

Welcome to Consumer Direct Care Network (CDCN)! Please see the instructions below for filling out the Attendant Enrollment Packet. Images are included as examples for how to correctly fill out each document. Fields highlighted yellow are required in order to complete your enrollment.

1. Attendant Data Form (Figure 1).**Attendant Information Section**

Name – enter the Attendant’s First name, Middle Name, and Last Name as shown on Social Security Card.

Physical Address – enter the Attendant’s physical address.

Mailing Address – enter the Attendant’s mailing address if it is different than the physical address.

Phone and Email – enter if the Attendant has one.

Date of Birth and Social Security Number – enter both.

Attendant Relationship to Consumer Questions – check yes or no to each question. If the Attendant checks yes to either question, the Attendant is not eligible to work under this program.

Live-in Exemption Question – check yes or no to the question. If the Attendant checks yes, the Attendant will be setup as a Live-in Domestic Care Worker.

Employer Information Section

Name of EOR – enter EOR’s full name.

EOR Phone and Email – enter if the EOR has one.

Name of Consumer – enter Consumer’s full name.

Consumer Medicaid ID # - enter Consumer’s 12-digit Medicaid ID number.

Age of Consumer – check whether the Consumer is an adult or minor.

Signature Section

Attendant signs and dates the bottom of the form.

2. Payroll Tax Exemptions Determination (Figure 2).

Enter the Attendant’s name, EOR’s name, and Consumer’s name in the boxes at the top of the form.

Check yes or no to each attendant-EOR relationship question. One relationship question should be checked yes; the other relationships should be checked no.

Attendant and EOR sign and date the bottom of the form.

3. USCIS I-9 Employment Eligibility Verification**Section 1** (Figure 3).

- **Employee:** Complete Section 1 of Form I-9. This must be done no later than your first day of work for pay. Please print clearly, and sign and date when you are finished. Refer to figure 3 for detailed explanations.

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

Section 2 (Figure 4).

- **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:** Examine the documents your employee provides and record them in Section 2. The employee must be present while you examine them. Refer to figure 4 for detailed explanations.

4. W-4 Employee's Withholding Allowance Certificate (Figure 5).

Step 1a – enter Attendant's first name, middle initial, last name, and physical address including city, state, and zip code

Step 1b – enter Attendant's social security number.

Step 1c – check your anticipated filing status. Leave blank if you are claiming exempt.

Steps 2 through 4 – complete only if they apply to you. Please reference the federal instructions starting on page 9 for additional information.

Step 5 – Attendant signs and dates.

5. VA-4 Employee's Virginia Income Tax Withholding Exemption Certificate (Figure 6).

Your Social Security Number – enter Attendant's social security number.

Name – enter Attendant's full name.

Street Address City, State, Zip Code – enter Attendant's full physical address.

Line 1 – complete only if the Attendant is subject to withholding. Use the Personal Exemptions Worksheet to identify the total number of exemptions that apply to the Attendant. Enter the total exemptions on Line 1c.

Line 2 – if the Attendant wants to have additional taxes withheld, enter the amount.

Line 3 – check the box only if the Attendant is not subject to Virginia withholding. A new Form VA-4 must be filed for each year for which the Attendant claims exemption from Virginia withholding.

Line 4 – check box if the Attendant qualifies for exemption under the Servicemember Civil Relief Act. If claiming this exemption, attach a copy of your spousal military identification card.

Note: One option must be completed for Line 1c, 3, and 4.

6. Pay Selection Form (Figure 7).

Enter the Attendant's name at the top of the form.

Select the preferred direct deposit option.

If the Attendant selects Direct Deposit to an Existing Account, enter the bank name, account type, and attach a bank-issued document that contains the routing and account numbers.

Attendant signs and dates bottom of the form.

7. Employment Agreement (Figure 8).

Enter the Attendant's name and EOR's name in the boxes at the top of the form.

Upon reading the Agreement, the Attendant and EOR sign and date the 3rd page.

8. Criminal History Record Name Search Request (Figure 9).**Name Information to be Searched Section**

Last, First, Middle, and Maiden Name (if applicable) – enter Attendant information.

Race, Sex, Date of Birth, and Social Security # – complete all fields

Note: CDCN will pay for the search fee.

Affidavit for Release of Information Section

Signature – Attendant signs here.

Remainder of Section – have a notary fill out.

9. Child Protective Services Central Registry Release of Information Form (Figure 10 & 11).

Complete this form only if the Consumer is under the age of 18.

Part I – Attendant enters all applicable information including:


- Last name, first name, middle name, maiden name (if applicable).
- Sex, date of birth, race, driver's license/ID number, social security number, other names used (if applicable).
- Current physical address including street, city, state, and zip.
- Prior Addresses – list all prior addresses that the Attendant resided at and include street address, city, state, zip code and the dates that the Attendant resided in that location.
- Marital Status – check the box that best defines the Attendant's current marital status. List all of the Attendant's current and previous spouse(s) and include each spouse's last name, first name, middle name, maiden name, race, sex, and date of birth.
- List all of the Attendant's children including the child's last name, first name, middle name, relationship, sex, and date of birth.

Part II – Attendant signs in the presence of a notary

Part III – Attendant has Notary complete all fields within this section.

Note: CDCN will pay for the search fee. **The original, notarized form must be mailed to CDCN;** submitting a photocopy of the release will delay enrollment.

Figure 1. Sample Attendant Data Form. **Mandatory**



ATTENDANT DATA FORM

Attendant Information

Name: Karen Alisha Miller
First Middle Last

Physical Address: 123 Apple Valley Drive Anytown VA 23230
Street Apt/Unit # City State Zip Code

Mailing Address: _____
(if different than physical address) Street/PO Box Apt/Unit # City State Zip Code

Phone #: Home _____ Cell 315-123-1234

Email: karenmiller2@gmail.com Enter email address if exists

Date of Birth: 07 / 15 / 1982 **Social Security Number:** 123 - 45 - 6789

☐ Yes ☒ No – The Consumer is my child and the Consumer is a minor under age 18?

☐ Yes ☒ No – The Consumer is my spouse?

If yes to either question above, the Attendant is ineligible to work under this program.

☐ Yes ☒ No – I live in the same home with the Consumer that I will be providing services to?

If yes, Attendant is considered a Live-in Domestic Care Worker exempt from FLSA overtime requirements. The Attendant may also qualify for the Difficulty of Care Exemption (Notice 2014-7). Please see the Difficulty of Care Exemption form on the CDCN website for more information.

Employer Information

Name of Employer of Record (EOR): John Smith

EOR Phone #: 444-444-4444

EOR Email: JohnS2@emailprovider.com

Name of Consumer: Andrew Jones

Consumer Medicaid ID #: XXXXXXXXXX

Age of Consumer (check one): ☒ Adult 18 years old or older ☐ Minor under age 18

Note: If the Consumer is a minor, submit a Child Protective Services Central Registry Release of Information Form. Submit to Consumer Direct Care Network (CDCN).


The EOR will receive an *Enrollment Confirmation Form* from CDCN. This confirms that CDCN has received and approved all employment paperwork. **CDCN is not the Attendant's employer.**

The Attendant attests that the Attendant Information listed above is accurate. If this information changes, the Attendant must notify CDCN.

Karen Miller
Attendant Signature

3/2/2020
Date

Figure 2. Sample Payroll Tax Exemptions Determination Form Mandatory



PAYROLL TAX EXEMPTIONS DETERMINATION

Karen A Miller	John Smith	Andrew Jones
Attendant Name	Employer of Record (EOR) Name	Consumer Name

Background: Employees providing domestic services may be exempt from some payroll taxes. This is based on the Attendant's age and relationship to the Employer of Record (EOR). Consumer Direct Care Network (CDCN) will apply any exemptions based on the relationships identified below. **Incorrectly filling this form out may result in inaccurate tax withholdings.**

Note: If the Attendant and EOR qualify for tax exemptions, they must be taken. Exemptions cannot be waived. If the Attendant's earnings are exempt from these taxes, they may not qualify for related benefits. An example is unemployment insurance.

Attendant-Employer Relationship
Answer each question below with Yes or No.

☐ Yes ☒ No – **Are you the spouse of the Employer?**
Exempt from FICA¹, FUTA², and SUTA³.

☐ Yes ☒ No – **Are you the parent of the Employer?**
Exempt from FUTA and SUTA.

If you answered YES check any of the following that apply:

☐ I provide care for the EOR's child or stepchild that lives in the home.
☐ The EOR's child or stepchild is less than 18 years old or requires personal care of an adult for at least 4 s Check each box that applies if you are the EORs parent.
☐ The EOR is a widow, widower, divorced or married and lives with a spouse, but the spouse has a physical or medical condition that prevents them from caring for the child at least 4 straight weeks in 3 months.
Subject to FICA if all three boxes checked above; else FICA exempt.

☐ Yes ☒ No – **Are you the child of the Employer?**

If you answered YES check one option below: Check one box for your age if you are the EOR's child.

☐ I am 21 years of age or older - *Subject to FICA, FUTA, and SUTA.*
☐ I am less than 21 years old - *Exempt from FICA, FUTA, and SUTA.*

☒ Yes ☐ No – **I am NOT related to the Employer or my relationship is NOT listed above.**
Subject to FICA, FUTA, and SUTA.

Acknowledgement: The Attendant and EOR attest the exemptions listed above are accurate. If this information changes, the Attendant must notify CDCN. If CDCN is not notified of changes, the Attendant may have to pay back money that should have been withheld from pay.

Karen Miller

Attendant Signature

3/2/2020

Date

John Smith

Employer of Record Signature

3/2/2020

Date

Figure 3. Sample Form I-9 Section 1. **Mandatory**

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. Entering 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.

 Employment Eligibility Verification Department of Homeland Security U.S. Citizenship and Immigration Services		USCIS Form I-9 OMB No. 1615-0047 Expires 10/31/2022		
<p>► START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.</p> <p>ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.</p>				
Section 1. Employee Information and Attestation <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)
Miller		Karen	A	N/A
Address (Street Number and Name)		Apt. Number	City or Town	State ZIP Code
123 Apple Valley Drive			Anytown	VA 23230
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number	Employee's E-mail Address		Employee's Telephone Number
0 7 / 1 5 / 1982	1 2 3 - 4 5 - 6 7 8 9	karenmiller2@gmail.com		315-123-1234
<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> <p><input checked="" type="checkbox"/> 1. A citizen of the United States</p> <p><input type="checkbox"/> 2. A noncitizen national of the United States (See instructions)</p> <p><input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____</p> <p><input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. (See instructions)</p> <p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p> <p>QR Code - Section 1 Do Not Write In This Space</p>				
Signature of Employee		Today's Date (mm/dd/yyyy)		
Karen Miller		03/02/2020		
Preparer and/or Translator Certification (check one): <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. <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> <p>Signature of Preparer or Translator Today's Date (mm/dd/yyyy)</p> <p>Last Name (Family Name) First Name (Given Name)</p> <p>Address (Street Number and Name) City or Town State ZIP Code</p>				

Figure 4. Sample Form I-9 Section 2. **Mandatory**

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 and note 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				
<small>(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.")</small>				
Employee Info from Section 1		Last Name (Family Name)	First Name (Given Name)	M.I.
		① Miller	Karen	A
Citizenship/Immigration Status		② 1		
List A Identity and Employment Authorization		OR	List B Identity	AND List C Employment Authorization
Document Title	Issuing Authority	Document Number	Expiration Date (if any) (mm/dd/yyyy)	Document Title
				③ Driver's License
				State of Residence
				0123456789abode
				08/17/2024
				Social Security Card
				SSA
				123-45-6789
				N/A
Additional Information				QR Code - Sections 2 & 3 Do Not Write In This Space
Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.				
The employee's first day of employment (mm/dd/yyyy): ④ 03/02/2020 (See instructions for exemptions)				
Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)		Title of Employer or Authorized Representative
⑤ John Smith		⑥ 3/2/2020		⑦ Employer
Last Name of Employer or Authorized Representative		First Name of Employer or Authorized Representative		Employer's Business or Organization Name
Smith		John		John Smith
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code
123 Main Street		Anytown	VA	23222
Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)				
A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)			First Name (Given Name)	Middle Initial
C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.				
Document Title		Document Number		Expiration Date (if any) (mm/dd/yyyy)
I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.				
Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)		Name of Employer or Authorized Representative

Figure 5. Sample W-4 Employee's Withholding Certificate.

Mandatory

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Certificate ▶ Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. ▶ Give Form W-4 to your employer. ▶ Your withholding is subject to review by the IRS.		OMB No. 1545-0074 2020
Step 1: Enter Personal Information	(a) First name and middle initial	Last name		(b) Social security number
	Karen, A		Miller	123-45-6789
	Address 123 Apple Valley Drive			
	City or town, state, and ZIP code Anytown VA, 23230			
(c) <input checked="" type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly (or Qualifying widow(er)) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)				
Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the online estimator, and privacy.				
Step 2: Multiple Jobs or Spouse Works Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs. Do only one of the following. (a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3-4); or (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; or (c) If there are only Complete steps 2 – 4 only if applicable. Form W-4 for the other job. This option may be withheld ▶ <input type="checkbox"/> TIP: To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.				
Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)				
Step 3: Claim Dependents If your income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ <u>0</u> Multiply the number of other dependents by \$500 ▶ \$ <u>0</u> Add the amounts above and enter the total here 3 \$ <u>0</u>				
Step 4 (optional): Other Adjustments (a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income 4(a) \$ <u>0</u> (b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here 4(b) \$ <u>0</u> (c) Extra withholding. Enter any additional tax you want withheld each pay period 4(c) \$ <u>0</u>				
Step 5: Sign Here Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete. ▶ <u>Karen Miller</u> ▶ <u>03/02/2020</u> Employee's signature (This form is not valid unless you sign it.) Date				
Employers Only Employer's name and address First date of employment Employer identification number (EIN)				
For Privacy Act and Paperwork Reduction Act Notice, see page 3. Cat. No. 10220Q Form W-4 (2020)				

General Instructions

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505.

Exemption from withholding. You may claim exemption from withholding for 2020 if you meet both of the following conditions: you had no federal income tax liability in 2019 **and** you expect to have no federal income tax liability in 2020. You had no federal income tax liability in 2019 if (1) your total tax on line 16 on your 2019 Form 1040 or 1040-SR is zero (or less than the sum of lines 18a, 18b, and 18c), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2020 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1a, 1b, and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 16, 2021.

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

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

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

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

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

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

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

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

If you (and your spouse) have a total of only two jobs, you may instead check the box in option **(c)**. The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. Step 3 of Form W-4 provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 972, Child Tax Credit and Credit for Other Dependents. You can also include **other tax credits** in this step, such as education tax credits and the foreign tax credit. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2020 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.



Step 2(b)—Multiple Jobs Worksheet (Keep for your records.)

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 **1** \$ _____
- 2 Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
 - a** Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a **2a** \$ _____
 - b** Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b **2b** \$ _____
 - c** Add the amounts from lines 2a and 2b and enter the result on line 2c **2c** \$ _____
- 3** Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. **3** _____
- 4 Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) **4** \$ _____

Step 4(b)—Deductions Worksheet (Keep for your records.)

- 1** Enter an estimate of your 2020 itemized deductions (from Schedule A (Form 1040 or 1040-SR)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 10% of your income **1** \$ _____
- 2** Enter: $\left\{ \begin{array}{l} \bullet \$24,800 \text{ if you're married filing jointly or qualifying widow(er)} \\ \bullet \$18,650 \text{ if you're head of household} \\ \bullet \$12,400 \text{ if you're single or married filing separately} \end{array} \right\}$ **2** \$ _____
- 3** If line 1 is greater than line 2, subtract line 2 from line 1. If line 2 is greater than line 1, enter "-0-" . . . **3** \$ _____
- 4** Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Schedule 1 (Form 1040 or 1040-SR)). See Pub. 505 for more information . . . **4** \$ _____
- 5 Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 **5** \$ _____

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

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

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

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

00540



Married Filing Jointly or Qualifying Widow(er)

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

Single or Married Filing Separately

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

Head of Household

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



Figure 6. Sample VA-4 Virginia Employee's Withholding Exemption Certificate.

Mandatory

<div style="display: flex; justify-content: space-between;"> <div style="font-size: 1.5em; font-weight: bold;">FORM VA-4</div> <div style="text-align: center;"> <p>COMMONWEALTH OF VIRGINIA DEPARTMENT OF TAXATION PERSONAL EXEMPTION WORKSHEET</p> <p>(See back for instructions)</p> </div> </div>	
1. If you wish to claim yourself, write "1"	1
2. If you are married and your spouse is not claimed on his or her own certificate, write "1"	
3. Write the number of dependents you will be allowed to claim on your income tax return (do not include your spouse)	0
4. Subtotal Personal Exemptions (add lines 1 through 3)	1
5. Exemptions for age	
(a) If you will be 65 or older on January 1, write "1"	
(b) If you claimed an exemption on line 2 and your spouse will be 65 or older on January 1, write "1"	
6. Exemptions for blindness	
(a) If you are legally blind, write "1"	
(b) If you claimed an exemption on line 2 and your spouse is legally blind, write "1"	
7. Subtotal exemptions for age and blindness (add lines 5 through 6)	0
8. Total of Exemptions - add line 4 and line 7	1

Detach here and give the certificate to your employer. Keep the top portion for your records

FORM VA-4 EMPLOYEE'S VIRGINIA INCOME TAX WITHHOLDING EXEMPTION CERTIFICATE			
Your Social Security Number	Name		
123-45-6789	Karen A Miller		
Street Address			
123 Apple Valley Drive			
City	State	Zip Code	
Anytown	VA	23230	

COMPLETE THE APPLICABLE LINES BELOW

1. If subject to withholding, enter the number of exemptions claimed on:	
(a) Subtotal of Personal Exemptions - line 4 of the Personal Exemption Worksheet	1
(b) Subtotal of Exemptions for Age and Blindness line 7 of the Personal Exemption Worksheet	0
(c) Complete lines 1 – 4 as applicable. Total Exemptions - line 8 of the Personal Exemption Worksheet	1
2. Enter the amount of additional withholding requested (see instructions)	0
3. I certify that I am not subject to Virginia withholding. I meet the conditions set forth in the instructions (check here)	
<input type="checkbox"/>	
4. I certify that I am not subject to Virginia withholding. I meet the conditions set forth Under the Service member Civil Relief Act, as amended by the Military Spouses Residency Relief Act (check here)	
<input type="checkbox"/>	


Karen Miller

Signature

03/02/2020

Date

Figure 7. Sample Pay Selection Form. **Mandatory**



PAY SELECTION FORM

Attendant Name: Karen A Miller
(please print)

Consumer Direct Care Network (CDCN) issues pay by direct deposit. This is to a bank account or a pay card. Direct deposits avoid all possible delays from mail delivery. That helps you access your pay on pay day. Pay stubs (summaries) are available online through our secure web portal, DirectMyCare.com.

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

No selection will result in automatic enrollment in the US Bank Focus Card option.

☐ **Direct Deposit to a US Bank Focus Card.** I authorize CDCN to issue me a US Bank Focus Card. The card will be tied to my identification on file. CDCN will make payroll deposits to my card account. I will receive the card in about two weeks.

☒ **Direct Deposit to an Existing Checking, Savings or Pay Card Account.** I authorize CDCN to initiate payroll deposits to my bank or financial institution.

Enter bank name and account type, if applicable.

The Name of my bank is: Farmers Bank

The Account Type is (check one): ☒ Checking. ☐ Savings. ☐ Pay Card.

AN ATTACHMENT IS REQUIRED.

For a Checking Account. Please attach a voided check. This is preferred.
A bank-issued direct deposit form or bank letter* is ok too.

For a Savings Account or Pay Card. Please attach a bank-issued direct deposit form or bank letter.*

**Do not submit a deposit slip. The routing numbers differ from direct deposit routing numbers.*

Acknowledgement. I authorize CDCN to process my selected method of pay. I understand that:


- CDCN reserves the right to refuse any direct deposit request.
- I am responsible to confirm that each deposit has occurred. I must pay any fees caused by overdrafts on my account.
- All direct deposits are made through an Automated Clearing House (ACH). Processing is subject to ACH terms. The terms of my bank also apply.
- If funds are deposited to my account in error, I authorize CDCN to debit my account to correct the error. If my account cannot be debited due to closure or insufficient balance, then CDCN may withhold future payments until the erroneous deposited amounts are repaid.
- I may receive a paper check while my selected method of pay is being set up.
- I must submit a new Pay Selection Form to CDCN if I wish to change my Direct Deposit option.

Karen Miller
Attendant Signature

3/2/2020
Date

10601

Figure 8. Sample Employment Agreement. Mandatory



EMPLOYMENT AGREEMENT

Karen A Miller	John Smith
Attendant Name	Employer of Record Name

This Agreement is between the Attendant and Employer of Record (EOR) named above. It establishes the responsibilities of the parties to each other.

This Agreement will be effective when it is signed by both parties. Either party may terminate this Agreement. Notice to the EOR can be made orally or in writing. Notice must also be supplied to Consumer Direct Care Network Virginia (CDCN). The EOR must send a *Notice of Discontinued Employment Form*.

Attendant Acknowledgements

As the Attendant, I acknowledge the following:

Attestation

By signing below, the parties attest and agree that they:

- Have read and understand all program rules and responsibilities.
- Understand what is being requested.
- Must sign and return this Agreement.
- Will abide by the terms and conditions of this Agreement.

John Smith

Employer of Record, Printed Name

John Smith

Signature

3/2/2020

Date

Karen A Miller

Attendant, Printed Name

Karen Miller

Signature

3/2/2020

Date

Figure 9. Sample Criminal History Record Name Search Request. Mandatory

SP-167 (Revised 12-01-2012)			
CRIMINAL HISTORY RECORD NAME SEARCH REQUEST			
PURPOSE OF THIS REQUEST (Check only one): <input type="checkbox"/> DOMESTIC ADOPTION <input type="checkbox"/> INTERNATIONAL ADOPTION _____ COUNTRY _____ <input type="checkbox"/> VISA (INTERNATIONAL TRAVEL) <input checked="" type="checkbox"/> OTHER (please specify) Employment Screening			
NAME INFORMATION TO BE SEARCHED: <div style="display: flex; justify-content: space-between;"> LAST NAME Miller FIRST NAME Karen MIDDLE NAME Alisha MAIDEN NAME </div>			
RACE White	SEX F	DATE OF BIRTH 07/15/1982 (MM/DD/YYYY)	SOCIAL SECURITY NUMBER 123-45-6789
AFFIDAVIT FOR RELEASE OF INFORMATION: I hereby give consent and authorize the Virginia State Police to search the files of the Central Criminal Records Exchange for a criminal history record and report the results of such search to the agent or individual authorized in this document to receive same. <div style="text-align: right; border: 1px solid red; padding: 5px; display: inline-block;"> Sign here in front of a Notary Public </div>			
State of _____ <input type="checkbox"/> County <input type="checkbox"/> City of _____; to wit: Subscribed and sworn to before me on: _____ (MM/DD/YYYY) _____ My commission expires: _____ My registration # is: _____ Signature of Notary Public			
SIGNATURE OF PERSON MAKING REQUEST: As provided in Section 19.2-389, <u>Code of Virginia</u> , I hereby request the criminal history record of the individual named above and swear or affirm I have the consent of the individual to obtain their record and will not further disseminate the information received, except as provided by law.			
_____ Signature of Individual Making Request State of _____ <input type="checkbox"/> County <input type="checkbox"/> City of _____; to wit: Subscribed and sworn to before me on: _____ (MM/DD/YYYY) _____ My commission expires: _____ My registration # is: _____ Signature of Notary Public			
NAME AND MAILING ADDRESS OF AGENCY, INDIVIDUAL OR AUTHORIZED AGENT MAKING REQUEST: Mail Reply To:			
NAME Consumer Direct Care Network Virginia, LLC			
ATTENTION Virginia Consumer-Directed Services Program			
ADDRESS 6802 Paragon Place, Suite 430			
CITY Richmond	STATE VA		
FEES FOR SERVICE: <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> \$15.00 CRIMINAL HISTORY SEARCH <input type="checkbox"/> \$20.00 COMBINATION CRIMINAL HISTORY & SEX OFFENDER SEARCH </div> <div> * FEES For Volunteers with Non-Profit Organizations: <input type="checkbox"/> \$8.00 CRIMINAL HISTORY SEARCH <input type="checkbox"/> \$16.00 COMBINATION CRIMINAL HISTORY & SEX OFFENDER SEARCH </div> </div> <p style="font-size: x-small;">* To be entitled to reduced price, services must be on volunteer basis for a non-profit organization with a tax exempt number. Attach documentation to form which supports volunteer status and include organization's name, address, and the tax exempt identification number.</p>			
METHOD OF PAYMENT: (Note: Personal Checks <u>Not</u> Accepted) <input type="checkbox"/> Business or Certified check or Money order (payable to Virginia State Police) CHARGE CARD: <input type="checkbox"/> MasterCard OR <input type="checkbox"/> Visa Account Number: _____ - _____ - _____ Expiration: _____ / _____ Signature of Cardholder: _____ <input type="checkbox"/> Virginia State Police Charge Account Number: _____		Mail Request To: Virginia State Police Central Criminal Records Exchange – NF P. O. Box 85076 Richmond, Virginia 23261-5076 ATTN: NEW FORM	
FOR STATE POLICE USE ONLY – DO NOT WRITE BELOW THIS LINE			
Response based on comparison of name information submitted in request against a master name index maintained in the Central Criminal Records Exchange <u>only</u> .			
<input type="checkbox"/> No Conviction Data – Does Not Preclude the Existence of an Arrest Record <input type="checkbox"/> No Criminal Record – Name Search Only <input type="checkbox"/> No Criminal Record – Fingerprint Search <input type="checkbox"/> No Sex Offender Registration Record <input type="checkbox"/> Criminal Record Attached			Purpose code: <input type="checkbox"/> C <input type="checkbox"/> N <input type="checkbox"/> O
Date: _____ By CCRE/ _____			

**Figure 10. Sample Child Protective Services Central Registry Release of Information.
(Part I)**

Mandatory

VA Department of Social Services Office of Background Investigations – Search Unit 801 East Main Street, 6 th Floor, Richmond, VA 23219-2901				Central Registry Release of Information Form			
				Search Fee \$10.00			
Purpose of Search, Check one: <input type="checkbox"/> Adam Walsh Law <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Babysitter/Family Day Care <input type="checkbox"/> CASA <input type="checkbox"/> Children's Residential Facility <input type="checkbox"/> Custody Evaluation <input type="checkbox"/> Day Care Center <input type="checkbox"/> Foster Parent <input type="checkbox"/> Institutional Employee <input checked="" type="checkbox"/> Other Employment <input type="checkbox"/> School Personnel <input type="checkbox"/> Volunteer <input type="checkbox"/> Other							
MAIL SEARCH RESULTS TO: Agency, Individual or Authorized Agent Requesting Search							
Name Consumer Direct Care Network Virginia, LLC				Payment/FIPS Code (Use only if assigned by OBI-CRU)			
Address 6802 Paragon Place, Suite 430				B11226			
City Richmond		State VA		Zip 23230			
Contact Name CDCN Representative				Tel.# 888-444-8182Ext			
Contact E-Mail InfoCDVA@ConsumerDirectCare.com				Mandatory if agency code has been assigned			
PART I: DETAILS OF INDIVIDUAL WHOSE NAME MUST BE SEARCHED							
Last Name		First Name		Full Middle Name – (given at birth) - No initials (if middle name is an initial, indicate "Initial Only")			
Miller		Karen		Alisha			
Maiden Name (last name before marriage)		Sex		Date of Birth (MM/DD/YYYY)		Race	
Smith		<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		0 7 / 1 5 / 1 9 8 2		White	
Driver's License Number or ID #		Social Security Number		Other names used; nicknames, legal names (refer to instruction page)			
12345678910111213		123-45-6789		Karen Johnson			
Current Address (Include Street # and Apt #)				City		State	
123 Apple Valley Drive				Anytown		VA	
				23230			
Applicant's Prior Addresses							
Include Street # and Apt #		City		State		Zip	
456 Orange Valley Drive		Anytown		VA		23230	
Marital Status <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Partner If married, list current spouse. If previously married, list all previous spouses. If you have never been married, write 'N/A'.							
Last Name		First Name		Full Middle Name (given at birth)		Date of Birth (MM/DD/YYYY)	
Miller		Tom		Timothy		1/1/1980	
Johnson		Anthony		Alex		3/3/1985	
List all of your children. If you have none, write 'N/A'. Include all adult children, step and foster children not living with you.							
Last Name		First Name		Full Middle Name (given at birth)		Date of Birth (MM/DD/YYYY)	
Miller		Alex		Brady		1/1/2009	

**Figure 11. Sample Child Protective Services Central Registry Release of Information.
(Part II & III)**

Mandatory

PART II: CERTIFICATION AND CONSENT FOR RELEASE OF INFORMATION	
<p>I hereby certify that the information contained on this form is true, correct and complete to the best of my knowledge. Pursuant to Section 2.2-3806 of the <i>Code of Virginia</i>, I authorize the release of personal information regarding me which has been maintained by either the Virginia Department of Social Services or any local department of social services which is related to any disposition of founded child abuse/neglect in which I am identified as responsible for such abuse/neglect. I have provided proof of my identity to the Notary Public prior to signing this in his/her presence.</p>	
<div style="border: 1px solid red; padding: 2px; display: inline-block; margin-bottom: 10px;">Sign here in front of a Notary Public</div>	
<div style="background-color: yellow; padding: 2px; margin-bottom: 5px;">Signature of person whose name is being searched</div> <div style="border: 1px solid red; padding: 2px; margin-bottom: 5px;">(Sign in presence of Notary)</div>	<div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> <div style="font-size: 0.9em;">Parent or Guardian signature required for minor children under the age of 18</div>
PART III: CERTIFICATE OF ACKNOWLEDGEMENT OF INDIVIDUAL	
<div style="display: flex; justify-content: space-between;"> <div>City/County of _____</div> <div style="border: 1px solid red; padding: 2px; font-size: 0.8em;">All fields must be completed by a Notary Public</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Commonwealth/State of _____</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>Acknowledged before me this _____ day of _____, year _____</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> <div style="font-weight: bold; font-size: 0.9em;">Notary Public Signature</div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-top: 5px;"></div> <div style="font-size: 0.8em;">My Commission Expires: _____</div> </div> <div style="width: 45%;"> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> <div style="font-weight: bold; font-size: 0.9em;">Notary Number</div> </div> </div> <div style="text-align: right; margin-top: 10px; font-size: 0.8em;">Notary Seal</div>	