

Attendant Information					
Name:	Required		Required		
	<small>First</small>	<small>Middle</small>	<small>Last</small>		
Physical Address:					
	<small>Street</small>	<small>Apt/Unit #</small>	<small>City</small>	<small>State</small>	<small>Zip Code</small>
Mailing Address:					
<small>(if different than physical address)</small>	<small>Street/PO Box</small>	<small>Apt/Unit #</small>	<small>City</small>	<small>State</small>	<small>Zip Code</small>
Phone #: Home (____) _____	Cell (____) _____				
Email: _____					
Date of Birth: _____	Social Security Number: _____ - _____ - _____				
Emergency Contact: _____					
	<small>Name</small>	<small>Phone</small>	<small>Relationship</small>		
Employment Relationships					
Name of Employer of Record (EOR):					
Name of Consumer:					
Attendant's Relationship to Consumer:					
County of Residence of Consumer:					

Please fill out the attached employee transition paperwork. These forms will help ensure that CDCN has accurate information on file. **The EOR listed above is the employer. CDCN is not the employer.**

Signature of Attendant: **Required** _____ **Date:** **Required** _____

The Consumer-Directed Services Program does not discriminate against any person on the basis of race, religion, color, gender, sexual orientation, age, national origin, disability, veteran status or any other status or condition protected by law.



Required	Required	Optional
Attendant Name	Employer of Record (EOR) Name	Consumer Name

Background. Employees providing domestic services such as personal care 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.

Attendants that live under the same roof as the Medicaid Consumer they provide service to may be exempt from federal minimum wage and overtime regulations.

Relationship Determination

Instructions to Attendant. CHOOSE ONE DESCRIPTION BELOW. Check the box that best describes your relationship to the EOR. If you are the EOR's parent, answer the additional questions.

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

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

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

Check One

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

☐ Yes ☐ No

The EOR (my son or daughter) lives in the home.

☐ Yes ☐ No

The EOR is (1) a widow or widower who is married and lives with a spouse but the spouse can't care for the EOR due to a mental or physical condition. The spouse is unable to provide care for at least 4 straight weeks in 3 months.

☐ Yes ☐ No

The EOR's child or stepchild is less than 18 years old or needs personal care from an adult. Care is needed for at least 4 straight weeks in 3 months due to a mental or physical condition.

**Check one in Each Row
If "Parent of EOR"
Is Checked Above**

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

Please describe the relationship: _____

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



Important Notes:

- 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.
- Exemptions are based on the relationship between the attendant and EOR. The Consumer may or may not be the EOR.

Attendant-Consumer Live-in Determination

Instructions to the Attendant. Do you live under the same roof as the Consumer? Check Yes or No below.

☐ Yes ☐ No

Check One

The Attendant resides at the same residence as the Consumer.

Relationship Acknowledgment. The Attendant and EOR attest the relationships defined above are accurate. This may show that the Attendant and EOR are exempt from some taxes. Explanations of exemptions are provided below.

If these relationship change, the Attendant must notify CDCN within 5 days. If CDCN is not notified of changes, the Attendant may have to pay back money that should have been withheld from pay.

Required

Attendant Signature

Required

Date

Required

Employer of Record Signature

Required

Date

Explanation of Attendant Exemptions

Relationship to EIN Holder (Employer)	FICA	FUTA	SUTA
*Spouse	Exempt	Exempt	Exempt
Parent	**Exempt ***Subject to Tax	Exempt	Exempt
Adoptive or Step Parent	**Exempt ***Subject to Tax	Exempt	Exempt
Child age 18-21	Exempt	Exempt	Exempt
Sibling, Grandparent, Grandchild, Child over age 21	Subject to Tax	Subject to Tax	Subject to Tax
No Relationship	Subject to Tax	Subject to Tax	Subject to Tax

*If the EOR is also the Medicaid Consumer, their spouse is not permitted to be their attendant by program rule. Otherwise exempt.

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

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



Attendant Name: Required
(please print)

Consumer Direct Care Network (CDCN) issues pay via direct deposit to the Attendant's bank account or a pay card. Direct deposits avoid all possible delays associated with delivery of mail - and that helps you access your pay on pay day. Pay stubs (a summary of your pay) are available online through our secure web portal, CDCNPortal.com.

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

- ☐ **Continue my current electronic payment option** – I authorize CDCN to initiate payroll deposits using my current electronic method on file. I will be issued a US Bank Focus Card if I select this option and **do not** have direct deposit to a money card or bank account already setup. Please see additional information below on the Focus card.
- ☐ **US Bank Focus Card Direct Deposit** – I authorize CDCN to issue me a US Bank Focus Card using my Social Security Number and other identification on file and to initiate payroll deposits to my card account. You should receive your debit card in approximately two weeks.
- ☐ **Bank or Credit Union Direct Deposit** – I authorize CDCN to initiate payroll deposits to



(name of bank or financial institution): If Checked: Bank name here AND/OR on attachment

Account Type (check one): ☐ Checking ☐ Savings

Bank name may be here if it's not on the line above.

Check One

For Checking Accounts:

Attach (tape) a voided check here
Do not attach a deposit slip.

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

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

Required

Signature



Required

Date

10001



Your Pay

FASTER. SAFER. EASIER.



With the U.S. Bank Focus Card™ Your Funds Are:



Immediately loaded
to your card on payday



Available to use
right away



Protected if
lost or stolen¹

About the Focus Card

It is a Visa® prepaid debit card that is a convenient alternative to receiving paper checks. Your payments will automatically be direct deposited to your card each payday. You have access to your funds right away and you can use it to make purchases or get cash wherever Visa debit cards are accepted. It's that simple!

MAKE PURCHASES | RELOAD | GET CASH
PAY BILLS | TRACK SPENDING

Getting Started is Easy

1. Sign up today.
2. Your pay will be automatically deposited to your card. Go online to check your balance.
3. Use your card anywhere Visa debit cards are accepted!

Sign Up!

\$0.00 No cost to
sign up.



No credit check
or bank account
required.²

And Save!



Keep more of your
money. No fees to
cash a paycheck.



No waiting for your
paycheck or extra
trips to the bank.

To enroll, please select the US Bank Focus Card Direct Deposit option on your Consumer Direct Care Network Pay Selection Form.



¹ The Visa Zero Liability Policy protects you against unauthorized purchases. U.S.-issued cards only. This does not apply to ATM transactions or to PIN transactions not processed by Visa. You must immediately report any unauthorized use.

² Successful identity verification required. To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. If necessary, we may also ask to see your driver's license or other identifying documents.



Getting Started



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



Follow the activation instructions that accompany your card.



Features



Cash Back Rewards

For purchases at certain retail and restaurant locations.



Savings Account

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



Cash Reload Networks⁵

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



Text and Email Alerts⁴

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



Mobile Banking App⁴

Quickly see your account balance and transaction history.



Track Spending

Online | Phone | Email | Text⁴ | Mobile App

Fee Schedule

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

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

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

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