newhire/

NEW HIRE:

Name: _____

Address: _____

SS#: _____

Hire Date: _____

EMPLOYER:

Living Independence Network Corp.
1878 W. Overland Road
Boise, ID 83705
82-0426465 (FEIN)
0007022247 (Employer Acct. Number Unemployment Insurance)

Date Reported: _____

FAXED E-MAILED ONLINE



1609 Kimball Ave Ste. 201
Caldwell, ID 83605
(208) 454-5511
(208) 454-5515 FAX
Email: info@lincidaho.org

PERSONAL ASSISTANT CONFIDENTIALITY AGREEMENT

Please **initial each box** indicating you have read and understand each declaration.

- ___ I understand that **CONFIDENTIALITY** is extremely important in working with employers. I therefore will not exchange any information regarding the employer(s) I am working for; i.e. name, medical diagnosis, disability, etc. This includes conversations I may have with other employers, personal assistants, friends and family. Breaching confidentiality will be cause for dismissal from the Personal Assistant Program.
- ___ I understand how important it is to be consistent with the employer and will maintain the schedule the employer and I set together.
- ___ I understand that if for some reason the employer I am working for is either admitted to a hospital or care center, or for any other circumstance is no longer at home receiving service, I will contact LINC ASAP.
If this occurs after hours or on the weekend, I will leave a message on the answering machine with the date my employer was admitted or no longer receiving services. I also understand that when my employer is back home receiving services, I will contact LINC ASAP.
- ___ I understand that I will maintain **PROFESSIONALISM** while working with my employer.
- ___ I understand that if I consistently miss appointments with employers, or I do not conduct myself in a professional manner, it may be cause for dismissal from LINC's Personal Assistant Program.
- ___ I agree to comply with the Living Independence Network Corporation's (LINC) Personal Assistant Program Guide.
- ___ I agree to respect the confidential nature of case information as well as my personal contacts with LINC employers/consumers and other agencies that work with LINC.
- ___ I agree to promote an independent living philosophy.

Personal Assistant Signature

Date



CONFIDENTIALITY

Confidentiality is critical when providing in-home-care services to LINC's employers.

Having someone come into your home to provide what if often very private and sometimes personal in-home-care services can be very difficult. It demands trust between the person receiving the services and the person providing the services. Below is a **partial** list of confidential information which is **NOT** to be shared with anyone outside the homes you are working in:

1. Employer's name, address, telephone number or any other personal information.
2. Employer's medical information, including their disability.
3. If you work with more than one employer, they are not to know each other's names or circumstances as to why they are receiving services.

If LINC is made aware of any personal assistant breaching confidentiality, it will be cause for dismissal from working as a personal assistant with LINC. Our employers have a right to receive services without the fear of any personal information being released to outside sources without their permission.

I understand the importance of confidentiality and understand if I am caught breaching confidentiality, I will no longer be eligible to work as a personal assistant for LINC.

Personal Assistant Signature

Date

SCHEDULE AND EMPLOYMENT AGREEMENT

Employer Name (please print): _____

Personal Assistant Name (please print): _____

SCHEDULE AGREEMENT

SUNDAY		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY	
Start Time	End Time	Start Time	End Time	Start Time	End Time	Start Time	End Time	Start Time	End Time	Start Time	End Time	Start Time	End Time

We have agreed upon the work schedule outlined above. Any changes to this schedule must be agreed upon by both Employer and Personal Assistant. The Personal Assistant further agrees that, if they are unable to work a scheduled shift, timely notice will be provided to the Employer, so he/she may find a suitable replacement. Unexcused absences (including, but not limited to, “no-shows”) may result in termination of employment.

Employer Signature

Personal Assistant Signature

Date

Date

EMPLOYMENT AGREEMENT

I have read and understand the responsibilities outlined on the Negotiated Service Agreement (NSA). I understand that failure to comply and complete those tasks listed could result in my dismissal. I agree that I have received a copy of the LINC Assistant Program Guide. I understand that failure to comply may result in termination of my employment.

Personal Assistant Signature

Date

PERSONAL ASSISTANT TRAINING LOG

Assistant's Name: _____

Date Training Completed	Identified Training Need	Description of Training (provided in writing)	Other Comments	Assistant's Signature	LINC Representative Signature or RN Signature (if required)
		Independent Living Philosophy			
		Rights and Responsibilities			
		Confidentiality			
		Job Safety			
		Lifting			
		Infection Control			
		Hand Washing			
		Payroll Procedures			

As an assistant with LINC, a fiscal intermediary, I understand that I am responsible for knowing and abiding by the information contained in each item above.

PERSONAL ASSISTANT SKILLS SCREENING & TRAINING LOG

Assistant's Name: _____

Date Training Completed	Identified Training Need	Description of Training (provided in writing)	Other Comments	Assistant's Signature	LINC Representative Signature & RN Signature (if required)
	Meal Prep Assist with eating	Verbal			
	Toileting Personal Hygiene	Verbal			
	Mobility Transferring	Verbal			
	Dressing Bathing	Verbal			
	Transportation Shopping	Verbal			
	Housework Laundry	Verbal			
	Medications Supervision	Verbal			
	Night Needs Finances	Verbal			

As a Personal Assistant with LINC, a fiscal intermediary, I understand that I am responsible for knowing and abiding by the information contained in each item above. I have the skills and knowledge necessary to provide services according to the NSA.



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Caldwell, ID 83605
(208) 454-5511 V/TTY
(208) 454-5515 Fax
E-mail: jrose@lincidaho.org

AGREEMENT BETWEEN PARTICIPANT (EMPLOYER OF FACT) AND PERSONAL ASSISTANT (EMPLOYEE OF FACT)

This employment agreement is made between _____
(hereafter referred to as "Employer") and _____
(hereafter referred to as "Personal Assistant"). The purpose of this agreement is to establish the responsibilities of the parties to each other. This agreement will be effective when both parties sign it. The agreement will be in effect until it is terminated by either party with fourteen (14) calendar days notice, that may be provided in writing.

PERSONAL ASSISTANT QUALIFICATIONS

The Personal Assistant attests that he/she meets the minimum standards for direct care service for employment in the Home and Community Based Services (HCBS) Waiver for the Aged and Disabled. The Personal Assistant qualifications are detailed in the job description

JOB DESCRIPTION: **Assistant / Homemaker / Chore / Respite / Personal Care Service**

EMPLOYER OF FACT: _____

FISCAL INTERMEDIARY: **LIVING INDEPENDENCE NETWORK CORPORATION (LINC)
1878 West Overland Road
Boise, Idaho 83705**

SALARY: \$9.30 per hour

MINIMUM REQUIREMENTS OF POSITION OF PERSONAL ASSISTANT:

- 1) The Personal Assistant **must have:**
 - a) The basic skills to provide services, including but not limited to, meal preparation; transferring; grooming; bathing; dressing; grocery shopping; laundry; bed making; sweeping/vacuuming/mopping floors; washing dishes; and dusting.
 - b) The ability to communicate.
 - c) Understanding of the meaning of confidentiality and agrees to practice confidentiality.
 - d) Knowledge of the generally accepted practice of infection control and proper hand washing methods. (Wash hands before and after each task; rinse soap bar before and after each washing; use enough soap to lather; rub skin to eliminate germs; rinse under running water above wrists to fingertips. Turn faucets off with paper towel to avoid recontamination of hands.)

- e) The ability to pass a criminal history background check through the Regional Medicaid Services Criminal History Unit. The following situations will prevent passing:
1. Having been convicted in the last three years of an offense that has a direct bearing on the individual's fitness to be a direct care provider.
 2. Having been abusive or neglectful of someone in your care.
 3. Having been guilty of stealing from someone in your care.
 4. Having been convicted of a Felony.

2) The Personal Assistant must not have an infectious or contagious disease; and, must be physically capable of performing the service.

BENEFITS: Fifteen cents-per-hour raise at the end of six month probationary period.
 Paid trainings and five cents-per-hour raise (maximum twenty-five cents-per-hour) for attending scheduled trainings
 Worker's Compensation Insurance
 Unemployment Insurance
 Social Security Deduction Match

DISTRIBUTION:
 Personal Assistant
 Employer of fact
 LINC Personal Assistant File (Original)

PERSONAL ASSISTANT RESPONSIBILITIES
--

- The Personal Assistant agrees to assist the Employer by providing the services and performing the activities specified in the Employer's authorized Negotiated Service Agreement (NSA) that was developed from the Uniform Assessment Instrument (UAI).
- The Personal Assistant agrees to protect the health and welfare of the Employer by providing authorized services in accordance with the rules, policies and standards of the HCBS Waiver for the Aged and Disabled.
- In the event of illness, emergency or incident preventing the Personal Assistant from scheduled service, the Personal Assistant agrees to notify the Employer as soon as possible, so the Employer can obtain assistance from someone else.
- The Personal Assistant agrees to participate in training as required by the Employer and/or as specified in the Employer's Negotiated Service Agreement (NSA).
- The Personal Assistant agrees to maintain the Employer's confidentiality and respect the Employer's privacy.
- The Personal Assistant agrees to cooperate with the Employer and the Employer's Fiscal Intermediary (LINC) in providing information needed to comply with all payroll and employment tax laws and regulations.
- The Personal Assistant understands that this agreement does not guarantee employment or payment of a particular minimum wage for any time period.
- The Personal Assistant understands that he/she is an employee of fact of the Employer; and, is not an employee of LINC or the Idaho Department of Health and Welfare.

EMPLOYER RESPONSIBILITIES

The Employer agrees to interview, hire, orient, train, supervise, direct and, when needed, terminate the Personal Assistant in providing the services described and authorized by the UAI and Negotiated Service Agreement (NSA).

- The Employer understands that services cannot begin until LINC has received Regional Medicaid Services (RMS) authorization in the form of the Uniform Assessment Instrument (UAI).
- The Employer agrees to provide at least one week's notice of changes in the Personal Assistant's work schedule to the extent possible.
- The Employer understands that time sheets must be signed in order for the Personal Assistant to receive payment.
- The Employer understands that LINC and Medicaid will only pay for hours that are authorized by the Regional Medicaid Services (RMS) office.
- The Employer understands that he/she must return (fax, mail, or hand deliver) completed timesheets every Saturday to their local or Boise LINC office. Late arrival of time sheets may result in a delay in the receipt of paychecks for Personal Assistants.
- The Employer understands that, by signing the Personal Assistant's time sheet, he/she is verifying the hours worked.
- The Employer agrees to report to LINC any changes that might affect Medicaid eligibility or need for services as authorized by the RMS and make available all pertinent documents.
- The Employer agrees to report to LINC any calculated share of cost and send a check for the appropriate amount along with the time sheet(s). The Employer understands that LINC has the option of discontinuing service if payment is not received.
- The Employer agrees to make sure that employees of fact (Personal Assistants) are properly enrolled with LINC before they begin working.
- The Employer agrees to notify LINC of anything that might affect their Personal Assistant's employment status including but not limited to filing a termination report.
- The Employer agrees to follow accepted employment practices, including sexual harassment laws, and not discriminate against any Personal Assistant based upon age, sex, race, color, national origin, disability, or religion.
- The Employer understands that any Personal Assistant may work more than 40 hours per week, but is exempt from overtime pay.
- The Employer understands that each Personal Assistant must have a criminal background check before he/she can perform any service and must provide proof of such to LINC.
- The Employer understands that no check will be issued until all the required enrollment forms have been submitted.

MUTUAL RESPONSIBILITIES

The parties agree to follow the policies and procedures of the Employer's Fiscal Intermediary (LINC), as outlined in the Assistant Program Guide. The Personal Assistant and the Employer agree to hold harmless, release and forever discharge the Fiscal Intermediary (LINC), the Idaho Department of Health and Welfare and their agents from any claims and/or damages that might arise out of any action or mission by the Personal Assistant or the Employer.

DURATION OF THE AGREEMENT

This agreement will be effective when both parties sign it. The agreement will remain in effect until it is terminated by either party or replaced by a subsequent agreement.

TERMINATION OF THE AGREEMENT

This agreement can be terminated immediately by either party for cause. This agreement may be terminated without cause with fourteen (14) days notice by either party, in writing.

Personal Assistant Signature

Date

Employer Signature

Date