

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, Middle, 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 – enter if the Attendant has one.

Email – enter the Attendant’s email address.

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.

**Employer Information Section**

Name of EOR – enter EOR’s full name.

EOR Phone and Email – enter both.

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 and EOR sign and date 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 one Attendant-EOR relationship.

If you are the Parent of the EOR, check any additional statements that apply.

If you are the Child of the EOR, check one age description.

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

**3. Attendant-Consumer Live-in Determination** (Figure 3).

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

Check one living arrangement that best describes your situation.

If you live full time with the Consumer, also confirm your Difficulty of Care tax exemption status and provide proof of address.

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

**4. USCIS I-9 Employment Eligibility Verification****Section 1** (Figure 4).

- **Employee:** Complete Section 1 of Form I-9 no later than your first day of work for pay. Please print clearly, and sign and date when you are finished.
- **Employer:** Review Section 1, ensuring your employee has completed it properly.

**Section 2** (Figure 5).

- **Employee:** Present original, unexpired documents to your employer to verify your identity and authorization to work in the United States. The LISTS 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. Print clearly. Complete the certification section with employer name and address information. Sign and date when you are finished.

**5. W-4 Employee's Withholding Allowance Certificate** (Figure 6).

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.

**6. VA-4 Employee's Virginia Income Tax Withholding Exemption Certificate** (Figure 7).

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.

**7. Pay Selection Form** (Figure 8).

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.

**8. Employment Agreement** (Figure 9).

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 3<sup>rd</sup> page.

**9. Criminal History Record Name Search Request** (Figure 10).**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: DMAS will pay for the search fee.

**Affidavit for Release of Information Section**

Signature – Attendant signs here.

Remainder of Section – have a notary fill out.

**10. Child Protective Services Central Registry Form**


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

If the consumer is under 18, this form will be emailed to you from

[CDVADSS@consumerdirectcare.com](mailto:CDVADSS@consumerdirectcare.com). Click the link on the email and follow the instructions to complete the form.

Figure 1. Attendant Data Form

Mandatory



## ATTENDANT DATA FORM

Attendant Information					
Name:	Karen	A	Miller		
	<small>First</small>	<small>Middle</small>	<small>Last</small>		
Physical Address:	123 Apple Valley Drive	Anytown	VA	23230	
	<small>Street</small>	<small>Apt/Unit #</small>	<small>City</small>	<small>State</small>	<small>Zip Code</small>
Mailing Address:	Enter mailing address if different than physical address				
	<small>(if different than physical address) Street/PO Box</small>	<small>Apt/Unit #</small>	<small>City</small>	<small>State</small>	<small>Zip Code</small>
Phone #: Home			Cell	315-123-1234	
Email:	karenmiller2@gmail.com				
Date of Birth:	07/15/1982	Social Security Number:	123	- 45	- 6789
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No – The Consumer is my child and the Consumer is a minor under age 18?					
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No – The Consumer is my spouse?					
<i>If yes to either question above, the Attendant is ineligible to work under this program.</i>					
Employer Information					
Name of Employer of Record (EOR):	John Smith				
EOR Phone #:	888-888-8888				
EOR Email:	jesse@email.com				
Name of Consumer:	Andrew Jones				
Consumer Medicaid ID #:	XXXXXXXXXXXX				
Age of Consumer (check one):	<input checked="" type="checkbox"/> Adult 18 years old or older <input type="checkbox"/> Minor under age 18				


**Note: If the Consumer is a minor, the Attendant must complete a Dept of Social Services background check form.** The form will be sent to the Attendant in an email from Virginia DSS on behalf of Consumer Direct. The email will be from [CDVADSS@ConsumerDirectCare.com](mailto:CDVADSS@ConsumerDirectCare.com) with subject line "Virginia Central Registry Search Authorization". The attendant needs to complete the form in one sitting. Click on the link in the email to begin filling out the DSS background check form.

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	06/01/2023	John Smith	06/01/2023
<small>Attendant Signature</small>	<small>Date</small>	<small>Employer of Record Signature</small>	<small>Date</small>

**Figure 2. Sample Payroll Tax Exemptions Determination Form** Mandatory



## PAYROLL TAX EXEMPTIONS DETERMINATION

Karen A Miller	John Smith	Andrew Jones
<span style="background-color: yellow;">Attendant Name</span>	<span style="background-color: yellow;">Employer of Record (EOR) Name</span>	<span style="background-color: yellow;">Consumer Name</span>

**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**  
Attendant select one relationship below.

☐ **I am the spouse of the Employer.** *Exempt from FICA<sup>1</sup>, FUTA<sup>2</sup>, and SUTA<sup>3</sup>.*

☐ **I am the parent of the Employer.**  
 If parent checked, 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 straight weeks in 3 months.

☐ The EOR is a Check each box that applies if you are the EORs parent. 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.

*Exempt from FUTA and SUTA. Subject to FICA if all three boxes checked above; else FICA exempt.*

☐ **I am the child of the Employer.**  
 If child checked, 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.*

☒ **I am not related to the Employer or my relationship is not described 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

3/2/2021  
Date

John Smith  
Employer of Record Signature

3/2/2021  
Date

**Figure 3. Sample Attendant-Consumer Live-in Determination Form.** Mandatory



## ATTENDANT-CONSUMER LIVE-IN DETERMINATION

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

Attendant Care Workers may be exempt from overtime pay requirements and exempt from paying income taxes. Consumer Direct Care Network (CDCN) will apply exemptions based on your answers below.

**Attendant-Consumer Live-in Status**  
Attendant select one living arrangement below.

1. ☐ I live full time in the same house as the Consumer and have the same physical address.

If Checked Above: If you live full time with the Consumer, send proof of residence to CDCN and check Yes or No to declare your Difficulty of Care status.

- Send proof of residence: bank statement, credit card statement, utility bill, or phone bill.
- ☐ Yes ☐ No I attest that I qualify for IRS Difficulty of Care income tax exclusion. State and Federal income taxes will not be withheld from my pay. For more information please refer to <https://www.irs.gov/pub/irs-drop/n-14-07.pdf>

*Note: Payroll withholding changes are applied at the beginning of the pay period following the processing of your request.*

2. ☐ I live temporarily, but for extended periods with the Consumer (at least 120 hours per week or 5 consecutive days or nights per week).

3. ☒ I live at a separate residence than the Consumer.

**Live-in Attendants (1 or 2 above):** You will be paid at the regular hourly rate for all hours worked. You are exempt from the overtime payment rate. You may submit time worked by Electronic Visit Verification (EVV) mobile application, Interactive Voice Response (IVR) or web portal.

**Non Live-in Attendants (3 above):** Overtime hours worked will be paid at 1.5 times the regular pay rate. You must submit time worked through an approved EVV method.

**Acknowledgement:** The Attendant and Employer of Record agree the statements above are accurate. If living arrangements change, the Attendant must notify CDCN immediately as overtime and tax status will also change.

Karen Miller

Attendant Signature
Date

John Smith

Employer of Record Signature
Date



**Figure 4. Sample Form I-9 Section 1.** Mandatory

**Employee:** Complete Section 1 of Form I-9 no later than your first day of work for pay. Print clearly. Sign and date when you are finished. Numbered explanations below are shown in the pictured example.

- ① Print your full legal name: Last, First and Middle Initial. Provide any other last names used, such as maiden name. Enter "N/A" if you have never had another name.
- ② Print your physical address. A PO Box is not allowed. Enter "N/A" if you have no apartment number.
- ③ Print your Date of Birth.
- 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 one box that describes your citizenship or immigration status in the United States. Enter additional information if you check box 3 or 4.
- ⑧ Sign and ⑨ date the form. **No later than first day of work for pay.**
- ⑩ Submit Supplement A (*Preparer and/or Translator Certification*) if a preparer or translator assisted you.

**Employer:** Review Section 1. Ensure your employee has completed it properly.

<b>Section 1. Employee Information and Attestation:</b> Employees must complete and sign Section 1 of Form I-9 no later than the <b>first day of employment</b> , but not before accepting a job offer.									
<b>Last Name (Family Name)</b> ① <i>Miller</i>	<b>First Name (Given Name)</b> <i>Karen</i>	<b>Middle Initial (if any)</b> <i>A</i>	<b>Other Last Names Used (if any)</b> <i>N/A</i>						
<b>Address (Street Number and Name)</b> ② <i>123 Apple Valley Drive</i>	<b>Apt. Number (if any)</b> <i>N/A</i>	<b>City or Town</b> <i>Anytown</i>	<b>State</b> <i>VA</i>	<b>ZIP Code</b> <i>23230</i>					
<b>Date of Birth (mm/dd/yyyy)</b> ③ <i>07/15/1982</i>	<b>U.S. Social Security Number</b> ④ <i>1 2 3 4 5 6 7 8 9</i>	<b>Employee's Email Address</b> ⑤ <i>karenmiller@email.com</i>		<b>Employee's Telephone Number</b> ⑥ <i>315-123-1234</i>					
<div style="display: flex;"> <div style="width: 30%; border-right: 1px solid black; padding-right: 10px;">           I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.         </div> <div style="width: 70%; padding-left: 10px;"> <b>⑦ Check one of the following boxes</b> to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):           <div style="margin-top: 5px;"> <input checked="" type="checkbox"/> 1. A citizen of the United States  <input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)  <input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)  <input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any) _____           </div> <div style="margin-top: 5px; font-size: small;">             If you check Item Number 4., enter one of these:  <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 30%;">USCIS A-Number</td> <td style="width: 10%; text-align: center;">OR</td> <td style="border-bottom: 1px solid black; width: 30%;">Form I-94 Admission Number</td> <td style="width: 10%; text-align: center;">OR</td> <td style="border-bottom: 1px solid black; width: 20%;">Foreign Passport Number and Country of Issuance</td> </tr> </table> </div> </div> </div>					USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance
USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance					
<b>Signature of Employee</b> ⑧ <i>Karen Miller</i>			<b>Today's Date (mm/dd/yyyy)</b> ⑨ <i>09/15/2023</i>						
If a preparer and/or translator assisted you in completing Section 1, that person <b>MUST</b> complete the <a href="#">Preparer and/or Translator Certification</a> on Page 3.									

**Figure 5. Sample Form I-9 Section 2.** Mandatory

**Employee:** Present original, unexpired documents to your employer to verify your identity and authorization to work in the United States. See LISTS OF ACCEPTABLE DOCUMENTS.

**Employer:** Examine and record the documents your employee provides. The employee must be present while you examine them. Numbered explanations below are shown in the pictured example.

- ① Examine each document. Print the details in the appropriate List column(s). Only accept unexpired, original documents (no photocopies).

You may accept one document from List A OR one from List B and one from List C.

- ② Print the date of the employee's first day of work.

- ③ Print your last name, first name and title. Title is "Employer."

- ④ Sign and ⑤ date the form. **Must be completed and signed within 3 days of employee's first day of work.**

- ⑥ Print your first and last name.

- ⑦ Print physical address where services are provided (the Consumer's home).

List A		OR	List B	AND	List C
Document Title 1		①	Driver's License		Social Security Card
Issuing Authority			State of Residence		SSA
Document Number (if any)			0123456789abcde		123-45-6789
Expiration Date (if any)			08/17/2027		N/A
Document Title 2 (if any)		Additional Information			
Issuing Authority		<p><b>Do not check. You must physically examine documents.</b></p> <p><input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.</p>			
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears 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.					First Day of Employment (mm/dd/yyyy): ② 09/15/2023
Last Name, First Name and Title of Employer or Authorized Representative ③ Smith, John Employer			Signature of Employer or Authorized Representative ④ John Smith		Today's Date (mm/dd/yyyy) ⑤ 09/15/2023
Employer's Business or Organization Name ⑥ John Smith			Employer's Business or Organization Address, City or Town, State, ZIP Code ⑦ 123 Main Street, Anytown VA 23222		



Figure 6. Sample W-4 Employee's Withholding Certificate.

Mandatory

Form <b>W-4</b>		Employee's Withholding Certificate		OMB No. 1545-0074
Department of the Treasury Internal Revenue Service		<p>▶ 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.</p>		
<p><b>Step 1:</b> Enter Personal Information</p>		<p>(a) First name and middle initial Karen, A</p> <p>Last name Miller</p>	<p>(b) Social security number 123-45-6789</p> <p>▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a>.</p>	
<p>Address 123 Apple Valley Drive</p> <p>City or town, state, and ZIP code Anytown VA, 23230</p>		<p>(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.)</p>		
<p><b>Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5.</b> See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at <a href="http://www.irs.gov/W4App">www.irs.gov/W4App</a>, and privacy.</p>				
<p><b>Step 2:</b> Multiple Jobs or Spouse Works</p>		<p>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 <b>only one</b> of the following.  <b>(a)</b> Use the estimator at <a href="http://www.irs.gov/W4App">www.irs.gov/W4App</a> for most accurate withholding for this step (and Steps 3-4); <b>or</b>  <b>(b)</b> Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; <b>or</b>  <b>(c)</b> If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . . . <input type="checkbox"/>  <b>TIP:</b> To be accurate, submit a 2021 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.</p>		
<p><b>Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs.</b> 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.)</p>				
<p><b>Step 3:</b> Claim Dependents</p>		<p>If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):          Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ _____          Multiply the number of other dependents by \$500 . . . . . ▶ \$ _____          Add the amounts above and enter the total here . . . . . <b>3</b> \$ _____</p>		
<p><b>Step 4 (optional):</b> Other Adjustments</p>		<p><b>(a) Other income (not from jobs).</b> 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 . . . . . <b>4(a)</b> \$ _____</p> <p><b>(b) Deductions.</b> 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 . . . . . <b>4(b)</b> \$ _____</p> <p><b>(c) Extra withholding.</b> Enter any additional tax you want withheld each <b>pay period</b> . . . . . <b>4(c)</b> \$ _____</p>		
<p><b>Step 5:</b> Sign Here</p>		<p>Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.</p> <p>▶ <u>Karen Miller</u> ▶ <u>3/2/2021</u>  <b>Employee's signature</b> (This form is not valid unless you sign it.) <b>Date</b></p>		
<p><b>Employers Only</b></p>		Employer's name and address	First date of employment	Employer identification number (EIN)
<p>For Privacy Act and Paperwork Reduction Act Notice, see page 3. Cat. No. 10220Q Form <b>W-4</b> (2021)</p>				

**Figure 7. Sample VA-4 Virginia Employee's Withholding Exemption Certificate.**

**Mandatory**

<div style="display: flex; justify-content: space-between;"> <div style="font-size: 24pt; font-weight: bold;">FORM VA-4</div> <div style="text-align: center;"> <div>COMMONWEALTH OF VIRGINIA</div> <div>DEPARTMENT OF TAXATION</div> <div>PERSONAL EXEMPTION WORKSHEET</div> <div>(See back for instructions)</div> </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


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<div style="display: flex; justify-content: space-between;"> <div style="font-weight: bold;">FORM VA-4</div> <div style="font-weight: bold;">EMPLOYEE'S VIRGINIA INCOME TAX WITHHOLDING EXEMPTION CERTIFICATE</div> </div>			
Your Social Security Number	123-45-6789	Name	Karen A Miller
Street Address			
123 Apple Valley Drive			
City	Anytown	State	VA
		Zip Code	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) 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"/>	
<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div><i>Karen Miller</i></div> <div>03/02/2020</div> </div> <div style="display: flex; justify-content: space-between; align-items: flex-end; font-size: 8pt;"> <div>Signature</div> <div>Date</div> </div>	

**Figure 8. Sample Pay Selection Form.** Mandatory



**PAY SELECTION FORM**

Attendant Name: Karen A Miller
Date of Birth: 07 / 15 / 1982

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 Wisely Card option.

☐ **Direct Deposit to a Wisely Pay Card Account.** I authorize CDCN to issue me a Wisely Pay 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

3/2/2021

Date

10601

**Figure 9. Sample Employment Agreement.** **Mandatory**



## EMPLOYMENT AGREEMENT

Karen A Miller	John Smith
<b>Attendant Name</b>	<b>Employer of Record Name</b>

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 <hr/> <b>Employer of Record, Printed Name</b>	<i>John Smith</i> <hr/> <b>Signature</b>	3/2/2021 <hr/> <b>Date</b>
Karen A Miller <hr/> <b>Attendant, Printed Name</b>	<i>Karen Miller</i> <hr/> <b>Signature</b>	3/2/2021 <hr/> <b>Date</b>



Figure 10. 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):**

☐ DOMESTIC ADOPTION
 ☐ INTERNATIONAL ADOPTION \_\_\_\_\_ COUNTRY \_\_\_\_\_  
☐ VISA (INTERNATIONAL TRAVEL)
 ☒ OTHER (please specify) Employment Screening

**NAME INFORMATION TO BE SEARCHED:**

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_ MAIDEN NAME \_\_\_\_\_

RACE \_\_\_\_\_ SEX \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_  
 / / (MM/DD/YYYY)

**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.

Sign here in front of a Notary Public

\_\_\_\_\_  
Signature

State of \_\_\_\_\_ ☐ County ☐ City of \_\_\_\_\_; to wit: Subscribed and sworn to before me on: \_\_\_\_\_  
(MM/DD/YYYY)

\_\_\_\_\_  
Signature of Notary Public My commission expires: \_\_\_\_\_ My registration # is: \_\_\_\_\_

**SIGNATURE OF PERSON MAKING REQUEST:**

As provided in Section 19.2-389, Code of Virginia, 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 \_\_\_\_\_ ☐ County ☐ City of \_\_\_\_\_; to wit: Subscribed and sworn to before me on: \_\_\_\_\_  
(MM/DD/YYYY)

\_\_\_\_\_  
Signature of Notary Public My commission expires: \_\_\_\_\_ My registration # is: \_\_\_\_\_

**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 300 Arboretum Place, Suite 410	
CITY Richmond STATE VA ZIP CODE 26236	

**FEES FOR SERVICE:**

☒ \$15.00 CRIMINAL HISTORY SEARCH
 ☐ \$20.00 COMBINATION CRIMINAL HISTORY & SEX OFFENDER SEARCH



\* FEES For Volunteers with Non-Profit Organizations:

☐ \$8.00 CRIMINAL HISTORY SEARCH  
☐ \$16.00 COMBINATION CRIMINAL HISTORY & SEX OFFENDER SEARCH

\* 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.

**METHOD OF PAYMENT: (Note: Personal Checks Not Accepted)**

☐ Business or Certified check or Money order (payable to Virginia State Police)

**CHARGE CARD:** ☐ MasterCard  OR ☐ Visa 

Account Number: \_\_\_\_\_ - - - Expiration: \_\_\_\_\_ / \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_

☐ 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


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**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 only.

<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 Sex Offender Registration Record	Purpose code: <input type="checkbox"/> C <input type="checkbox"/> N <input type="checkbox"/> O
<input type="checkbox"/> No Criminal Record – Fingerprint Search <input type="checkbox"/> Criminal Record Attached	

Date: \_\_\_\_\_ By CCRE/ \_\_\_\_\_



09956

