

CADDO VDHCBS LOUISIANA WORKER PAPERWORK CHECKLIST

DOCUMENT NAME	REQUIRED/OPTIONAL
CADDO VDHCBS Employee Set-Up Form	Required
Form W-4	Required
Form L-4: Louisiana	Required
Form I-9: Employment Eligibility Verification	Required
CADDO VDHCBS Relationship Form	Required
Live-In Exemption Form	Required
Employer/Employee Agreement Form	Required
CADDO VDHCBS Payment Election Form	Required
Background Report Authorization Form	Required
Background Check Disclosure	Required

NOTE:

Please ensure all **REQUIRED** documents are filled out accurately before submitting them for processing.



CADDO VDHCBS EMPLOYEE SET-UP FORM

Instructions: Please fill out any information in Sections 1 and 2, where applicable. Both the employee and the employer, or the employer's representative (Legal Guardian or POA), must sign and date the bottom in order to be considered complete. Please submit the completed form to **Premier Financial Management Services** (Premier FMS) via one of the following options:

Mail: 10425 W North Ave. Suite 345 Milwaukee, WI 53226 **Email:** PremierEnrollment@Premier-FMS.com

EMPLOYEE'S INFORMATION

First Name:	Middle Initial:	Last Name:			
Mailing Address:	City:		_ State:	Zip:	
Home #:	Cell #:	Work #: _			
Email Address:					
Date of Birth://	Social Security Number:				
VETERAN'S INFORMATI	ON				
First Name:	Middle Initial:	Last Name:			
Mailing Address:	City:		_ State:	Zip:	
Home #:	Cell #:	Work #: _			
Email Address:					
Date of Birth: / /					
AUTHORIZED REPRESE	NTATIVE INFORMATION				
First Name:	Middle Initial:	Last Name:			
, , ,	fy that the information on this for needed to verify your selection.	m is accurate and th	at you hav	e all suppor	ting
Employee Signature:			Date:	//	
Employer Signature:			Date:	/ /	

Employee's Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.

OMB No. 1545-0074

Give Form W-4 to your employer. Department of the Treasury Your withholding is subject to review by the IRS. Internal Revenue Service (a) First name and middle initial Last name (b) Social security number Step 1: **Enter** Address Does your name match the Personal name on your social security card? If not, to ensure you get Information City or town, state, and ZIP code credit for your earnings. contact SSA at 800-772-1213 or go to www.ssa.gov. Single or Married filing separately Married filing jointly or Qualifying surviving spouse 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.) TIP: Consider using the estimator at www.irs.gov/W4App to determine the most accurate withholding for the rest of the year if: you are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding. 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, and when to use the estimator at www.irs.gov/W4App. Step 2: 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. **Multiple Jobs** or Spouse Do only one of the following. Works (a) Use the estimator at www.irs.gov/W4App for the most accurate withholding for this step (and Steps 3-4). If you or your spouse have self-employment income, use this option; or (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; or (c) 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 generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the 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: If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Claim Multiply the number of qualifying children under age 17 by \$2,000 \$ **Dependent** Multiply the number of other dependents by \$500 \$ and Other **Credits** Add the amounts above for qualifying children and other dependents. You may add to \$ this the amount of any other credits. Enter the total here 3 (a) Other income (not from jobs). If you want tax withheld for other income you Step 4 expect this year that won't have withholding, enter the amount of other income here. (optional): This may include interest, dividends, and retirement income 4(a) |\$ **Other Adjustments** (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 4(b) |\$ (c) Extra withholding. Enter any additional tax you want withheld each pay period . . . 4(c) \$ Step 5: Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete. Sign Here **Employee's signature** (This form is not valid unless you sign it.) **Date Employers** Employer's name and address First date of Employer identification

Only

number (EIN)

employment

Form W-4 (2025) Page **2**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

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, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2025 if you meet both of the following conditions: you had no federal income tax liability in 2024 and you expect to have no federal income tax liability in 2025. You had no federal income tax liability in 2024 if (1) your total tax on line 24 on your 2024 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), 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 2025 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 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 17, 2026.

Your privacy. Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

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

- 1. Are submitting this form after the beginning of the year;
- 2. Expect to work only part of the year;
- 3. Have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), or number of dependents, or changes in your deductions or credits;
- 4. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
- 5. Prefer the most accurate withholding for multiple job situations.

TIP: Have your most recent pay stub(s) from this year available when using the estimator to account for federal income tax that has already been withheld this year. At the beginning of next year, use the estimator again to recheck your withholding.

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. Submit a separate Form W-4 for each job.

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

Instead, if you (and your spouse) have a total of only two jobs, you may 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 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. This step 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. 501, Dependents, Standard Deduction, and Filing Information. You can also include other tax credits for which you are eligible in this step, such as the foreign tax credit and the education tax credits. 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 2025 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.

Form W-4 (2025)

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. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

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	2 a	\$
	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 2025 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income	1	\$
2	Enter: • \$30,000 if you're married filing jointly or a qualifying surviving spouse • \$22,500 if you're head of household • \$15,000 if you're single or married filing separately	2	\$
3	If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. 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 Part II of Schedule 1 (Form 1040)). 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 territories 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.

Form W-4 (2025)

Married Filing Jointly or Qualifying Surviving Spouse Lower Paying Job Annual Taxable Wage & Salary												
Higher Paying Job				Lowe	r Paying	Job Annua	al Taxable	Wage & S	Salary		1	
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	\$0	\$700	\$850	\$910	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020
\$10,000 - 19,999	0	700	1,700	1,910	2,110	2,220	2,220	2,220	2,220	2,220	2,220	3,220
\$20,000 - 29,999	700	1,700	2,760	3,110	3,310	3,420	3,420	3,420	3,420	3,420	4,420	5,420
\$30,000 - 39,999	850	1,910	3,110	3,460	3,660	3,770	3,770	3,770	3,770	4,770	5,770	6,770
\$40,000 - 49,999	910	2,110	3,310	3,660	3,860	3,970	3,970	3,970	4,970	5,970	6,970	7,970
\$50,000 - 59,999	1,020	2,220	3,420	3,770	3,970	4,080	4,080	5,080	6,080	7,080	8,080	9,080
\$60,000 - 69,999	1,020	2,220	3,420	3,770	3,970	4,080	5,080	6,080	7,080	8,080	9,080	10,080
\$70,000 - 79,999	1,020	2,220	3,420	3,770	3,970	5,080	6,080	7,080	8,080	9,080	10,080	11,080
\$80,000 - 99,999	1,020	2,220	3,420	4,620	5,820	6,930	7,930	8,930	9,930	10,930	11,930	12,930
\$100,000 - 149,999	1,870	4,070	6,270	7,620	8,820	9,930	10,930	11,930	12,930	14,010	15,210	16,410
\$150,000 - 239,999	1,870	4,240	6,640	8,190	9,590	10,890	12,090	13,290	14,490	15,690	16,890	18,090
\$240,000 - 259,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
\$260,000 - 279,999	2,040	4,440	6,840	8,390	9,790	11,100 11,100	12,300	13,500	14,700	15,900	17,100	18,300
\$280,000 - 299,999 \$300,000 - 319,999	2,040 2,040	4,440 4,440	6,840 6,840	8,390 8,390	9,790 9,790	11,100	12,300 12,300	13,500 13,500	14,700 14,700	15,900 15,900	17,100 17,170	18,300 19,170
\$320,000 - 319,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	14,470	16,470	18,470	20,470	22,470
\$365,000 - 524,999	2,790	6,290	9,790	12,440	14,940	17,350	19,650	21,950	24,250	26,550	28,850	31,150
\$525,000 and over	3,140	6,840	10,540	13,390	16,090	18,700	21,200	23,700	26,200	28,700	31,200	33,700
				Single o	r Marrie							
Higher Paying Job				Lowe	r Paying .	Job Annua	al Taxable	Wage & S	Salary			
Annual Taxable	\$0 -	\$10,000 -	\$20,000 -	\$30,000 -	\$40,000 -	\$50,000 -	\$60,000 -	\$70,000 -	\$80,000 -	\$90,000 -	\$100,000-	\$110,000 -
Wage & Salary	9,999	19,999	29,999	39,999	49,999	59,999	69,999	79,999	89,999	99,999	109,999	120,000
\$0 - 9,999	\$200	\$850	\$1,020	\$1,020	\$1,020	\$1,370	\$1,870	\$1,870	\$1,870	\$1,870	\$1,870	\$2,040
\$10,000 - 19,999	850	1,700	1,870	1,870	2,220	3,220	3,720	3,720	3,720	3,720	3,890	4,090
\$20,000 - 29,999	1,020	1,870	2,040	2,390	3,390	4,390	4,890	4,890	4,890	5,060	5,260	5,460
\$30,000 - 39,999 \$40,000 - 59,999	1,020 1,220	1,870 3,070	2,390 4,240	3,390 5,240	4,390 6,240	5,390 7,240	5,890 7,880	5,890 8,080	6,060 8,280	6,260 8,480	6,460 8,680	6,660 8,880
\$60,000 - 79,999	1,870	3,720	4,890	5,890	7,030	8,230	8,930	9,130	9,330	9,530	9,730	9,930
\$80,000 - 99,999	1,870	3,720	5,030	6,230	7,430	8,630	9,330	9,530	9,730	9,930	10,130	10,580
\$100,000 - 124,999	2,040	4,090	5,460	6,660	7,860	9,060	9,760	9,960	10,160	10,950	11,950	12,950
\$125,000 - 149,999	2,040	4,090	5,460	6,660	7,860	9,060	9,950	10,950	11,950	12,950	13,950	14,950
\$150,000 - 174,999	2,040	4,090	5,460	6,660	8,450	10,450	11,950	12,950	13,950	15,080	16,380	17,680
\$175,000 - 199,999	2,040	4,290	6,450	8,450	10,450	12,450	13,950	15,230	16,530	17,830	19,130	20,430
\$200,000 - 249,999	2,720	5,570	7,900	10,200	12,500	14,800	16,600	17,900	19,200	20,500	21,800	23,100
\$250,000 - 399,999	2,970	6,120	8,590	10,890	13,190	15,490	17,290	18,590	19,890	21,190	22,490	23,790
\$400,000 - 449,999	2,970	6,120	8,590	10,890	13,190	15,490	17,290	18,590	19,890	21,190	22,490	23,790
\$450,000 and over	3,140	6,490	9,160	11,660	14,160	16,660	18,660	20,160	21,660	23,160	24,660	26,160
Higher Poving Joh						Househo Job Annua		Wage & 9	Salary			
Higher Paying Job Annual Taxable	\$0 -	\$10,000 -	\$20,000 -	\$30,000 -	\$40,000 -	\$50,000 -	\$60,000 -	\$70,000 -	\$80,000 -	\$90,000 -	\$100,000-	\$110,000-
Wage & Salary	9,999	19,999	29,999	39,999	49,999	59,999	69,999	79,999	89,999	99,999	109,999	120,000
\$0 - 9,999	\$0	\$450	\$850	\$1,000	\$1,020	\$1,020	\$1,020	\$1,020	\$1,870	\$1,870	\$1,870	\$1,890
\$10,000 - 19,999	450	1,450	2,000	2,200	2,220	2,220	2,220	3,180	4,070	4,070	4,090	4,290
\$20,000 - 29,999	850	2,000	2,600	2,800	2,820	2,820	3,780	4,780	5,670	5,690	5,890	6,090
\$30,000 - 39,999	1,000	2,200	2,800	3,000	3,020	3,980	4,980	5,980	6,890	7,090	7,290	7,490
\$40,000 - 59,999	1,020	2,220	2,820	3,830	4,850	5,850	6,850	8,050	9,130	9,330	9,530	9,730
\$60,000 - 79,999	1,020	3,030	4,630	5,830	6,850	8,050	9,250	10,450	11,530	11,730	11,930	12,130
\$80,000 - 99,999	1,870	4,070	5,670	7,060	8,280	9,480	10,680	11,880	12,970	13,170	13,370	13,570
\$100,000 - 124,999	1,950	4,350	6,150	7,550	8,770	9,970	11,170	12,370	13,450	13,650	14,650	15,650
\$125,000 - 149,999 \$150,000 - 174,000	2,040	4,440	6,240	7,640	8,860	10,060	11,260	12,860	14,740	15,740	16,740	17,740
\$150,000 - 174,999 \$175,000 - 199,999	2,040 2,040	4,440 4,440	6,240 6,640	7,640 8,840	8,860 10,860	10,860 12,860	12,860 14,860	14,860 16,910	16,740 19,090	17,740 20,390	18,940 21,690	20,240 22,990
\$200,000 - 249,999	2,720	5,920	8,520	10,960	13,280	15,580	17,880	20,180	22,360	23,660	24,960	26,260
\$250,000 - 249,999	2,970	6,470	9,370	11,870	14,190	16,490	18,790	21,090	23,280	24,580	25,880	27,180
\$450,000 and over	3,140	6,840	9,940	12,640	15,160	17,660	20,160	22,660	25,050	26,550	28,050	29,550
									· · · · ·			



Employee Withholding Exemption Certificate (L-4)

Purpose: Complete form L-4 so that your employer can withhold the correct amount of state income tax from your salary.

Instructions: Employees who are subject to state withholding should complete the personal allowances worksheet indicating the number of withholding personal exemptions in Block A and the number of dependency credits in Block B.

- Employees must file a new withholding exemption certificate within 10 days if the number of their exemptions decreases, except if the change is the result of the death of a spouse or a dependent.
- Employees may file a new certificate any time the number of their exemptions increases.
- · Line 8 should be used to increase or decrease the tax withheld for each pay period. Decreases should be indicated as a negative amount.

Penalties will be imposed for willfully supplying false information or willful failure to supply information that would reduce the withholding exemption.

This form must be filed with your employer. If an employee fails to complete this withholding exemption certificate, the employer must withhold Louisiana income tax from the employee's wages without exemption.

Note to Employer: Keep this certificate with your records.

	1- /

• Enter "0" to claim neither yourself nor your spouse, and check "No exemptions or dependents claimed" under number 3 below. You may enter "0" if you are married, and have a working spouse or more than one job to avoid having too little tax withheld.

Α.

- Enter "1" to claim yourself, and check "Single" under number 3 below if you did not claim this exemption in connection with other employment, or if your spouse has not claimed your exemption. If you will file as head of household, enter "1" to claim one personal exemption and check "Single" under number 3 below.
- Enter "2" to claim yourself and your spouse, and check "Married" under number 3 below.

Block B

Enter the number of dependents, not including yourself or your spouse, whom you will claim on your tax return. If no dependents

•		

are claimed, e	nter "0."	ioni you will olain	Ton your tax rotain. If	no dopondomo	B.
3-	Cut here and give the bottom portion of certificate to	o your employe	r. Keep the top porti	on for your reco	rds.
Form L-4					
Louisiana Department of Revenue	Employee's Withh	nolding A	llowance C	ertificate	
1. Type or print f	irst name and middle initial	Last name			
2. Social Securit	y Number	3. Select one ☐ No exemp	tions or dependents o	claimed □ Sinç	gle □ Married
4. Home address	s (number and street or rural route)				
5. City State				ZIP	
6. Total number	of exemptions claimed in Block A			6.	
7. Total number	of dependents claimed in Block B			7.	
8. Increase or dec	crease in the amount to be withheld each pay period. Decrease	es should be indica	ated as a negative amo	ount. 8.	
	he penalties imposed for filing false reports that the number hich I am entitled.	of exemptions ar	nd dependency credit	s claimed on this o	ertificate do not exceed
Employee's sign	ature			Date	
	The following is to be	completed by	employer.		
9. Employer's na	me and address	T	state withholding ac	count number	



Employment Eligibility Verification

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS Form I-9

OMB No.1615-0047 Expires 07/31/2026

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the Instructions.

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

, ,		5 1	,	,		1, 3		,	3	, 3
Section 1. Employee day of employment,				ees must comp	ete and s	ign Section	on 1 of Fo	orm I-9 no	o later tha	an the first
Last Name (Family Name)		First Nam	e (Given Name))	Middle Initi	al (if any)	Other Last	Names Use	ed (if any)	
Address (Street Number ar	nd Name)	,	Apt. Number (if	any) City or Town	1			State	ZIP (Code
Date of Birth (mm/dd/yyyy)	U.S. Soc	cial Security Numbe	er Emplo	oyee's Email Addres	s			Employee's	s Telephone	Number
I am aware that federa provides for imprison fines for false stateme	ment and/or	_	following boxes of the United S	to attest to your citi	zenship or ir	nmigration s	status (See	page 2 and	3 of the ins	tructions.):
use of false document	s, in	2. A nonciti	izen national of	the United States (S	See Instruction	ons.)				
connection with the co		3. A lawful	permanent resid	dent (Enter USCIS	or A-Number	.)				
this form. I attest, und		☐ 4 A nonciti	izen (other than	Item Numbers 2. a	and 3 ahove) authorized	to work un	til (eyn date	e if anv)	
of perjury, that this inf including my selection		1. /t Horiota	izon (otnor than	nom numbere 2.	a 0 . abovo	, addition200	to work arr	iii (oxp. date		
attesting to my citizen		If you check Item	Number 4., ent	ter one of these:						
immigration status, is		USCIS A-Nui	mber	Form I-94 Admissi	on Number	Forei	ign Passpo	rt Number	and Count	ry of Issuance
correct.	ii uo uii u		OR			OR	•			
Signature of Employee					Too	day's Date (mm/dd/yyyy	/)		
If a preparer and/or to	ranslator assist	ted you in complet	ing Section 1,	that person MUST	complete ti	ne Preparei	r and/or Tra	nslator Ce	rtification o	on Page 3.
Section 2. Employer business days after the e authorized by the Secret documentation in the Add	employee's firs ary of DHS, do	it day of employm ocumentation fror ation box; see Ins	nent, and mus n List A OR a structions.	t physically exam combination of d	ine, or exa ocumentati	mine cons on from Li	istent with st B and L	nd sign Se an alterna ist C. Ento	ative proce er any add	thin three dure litional
		List A	OR	Lis	st B	Α	ND		List C	
Document Title 1										
Issuing Authority										
Document Number (if any) Expiration Date (if any)										
Document Title 2 (if any)			Add	itional Informati	on					
Issuing Authority										
Document Number (if any)										
Expiration Date (if any)										
Document Title 3 (if any)										
Issuing Authority										
Document Number (if any)										
Expiration Date (if any)				Check here if you us	ed an alterna	ative proced	lure authoriz		to examine	
Certification: I attest, unde employee, (2) the above-lis best of my knowledge, the	sted documenta	ation appears to be	e genuine and	to relate to the em				(mm/dd/)	, ,	nent
Last Name, First Name and	Title of Employe	r or Authorized Rep	presentative	Signature of Em	ployer or Au	thorized Re	presentative	е	Today's Da	te (mm/dd/yyyy)
Employer's Business or Orga	anization Name		Employer's	Business or Organiz	zation Addre	ss, City or T	own, State,	ZIP Code		

For reverification or rehire, complete Supplement B, Reverification and Rehire on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

Examples of many of these documents appear in the Handbook for Employers (M-274).

LIST A		LIST B	LIST C
Documents that Establish Both Identity and Employment Authorization	OR	Documents that Establish Identity ANI	D Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		Driver's license or ID card issued by a State or outlying possession of the United States	A Social Security Account Number card, unless the card includes one of the following restrictions:
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		provided it contains a photograph or information such as name, date of birth,	(1) NOT VALID FOR EMPLOYMENT
Foreign passport that contains a temporary I-551 stamp or temporary		gender, height, eye color, and address 2. ID card issued by federal, state or local	(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION
I-551 printed notation on a machine- readable immigrant visa		government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color,	(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
 Employment Authorization Document that contains a photograph (Form I-766) 		and address	2. Certification of report of birth issued by the
5. For an individual temporarily authorized		3. School ID card with a photograph	Department of State (Forms DS-1350, FS-545, FS-240)
to work for a specific employer because of his or her status or parole:		4. Voter's registration card	3. Original or certified copy of birth certificate
a. Foreign passport; and		5. U.S. Military card or draft record	issued by a State, county, municipal authority, or territory of the United States
b. Form I-94 or Form I-94A that has		6. Military dependent's ID card	bearing an official seal
the following: (1) The same name as the		7. U.S. Coast Guard Merchant Mariner Card	Native American tribal document
passport; and		8. Native American tribal document	5. U.S. Citizen ID Card (Form I-197)
(2) An endorsement of the individual's status or parole as long as that period of		Driver's license issued by a Canadian government authority	6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or		For persons under age 18 who are unable to present a document listed above:	7. Employment authorization document issued by the Department of Homeland Security
limitations identified on the form.		10. School record or report card	For examples, see Section 7 and Section 13 of the M-274 on
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the		11. Clinic, doctor, or hospital record	uscis.gov/i-9-central. The Form I-766, Employment
Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		12. Day-care or nursery school record	Authorization Document, is a List A, Item Number 4. document, not a List C document.
	l	Acceptable Receipts	
May be prese	ented	in lieu of a document listed above for a to	emporary period.
		For receipt validity dates, see the M-274.	
Receipt for a replacement of a lost, stolen, or damaged List A document.	OR	Receipt for a replacement of a lost, stolen, or damaged List B document.	Receipt for a replacement of a lost, stolen, or damaged List C document.
 Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. 			
Form I-94 with "RE" notation or refugee stamp issued to a refugee.			

^{*}Refer to the Employment Authorization Extensions page on <u>I-9 Central</u> for more information.

Form I-9 Edition 08/01/23 Page 2 of 4



Last Name (Family Name) from Section 1.

Supplement A, Preparer and/or Translator Certification for Section 1

Department of Homeland Security

U.S. Citizenship and Immigration Services

First Name (Given Name) from Section 1.

USCIS Form I-9 Supplement A OMB No. 1615-0047 Expires 07/31/2026

Middle initial (if any) from Section 1.

Instructions: This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.									
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.									
Signature of Preparer or Translator		Date (mm/dd/yyyy	<i>(</i>)						
Last Name (Family Name)	First Name (Given I	Name)	Middle Initial (if any)						
Address (Street Number and Name)	City or Town	State	ZIP Code						

Signature of Preparer or Translator

Last Name (Family Name)

First Name (Given Name)

Middle Initial (if any)

Address (Street Number and Name)

City or Town

State

ZIP Code

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.

Signature of Preparer or Translator			Date (mm	/dd/yyyy)	
Last Name (Family Name)	First I	Name (Given Name)			Middle Initial (if any)
Address (Street Number and Name)		City or Town		State	ZIP Code

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.

Signature of Preparer or Translator			Date (mn	n/dd/yyyy)	
Last Name (Family Name)	First I	Name (Given Name)			Middle Initial (if any)
Address (Street Number and Name)		City or Town		State	ZIP Code

Form I-9 Edition 08/01/23 Page 3 of 4



Supplement B, **Reverification and Rehire (formerly Section 3)**

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS Form I-9 Supplement B OMB No. 1615-0047 Expires 07/31/2026

Last Name (Family Name) from Section 1.	First Name (Given Name) from Section 1.	Middle initial (if any) from Section 1.

Instructions: This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires

the employee's name in the completing this page. Kee	e fields above. Use a new s	section for each reverifica mployee's Form I-9 record	tion or rehire. Review the Fo	orm I-9	instructions	
Date of Rehire (if applicable)	New Name (if applicable)					
Date (mm/dd/yyyy)	Last Name (Family Name)		First Name (Given Name)			Middle Initial
	i ee requires reverification, you prization. Enter the document		present any acceptable List A pelow.	or List	C documentat	ion to show
Document Title		Document Number (if any)		Expir	ation Date (if an	y) (mm/dd/yyyy)
			yee is authorized to work in o be genuine and to relate to			
Name of Employer or Authorize	ed Representative	Signature of Employer or Aut	horized Representative		Today's Date	(mm/dd/yyyy)
Additional Information (Initi	al and date each notation.)					ou used an edure authorized mine documents.
Date of Rehire (if applicable)	New Name (if applicable)					
Date (mm/dd/yyyy)	Last Name (Family Name)		First Name (Given Name)			Middle Initial
	ee requires reverification, you orization. Enter the document		present any acceptable List A oclow.	or List	C documentat	ion to show
Document Title		Document Number (if any)		Expir	ation Date (if an	y) (mm/dd/yyyy)
			yee is authorized to work in o be genuine and to relate to			
Name of Employer or Authorize	ed Representative	Signature of Employer or Autl	norized Representative		Today's Date	(mm/dd/yyyy)
Additional Information (Initi	al and date each notation.)					ou used an edure authorized nine documents.
Date of Rehire (if applicable)	New Name (if applicable)					
Date (mm/dd/yyyy)	Last Name (Family Name)		First Name (Given Name)			Middle Initial
	ee requires reverification, you orization. Enter the document		present any acceptable List A opelow.	or List	C documentat	ion to show
Document Title		Document Number (if any)		Expir	ation Date (if an	y) (mm/dd/yyyy)
I attest, under penalty of employee presented doc	perjury, that to the best of r umentation, the documenta	ny knowledge, this emplo tion I examined appears t	yee is authorized to work in o be genuine and to relate to	the Ur	nited States, a ndividual who	and if the presented it.
Name of Employer or Authorize	ed Representative	Signature of Employer or Aut	horized Representative		Today's Date	(mm/dd/yyyy)
Additional Information (Initi	al and date each notation.)					ou used an edure authorized nine documents.

Form I-9 Edition 08/01/23 Page 4 of 4



CADDO VDHCBS RELATIONSHIP FORM

Instructions: Please fill out all of the information in Section 1 and select the correct relationship in Section 2. Both the worker and the Veteran, or the Employer of Record, must sign and date the bottom in order to be considered complete. Please submit the completed form to **Premier Financial Management Services** (Premier FMS) via one of the following options:

10 Su	ail: 425 W North Ave. ite 345 Iwaukee, WI 53226				Email: PremierEnrollment@Premier-FMS.com				
SE	CCTION 1:								
Wo	orker Name:					_ Dat	e of Birth:/	/	
Ve ⁻	teran Name:								
Em	nployer of Record Name:								
SE	CTION 2: (Please selec	t your	legal relationship	to the	employer.)				
	Parent*±		Spouse*±		Stepparent*		Ex-Spouse		
	Daughter/Son [‡]		Grandparent		Grandchild		Other:		
	Friend		Sibling		Stepchild [†]				
	Worker		Neighbor						
*	Due to your relation with the employer current legislation, are exempt from processes for unemploying insurance (FUTA and If your employment the employer is terminally you will not refund unemployment benefits	and you payrol ymen SUI) with nated eceive	the emplication legislation from payst Security and Security and Security and it means	oloyer n, you vroll ta and M payin and M you a	elationship with and current u are exempt exes for Social edicare (FICA), g into Social edicare (FICA), are not earning work credits.	Ŧ	Due to your the child of the current legisla exempt from p State Unemploy (SUI) until you and Social Medicare (FICA Unemployment until your 21st legislations)	e employed tion, you payroll tax yment Insu r 18th bi Security A) and F t Tax Act (er and u are tes for urance rthday and
do	signing below, you cert cumentation that may b ationship you are require	e nee	ded to verify your	select	ion. Please be av	vare t	hat if any chang	ges occur	
Wo	orker Signature:						Date:/	′/	
Em	nployer Signature:						Date:/	/	



LIVE-IN EXEMPTION FORM

Under the Fair Labor Standards Act (FLSA), household employers are required to pay overtime to employees who work more than 40 hours in a single workweek, unless the employee qualifies as a live-in domestic service worker.

DEFINITION OF A DOMESTIC SERVICE WORKER:

A worker resides on the employer's premises permanently when he or she lives, works, and sleeps on the employer's premises seven days per week and therefore has no home of his or her own other than the one provided by the employer under the employment agreement.

(OR)

A worker resides on the employer's premises for an extended period when he or she lives, works and sleeps on the employer's premises for five days a week (120 hours or more). If a domestic worker spends less than 120 hours per week working and sleeping on the employer's premises, but spends five consecutive days or nights residing on the premises, this also constitutes an extended period.

Does your employee qualify as a live-in worker? ☐ Yes ☐ No			
Veteran/Employer:			
Employer of Record:			
Please note that it is your responsibility to let Premier Financial Manage when the employee no longer lives with the employer.	ement Services (Pi	remier	FMS) know
Will the employee provide transportation services to the participant?	☐ Yes ☐ □	No	
If you selected "yes," please provide the following: Expired documents (insurance, driver's license, and registration) may cause mileage not responsibility to keep the information current with Premier FMS.	to be paid or a delay	in paym	nent. It is your
 □ Current valid driver's license □ Copy of current motor vehicle insurance certificate listing the policy exp □ Copy of current motor vehicle registration 	oiration date		
Veteran Signature:	Date:	/	/
Individual Provider/Employee Signature:	Date:	/	/

Please submit the completed form to Premier FMS via email or fax.

Mail: 10425 W North Ave. Suite 345 Milwaukee, WI 53226

Emaii:

PremierEnrollment@Premier-FMS.com



EMPLOYER/EMPLOYEE AGREEMENT FORM

	s Employer/Employee Agreement is entered into this day of,,, ween, [Employee].
	IPLOYEE RESPONSIBILITIES
em	(Employee), am aware and agree that my employment is conditioned on my ployer's participation in the CADDO VDHCBS Program. If my employer ends his or her participation in the DDO VDHCBS Program, my employment may end. I agree to the following terms of employment:
1.	During the term of this Agreement, I shall provide support to my employer by performing the duties outlined in this agreement and any attachments to it.
2.	I agree to assist my employer in maintaining the documentation and records required by my employer or I agree to complete all necessary paperwork to secure mandatory payroll deductions from my pay.
	All records I may have or assist in maintaining are the property of my employer. I will keep these records confidential, release them only with the consent of my employer, and return them to my employer if my employment ends.
3.	I shall immediately notify a physician, or call 9-1-1 if my employer experiences a medical emergency or illness.
4.	I agree to participate in any meetings if requested to do so by my employer.
5.	I agree to abide by all of my employer's rules regarding my employment duties to the employer through the CADDO VDHCBS Program and I acknowledge receipt of the following rules:
	☐ I am 18 years old or older, and a US Citizen or Legal Alien.
	☐ I am able to demonstrate an ability to perform tasks employer requests.
	☐ I will document time-in and time-out for each shift. Must use a standardized form, which my employer or Premier Financial Management Services will supply.
	\square I will adhere to the work hours given to me and understand overtime is not allowed.
6.	I understand that this is an employment at will relationship, which can be terminated by me or my employer at any time. However, my employer cannot terminate my employment on the basis of my race, religion, sex, disability, or other protected status under Federal or state law. In addition, I agree to give seven days written notice to my employer if I terminate my employment.
7.	I understand and acknowledge that my employer is my sole employer and that I am not an employee of

Premier Financial Management Services, or any other State or Federal Agency.

my employer's program and for its role in administering the CADDO VDHCBS Program.

8. I agree to not to sue Premier Financial Management Services for its role as the financial administrator of

9.	I agree to the following compensation for the services I shall perform: \$ an hour.							
10.	. I understand that if my employer goes into the hospital, or other medical care setting, I cannot be paid during their absence.							
11.	I will not submit timesheets for any hours of work I have not performed, if so, falsifying timesheets will cause for legal proceedings to be pursued							
EM	PLOYER RESPONSIBILITIES							
l,	(Employer),							
1.	. Will provide Premier Financial Management Services with the necessary documentation to assure timely compensation of my employee.							
2.	Will compensate my employee in the following manner: \$ an hour.							
3.	I understand I am approved for a specific number of hours a month for service(s) and I will only bill for the amount authorized on my plan. If I need additional hours, I will consult with my Case Manager before I allow my employee to work additional hours.							
4.	Payroll will be handled by Premier Financial Management Services which will withhold all necessary taxes, unemployment, and other withholdings from the employee's paycheck.							
5.	I will assure my employee receives appropriate training.							
6.	I will evaluate the performance of my employee and provide appropriate feedback to assure that I am receiving quality supports.							
7.	I understand that if I go into the hospital or other medical care setting, my employee cannot be paid during that time.							
8.	I will sign off/approve any timesheets for hours worked by my employee(s). I understand falsifying timesheets will cause for legal proceedings to be pursued.							
9.	I understand I must treat my employee(s) with respect and that I cannot solicit them for anything or harass them in any way (sexually or verbally).							
Em	oloyee Signature: Date://							
	ployer Signature: Date://							
	any questions or concerns, please contact our office at (855) 387-1377. Please submit the completed m to Premier FMS via one of the following options below:							
	il: Email: .25 W North Ave. PremierEnrollment@Premier-FMS.com .25 W North Ave.							

Milwaukee, WI 53226



 \perp

CADDO VDHCBS PAYMENT ELECTION FORM

Instructions: Please check the appropriate box in Section 1 and fill out any information in Section 2, where applicable. If paycard box is checked, skip Section 3. If paper check box is checked, skip Sections 3 and 4. If neither paycard box nor paper check box is selected, please proceed to fill out Sections 3 and 4. After entering the Financial Institution information in Section 3, please attach the required documentation as listed. Review Sections 4 and 5, then sign and date. The form must be signed and dated at the bottom in order to be considered complete. For any questions or concerns, please contact our office at (855) 387-1377.

Mail: 10425 W North Ave. Suite 345 Milwaukee, WI 53226		Email: PremierEnrollment@Premier-FMS.com				
SECTION 1: (Check on	e box ONLY)		Effective D	ate:/		
New DD Set Up] New Paycard Set-Up	Existing PaycardSet-Up	☐ Paper Check	Cancel DD/ Paycards		
SECTION 2: (Please pr	int clearly)					
Employer Information:						
Employer Name:						
Employee Information:						
Employee Name:						
Last 4 Digits of SSN:		Employer Name:				
Vendor Information:						
Vendor Name:		Cor	ntact Number:			
Contact person:		Em	ail Address:			
SECTION 3:						
Name of Financial Institu	ition:					
Type of Account:	☐ Checking	☐ Savings		Percentage: %		
Г				٦		
		KING ACCOUNT: Tape a vo	pided check here.			
	routing and	IGS ACCOUNT: Attach lette account numbers. be typed on bank's letterheac				

See Other Side Rev. 4/21



CADDO VDHCBS PAYMENT ELECTION FORM

Nam	e of Financial Institu	tion:		
Туре	of Account:	☐ Checking	Savings	Percentage:%
	Γ			٦
		FOR CHECKING A (No starter check or	ACCOUNT: Tape a voided check deposit slip.)	chere.
		routing and account	COUNT: Attach letter from ban numbers. od on bank's letterhead.)	k with
	L			Д
SEC	TION 4:			
Che	ck Stubs:			
	I hereby elect to re-	ceive my check stubs via m	ail, not online.	
SEC	TION 5: (Check one	e box ONLY)		
Auth	orization for Set-U	p, Change, or Cancellation	n:	
	and/or reimbursem FMS permission to	nents. Premier FMS is not re o correct and/or adjust any ot. This authorization is to re	sponsible for any erroneous infor- electronic funds transfer resulting	osit any amount owed to me for wages mation provided. Also, I grant Premier g from an erroneous overpayment by emier FMS receives written notification
	Management Servi an erroneous overy and fees associated	ces (Premier FMS) permiss payment by debiting my ac d with using the aforemention	ion to correct and/or adjust any eccount. I acknowledge I have rece	ransfer. I also grant Premier Financia electronic funds transfer resulting from eived a copy of the terms, conditions is to remain in full force and effect unti
			ment Services to stop making ele yroll checks rather than a direct d	ctronic transfers to my account. I also eposit.
Sign	ature:			Date://
	*Please note, you	r first payment may be a p	paper check.	
	Paycard Number: (For office use only)			

Authorization to Obtain Employment Background Report

I have read the Disclosure Regarding Employment Background Report provided by Premier Healthcare Services ("COMPANY") and this Authorization to Obtain Employment Background Report. By my signature below, I hereby consent to the preparation by Sterling Infosystems, Inc. ("STERLING TALENT SOLUTIONS"), a consumer reporting agency located at 1 State Street, New York NY 10004, (877) 424-2457, www.sterlingtalentsolutions.com, of background reports regarding me and the release of such reports to the COMPANY and its designated representatives, to assist the COMPANY in making an employment decision involving me at any time after receipt of this authorization and throughout my employment, to the extent permitted by law. To this end, I hereby authorize, without reservation, any state or federal law enforcement agency or court, educational institution, motor vehicle record agency or other information service bureau or data repository, or employer to furnish any and all information regarding me to STERLING and/or the COMPANY itself, and authorize STERLING to provide such information to the COMPANY. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

Washington State Applicants only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

California, Massachusetts, Minnesota, New Jersey and Oklahoma Applicants Only: Please check the box to the left if you would like a free copy of any REPORT obtained by COMPANY from Sterling.

New York Applicants Only: By signing the authorization, you acknowledge that you have received a copy of New York Correction Law Article 23-A. You have the right, upon written request, to be informed whether an investigative consumer REPORT was requested. If such a REPORT was requested, you will be provided with the name and address of the consumer reporting agency that prepared the REPORT and you can contact that agency to inspect or receive a copy of the REPORT.

Background Data Collection

irst Name Data Security Number Primary Telephone Number (no dash Current Address (Include Apt #)	ate of Bi		ne or Initi		e
Date Name Date Date Date Date Date Date Date Dat	ate of Bi		IDDYYYY O) O	e
Other Names Known By Social Security Number Primary Telephone Number (no dash		irth (MM	0	0	e
ther Names Known By ocial Security Number Primary Telephone Number (no dash		irth (MM	0	0	e
ocial Security Number Primary Telephone Number (no dash	hes)		Male	Femal	e
ocial Security Number Primary Telephone Number (no dash	hes)		Male	Femal	e
	hes)				
	hes)				
urrent Address (Include Apt #)					
urrent Address (Include Apt #)					
		***		#yrs	at address
ty State	te	Zip (Code		_
evious Address (Include Apt #)			11	#v	rs at addres
				ΙΤ	7
ty State	te	Zip (Code		_
	Ī	L.p.			
river's License Number (no dashes)	nse Sta	ato			
Tiver's Electise Number (no dashes)				T	7
mail Address					

Disclosure Regarding Employment Background Report

Premier Healthcare Services ("COMPANY") may obtain from Sterling Infosystems, Inc. ("STERLING TALENT SOLUTIONS"), 1 State Street, New York, NY 10004, (877) 424-2457, www.sterlingtalentsolutions.com, a consumer report and/or an investigative consumer report ("REPORT") that contains background information about you in connection with your employment or employment application. If you are hired, to the extent permitted by law, COMPANY may obtain from STERLING further reports throughout your employment for an employment purpose without providing further disclosure or obtaining additional consent.

The REPORT may contain information about your character, general reputation, personal characteristics and mode of living. The REPORT may include, but is not limited to, credit reports and credit history information; criminal and other public records and history; public court records (e.g., bankruptcies, tax liens and judgments); motor vehicle and driving records; educational and employment history, including professional disciplinary actions; drug/alcohol test results; and Social Security verification and address history, subject to any limitations imposed by applicable federal and state law. This information may be obtained from public record and private sources, including credit bureaus, government agencies and judicial records, former employers and educational institutions, and other sources.

If an investigative consumer REPORT is obtained, in addition to the description above, the nature and scope of any such REPORT will be employment verifications and references, or personal references.

Para información en español, visite www.consumerfinance.gov/learnmore o escribe al Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

- You must be told if information in your file has been used against you. Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- You have the right to know what is in your file. You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - o you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - o you are on public assistance;
 - o you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

 You have the right to ask for a credit score. Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

- You have the right to dispute incomplete or inaccurate information. If you
 identify information in your file that is incomplete or inaccurate, and report it to
 the consumer reporting agency, the agency must investigate unless your dispute
 is frivolous. See www.consumerfinance.gov/learnmore for an explanation of
 dispute procedures.
- Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information. Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- Consumer reporting agencies may not report outdated negative information. In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- Access to your file is limited. A consumer reporting agency may provide
 information about you only to people with a valid need -- usually to consider an
 application with a creditor, insurer, employer, landlord, or other business. The
 FCRA specifies those with a valid need for access.
- You must give your consent for reports to be provided to employers. A
 consumer reporting agency may not give out information about you to your
 employer, or a potential employer, without your written consent given to the
 employer. Written consent generally is not required in the trucking industry. For
 more information, go to www.consumerfinance.gov/learnmore.
- You may limit "prescreened" offers of credit and insurance you get based on information in your credit report. Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- You may seek damages from violators. If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

• Identity theft victims and active duty military personnel have additional rights. For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS	CONTACT
1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates	a. Consumer Financial Protection Bureau 1700 G. Street N.W. Washington, DC 20552
b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:	b. Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357
2. To the extent not included in item 1 above	e :
a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks	a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050
b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act	b. Federal Reserve Consumer Help Center P.O. Box. 1200 Minneapolis, MN 55480
c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations	c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106

d. Federal Credit Unions	d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314
3. Air carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20423
4. Creditors Subject to the Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423
5. Creditors Subject to the Packers and Stockyards Act, 1921	Nearest Packers and Stockyards Administration area supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., 8th Floor Washington, DC 20549
7. Brokers and Dealers	Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549

8. Federal Land Banks, Federal Lank Bank	Farm Credit Administration
Associations, Federal Intermediate Credit	1501 Farm Credit Drive
Banks, and Production Credit Associations	McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357



CADDO VETERAN DIRECTED HCBS **LOUISIANA** DCP BACKGROUND CHECK DISCLOSURE

Premier Financial Management Services (PremierFMS) is required, as part of the CADDO Veteran Directed Care program, to conduct several background checks before workers are eligible to begin working for a Veteran. PremierFMS will be running background checks through the Louisiana Bureau of Investigation, Louisiana Board of Nursing and the Office of the Inspector General. Successfully passing all three background checks are a condition of employment with the Veteran.

First Name:	Middle Initial:	Last Name:			
Maiden Name or Alias (if applicable):					
Social Security Number:/	/	Date of Birth:	_/	/	
AUTHORIZATION					
By signing below, I certify that the inconduct a background check throug Nursing and the Office of the Inspect background checks will be shared w Veteran/Authorized Representative.	h the Louisiana Burea tor General. Furthermo vith the Louisiana Vete	u of Investigation, Louisiana ore, I understand that the re	Board sults of	of the	
Signature:		Date:	_/	/	
Parent/Guardian Signature:		Date:	/	/	
(Required if Direct Care Professional is u	ınder the age of 18)				
For any questions or concerns, plea			ıbmit		
the completed form to DromierEMS	via and of the fallow	ina ontiona			

the completed form to PremierFMS via one of the following options:

Email

Mail 10425 W North Ave Suite 345 Milwaukee, WI 53226

PremierEnrollment@Premier-FMS.com