**Employee's Withholding Certificate**

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Give Form W-4 to your employer. Your withholding is subject to review by the IRS.

**Form W-4**

**Department of the Treasury**

**Internal Revenue Service**

**Step 1:** Enter Personal Information

<table>
<thead>
<tr>
<th>(a) First name and middle initial</th>
<th>(b) Last name</th>
<th>Social security number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City or town, state, and ZIP code</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 www.ssa.gov.

<table>
<thead>
<tr>
<th>(c) Single or Married filing separately</th>
</tr>
</thead>
<tbody>
<tr>
<td>Married filing jointly or Qualifying surviving spouse</td>
</tr>
<tr>
<td>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.)</td>
</tr>
</tbody>
</table>

**Step 2:**

**Multiple Jobs or Spouse Works**

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do only one of the following:

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4). 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 higher paying job. Otherwise, (b) is more accurate.

**Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs.** Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

**Step 3:**

**Claim Dependent and Other Credits**

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 for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here

3

**Step 4 (optional): Other Adjustments**

(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won’t have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income

4(a)

(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here

4(b)

(c) Extra withholding. Enter any additional tax you want withheld each pay period

4(c)

**Step 5:**

**Sign Here**

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

**Employee's signature** (This form is not valid unless you sign it.)

**Date**

**Employers Only**

Employer's name and address

First date of employment

Employer Identification number (EIN)

**For Privacy Act and Paperwork Reduction Act Notice, see page 3.**

Cat. No. 10220Q
General Instructions

Section references are to the Internal Revenue Code.

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 2024 if you meet both of the following conditions: you had no federal income tax liability in 2023 and you expect to have no federal income tax liability in 2024. You had no federal income tax liability in 2023 if (1) your total tax on line 24 on your 2023 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 2024 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 15, 2025.

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 wish withheld per pay period in Step 4(a) as an alternative.

When to use the estimator. Consider using the estimator at www.irs.gov/FormW4App if you:
1. Expect to work only part of the year;
2. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
3. Prefer the most accurate withholding for multiple job situations.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/FormW4App to figure the amount to have withheld.

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

Specific Instructions

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

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

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

Instead, if you (and your spouse) have a total of only two jobs, you may check the box in option (a). 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 2024 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay each pay period, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.
Step 2(b)—Multiple Jobs Worksheet (Keep for your records.)

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

2a $ 

2 Three jobs. If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.

a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a.

2a $ 

b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b.

2b $ 

2c 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 2024 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: 

2 $ 

2 Enter: 

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 6109 and 8109 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 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 non-tax 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.
## Married Filing Jointly or Qualifying Surviving Spouse

<table>
<thead>
<tr>
<th>Higher Paying Job</th>
<th>Annual Taxable Wage &amp; Salary</th>
<th>Lower Paying Job Annual Taxable Wage &amp; Salary</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0 - 9,999</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>$10,000 - 19,999</td>
<td>760</td>
<td>1,780</td>
</tr>
<tr>
<td>$20,000 - 29,999</td>
<td>940</td>
<td>2,140</td>
</tr>
<tr>
<td>$30,000 - 39,999</td>
<td>1,020</td>
<td>2,220</td>
</tr>
<tr>
<td>$40,000 - 49,999</td>
<td>1,020</td>
<td>2,220</td>
</tr>
<tr>
<td>$50,000 - 59,999</td>
<td>1,020</td>
<td>2,220</td>
</tr>
<tr>
<td>$60,000 - 69,999</td>
<td>1,020</td>
<td>2,220</td>
</tr>
<tr>
<td>$70,000 - 79,999</td>
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<tr>
<td>$80,000 - 99,999</td>
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<tr>
<td>$100,000 - 129,999</td>
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</tr>
<tr>
<td>$150,000 - 199,999</td>
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<td>2,220</td>
</tr>
<tr>
<td>$240,000 - 299,999</td>
<td>2,040</td>
<td>4,440</td>
</tr>
<tr>
<td>$260,000 - 279,999</td>
<td>2,040</td>
<td>4,440</td>
</tr>
<tr>
<td>$280,000 - 299,999</td>
<td>2,040</td>
<td>4,440</td>
</tr>
<tr>
<td>$300,000 - 319,999</td>
<td>2,040</td>
<td>4,440</td>
</tr>
<tr>
<td>$320,000 - 349,999</td>
<td>2,040</td>
<td>4,440</td>
</tr>
<tr>
<td>$365,000 - 424,999</td>
<td>2,720</td>
<td>6,010</td>
</tr>
<tr>
<td>$525,000 and over</td>
<td>3,140</td>
<td>6,840</td>
</tr>
</tbody>
</table>

## Single or Filing Separately

<table>
<thead>
<tr>
<th>Higher Paying Job</th>
<th>Annual Taxable Wage &amp; Salary</th>
<th>Lower Paying Job Annual Taxable Wage &amp; Salary</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0 - 9,999</td>
<td>$240</td>
<td>$670</td>
</tr>
<tr>
<td>$10,000 - 19,999</td>
<td>870</td>
<td>1,680</td>
</tr>
<tr>
<td>$20,000 - 29,999</td>
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<tr>
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<td>1,830</td>
</tr>
<tr>
<td>$40,000 - 49,999</td>
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<td>1,830</td>
</tr>
<tr>
<td>$50,000 - 59,999</td>
<td>1,020</td>
<td>1,830</td>
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<tr>
<td>$60,000 - 69,999</td>
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<td>1,830</td>
</tr>
<tr>
<td>$70,000 - 79,999</td>
<td>1,020</td>
<td>1,830</td>
</tr>
<tr>
<td>$80,000 - 99,999</td>
<td>1,020</td>
<td>1,830</td>
</tr>
<tr>
<td>$100,000 - 129,999</td>
<td>1,020</td>
<td>1,830</td>
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<tr>
<td>$150,000 - 199,999</td>
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<td>1,830</td>
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<tr>
<td>$240,000 - 299,999</td>
<td>2,040</td>
<td>4,440</td>
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<tr>
<td>$260,000 - 279,999</td>
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<td>4,440</td>
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<tr>
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<td>2,040</td>
<td>4,440</td>
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<tr>
<td>$300,000 - 319,999</td>
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<td>4,440</td>
</tr>
<tr>
<td>$320,000 - 349,999</td>
<td>2,040</td>
<td>4,440</td>
</tr>
<tr>
<td>$365,000 - 424,999</td>
<td>2,720</td>
<td>6,010</td>
</tr>
<tr>
<td>$525,000 and over</td>
<td>3,140</td>
<td>6,840</td>
</tr>
</tbody>
</table>

## Head of Household

<table>
<thead>
<tr>
<th>Higher Paying Job</th>
<th>Annual Taxable Wage &amp; Salary</th>
<th>Lower Paying Job Annual Taxable Wage &amp; Salary</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0 - 9,999</td>
<td>$0</td>
<td>$510</td>
</tr>
<tr>
<td>$10,000 - 19,999</td>
<td>510</td>
<td>1,510</td>
</tr>
<tr>
<td>$20,000 - 29,999</td>
<td>850</td>
<td>2,020</td>
</tr>
<tr>
<td>$30,000 - 39,999</td>
<td>1,020</td>
<td>2,220</td>
</tr>
<tr>
<td>$40,000 - 49,999</td>
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<td>$50,000 - 59,999</td>
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<td>$80,000 - 99,999</td>
<td>1,020</td>
<td>2,220</td>
</tr>
<tr>
<td>$100,000 - 129,999</td>
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<tr>
<td>$150,000 - 174,999</td>
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<tr>
<td>$250,000 - 349,999</td>
<td>2,970</td>
<td>6,080</td>
</tr>
<tr>
<td>$450,000 and over</td>
<td>3,140</td>
<td>6,840</td>
</tr>
</tbody>
</table>
All Kentucky wage earners are taxed at a flat 4% rate with a standard deduction allowance of $3,160. The Department of Revenue annually adjust the standard deduction in accordance with KRS 141.081(2)(a).

Check if exempt:

☐ 1. Kentucky income tax liability is not expected this year (see instructions)

☐ 2. You qualify for the Fort Campbell Exemption Certificate. I am a resident of _______________ State

☐ 3. You qualify for the nonresident military spouse exemption

☐ 4. You work in Kentucky and reside in a reciprocal state

Additional withholding per pay period under agreement with employer $____________

Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.

______________________________  ____________________________
Signature                               Date

Instructions to Employees

All Kentucky wage earners are taxed at a flat 4% tax rate with an allowance for the standard deduction.

You may be exempt from withholding if any of the four conditions below are met:

1. You may be exempt from withholding for 2024 if both the following apply:
   • For 2023, you had a right to a refund of all Kentucky income tax withheld because you had no Kentucky income tax liability, and
   • For 2024, you expect a refund of all your Kentucky income tax withheld.

Income Tax Liability Thresholds—The 2023 filing threshold amount based upon federal poverty level is expected to be $14,580 for a family size of one (single, or married living apart from your spouse for the entire year), $19,720 for a family of two (single with one dependent child or a married couple), $24,860 for a family of three (single with two dependent children or a married couple with one dependent child) and $30,000 for a family of four or more (single with three dependent children or a married couple with two or more dependent children). Modified gross income is equal to your federal adjusted gross income plus any interest income from other states municipal bonds and pension income from a qualifying lump-sum distribution. If your combined modified gross income is expected to be less than the threshold amount for your family size, then you (and your spouse, if applicable) may not have an income tax liability.

If both the above statements apply, you are exempt and may check box 1. Your exemption for 2024 expires February 15, 2025.

2. Under the provisions of Public Law 105-261, pay and compensation earned at the Fort Campbell, Kentucky, military base is exempt from Kentucky income tax if you are not a resident of Kentucky. KRS 141.010(32) defines “resident” as an individual domiciled within this state or an individual who is not domiciled in this state, but maintains a place of abode in this state and spends in the aggregate more than one hundred eighty-three (183) days of the taxable year in this state.

Check box 2 if you certify that you are not a resident of Kentucky and only earn wages as an employee at Fort Campbell, Kentucky. This exemption must be revoked within 10 days of a move or change of address to Kentucky.

42A804 (K-4)(11-2023)
You may be exempt from withholding, if you meet the conditions set for under the Servicemember Civil Relief Act as amended by the Military Spouses Residence Relief Act. You must complete the worksheet below to determine if you are eligible.

In order to qualify you must complete this form in full, certify that the you are not subject to Kentucky withholding tax because you met the conditions set forth below, and provide a copy of your spouse’s military picture ID issued to the employee by the U.S. Department of Defense.

1. My spouse is a military servicemember .................................................. (check one) YES □ NO □
2. I am NOT a military servicemember .................................................. (check one) YES □ NO □
3. My military servicemember spouse has a current military order assigning him or her to a military location in Kentucky .................................................. (check one) YES □ NO □
4. I and my military servicemember spouse live at the same address .................................................. (check one) YES □ NO □
5. My military servicemember’s state of domicile is a state other than Kentucky and I am electing to use that state of domicile .................................................. (check one) YES □ NO □
   If yes, enter the 2-letter state code of the servicemember’s state of domicile __________
6. I am present in Kentucky solely to be with my military servicemember spouse .................................................. (check one) YES □ NO □

If you checked “YES” to all the statements above, your earned income is exempt from Kentucky withholding tax.

Check box 3 if you checked “YES” to all the statements listed in the worksheet. You are exempt from Kentucky income tax withholding. This exemption will terminate if any of the answers to the questions changes to “NO”. In general, the exemption termination date will be the earlier of:

• The day the military servicemember is no longer in the military;
• The day the employee enlists in the military;
• The day the employee and the military servicemember no longer live at the same address; or
• The day the military servicemember’s permanent duty station changes to a location outside of Kentucky.

4. You may be exempt from withholding if you work in Kentucky but reside in one of the following reciprocal states: Illinois, Indiana, Michigan, West Virginia, Wisconsin, Virginia and you commute daily or Ohio and you are not a shareholder-employee who is a “twenty (20) percent or greater” direct or indirect equity investor in a S corporation.

In order to qualify you must complete the worksheet below:

I have not been a resident of Kentucky during the year. (Check block in front of applicable statement.) I work in Kentucky and reside in:

☐ Illinois, ☐ Indiana, ☐ Michigan, ☐ West Virginia, ☐ Wisconsin
☐ Virginia and commute daily to my place of employment in Kentucky. (Must commute daily to apply.)
☐ Ohio and I am not a shareholder-employee who is a “twenty (20) percent or greater” direct or indirect equity investor in an S corporation.

Check box 4 if you certify you work in Kentucky and reside in a reciprocal state.

If you meet any of the four exemptions you are exempted from Kentucky withholding. However, you must complete this form and file it with your employer before withholding can be stopped. You will need to maintain a copy of the K-4 for your permanent records.

Instructions to Employers

Form K-4 is only required to document that an employee has requested an exemption from withholding OR to document that an employee has requested additional withholding in excess of the amounts calculated using the formula or tables. If neither situation applies, then an employer is not required to maintain Form K-4.

Upon receipt of this form, properly completed, you are authorized to discontinue withholding for an employee who qualifies for one of the four exemptions. Retain a copy of all K-4’s received from employees.
Commonwealth of Kentucky
Cabinet for Health and Family Services
Department for Aging and Independent Living &
Department for Behavioral Health, Developmental and Intellectual Disabilities

PARTICIPANT DIRECTED SERVICES
EMPLOYMENT APPLICATION

Participant/Employer Name: ________________________________

Applicant Instructions

1. Please print answers to all questions;
2. A resume will not be accepted in lieu of this application;
3. Proof of eligibility to work in the United States must be submitted prior to employment;
4. Registry and/or background checks must be completed prior to employment; and
5. Any false statements and/or omissions may result in a rejection of this application and/or removal from employment after hire.

Personal Information

Last Name: __________________ First Name: __________________ Middle Name: __________________

Date of Birth: __________________ SSN #: __________________ Telephone #: __________________

Street Address (Including Apt. # or P.O. Box #): __________________ City: __________________ State: __________________ Zip Code: __________________

If you have not lived in Kentucky within the past year, please provide a previous address:

Street Address (Including Apt. # or P.O. Box #): __________________ City: __________________ State: __________________ Zip Code: __________________

Street Address (Including Apt. # or P.O. Box #): __________________ City: __________________ State: __________________ Zip Code: __________________

If required to transport, can you provide proof of valid Liability Vehicle Insurance? __Yes__ __No__
Can you lift more than 50lbs while standing? __Yes__ __No__
Are you legally eligible for employment in the United States? __Yes__ __No__
Have you ever been arrested or convicted of a criminal offense? __Yes__ __No__

If yes, please describe. Please note that an affirmative answer will not automatically disqualify you from being considered as a candidate for employment.

What is your relationship to the participant/employer? ________________________________

Certification/Education

Are you currently certified in CPR/First Aid? __Yes__ __No__
If yes, please provide case management agency with documentation.

Please list any other certifications relevant to the position: ________________________________

R 2014
Please list highest level of education completed:

<table>
<thead>
<tr>
<th>Work Experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you have experience as a caregiver? ☐Yes ☐No</td>
</tr>
<tr>
<td>If yes, please describe.</td>
</tr>
<tr>
<td>Are you currently employed? ☐Yes ☐No</td>
</tr>
<tr>
<td>Company Name</td>
</tr>
<tr>
<td>Street Address (Including Apt. # or P.O. Box #)</td>
</tr>
<tr>
<td>Start Date</td>
</tr>
</tbody>
</table>

Please list any job history relative to the position, beginning with the most recent.

1) 
| Company Name | Supervisor Name | Telephone # |
| Street Address (Including Apt. # or P.O. Box #) | City | State | Zip Code |
| Start Date (Month/Year) | End Date (Month/Year) | Reason(s) for Leaving |

2) 
| Company Name | Supervisor Name | Telephone # |
| Street Address (Including Apt. # or P.O. Box #) | City | State | Zip Code |
| Start Date (Month/Year) | End Date (Month/Year) | Reason(s) for Leaving |

3) 
| Company Name | Supervisor Name | Telephone # |
| Street Address (Including Apt. # or P.O. Box #) | City | State | Zip Code |
| Start Date (Month/Year) | End Date (Month/Year) | Reason(s) for Leaving |
References

1) Full Name   Occupation   Telephone #
   Street Address (Including Apt. # or P.O. Box #) City State Zip Code

2) Full Name   Occupation   Telephone #
   Street Address (Including Apt. # or P.O. Box #) City State Zip Code

3) Full Name   Occupation   Telephone #
   Street Address (Including Apt. # or P.O. Box #) City State Zip Code

Emergency Contacts

1) Full Name   Relationship   Telephone #
   Street Address (Including Apt. # or P.O. Box #) City State Zip Code

2) Full Name   Relationship   Telephone #
   Street Address (Including Apt. # or P.O. Box #) City State Zip Code

I certify that the information provided within this employment application is true and correct to the best of my knowledge.

Signature ___________________________ Date ________________
Commonwealth of Kentucky
Cabinet for Health and Family Services
Department for Aging and Independent Living

Kentucky Participant Directed Services
Employee/Provider Contract

I (employee name) __________________________, have agreed to work under the employment of
(employer name) __________________________.

Services under this contract will consist of the following:

<table>
<thead>
<tr>
<th>SERVICE PROVIDED</th>
<th>RATE PER HOUR</th>
</tr>
</thead>
<tbody>
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<td></td>
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</tr>
</tbody>
</table>

Services Available Through Participant Directed Services:

(SCL) Community Access (ABI, ABI-LT, MPW, and SCL) Respite
(SCL) Community Guide (ABI, ABI-LT, MPW, and SCL) Supported Employment
(SCL) Personal Assistance (ABI, ABI-LT, MPW, and SCL) Day Training
(ABI) Companion Care (ABI-LT and MPW) Community Living Supports (CLS)
(MPW) Attendant Care (ABI and MPW) Personal Care
(MPW) Homemaking

As an employee:

I agree to provide the above listed services as required by my employer at the rate stated above per hour.

I understand civil or criminal penalties could be pursued and potential termination from employment in PDS can occur if allegations of fraud against the Department for Medicaid Services are substantiated.

I understand that I shall not be approved as a Participant Directed Services (PDS) provider if results from my background check reveal that I have pled guilty to or been convicted of committing an offense as outlined in (SCL) 907 KAR 12:010, Section 3 (3), or (ABI) 907 KAR 3:090, Section 10, or (ABI-LT) 907 KAR 3:210, Section 10, or (MP) 907 KAR 1:835, Section 7.

I understand that I shall not be approved as a PDS provider if I am registered on the Kentucky Nurse Aide Abuse registry, or if I have been substantiated for abuse through the Central Registry Check.

I understand that I shall not be approved as a PDS provider for a participant under the ABI, ABI-LT, or MP waiver if I am registered on the Caregiver Misconduct Registry.
I understand that under KRS 205.5607 (Kentucky Independence Plus Through Consumer Directed Services Program) Workers Compensation (KRS Chapter 342) shall not apply to my employment as a Participant Directed Services provider. This means that neither the state, nor any state agency, nor political subdivision, nor any fiscal intermediary, nor representative, nor service advisor can be held liable for any injuries or losses I may incur while providing services.

I understand that I shall not be approved as a PDS provider for a participant under the SCL waiver if results from my drug screening reveal a positive drug test as outlined in 907 KAR 12:010.

I understand that if I do not complete all training that is required with the specified timelines, I will no longer be eligible as a PDS provider for the participant.

I understand that I must maintain employee/employer confidentiality.

I understand this is an at-will contract and either party may terminate this agreement at any time.

I understand that I must notify my employer of the contraction of any infectious disease(s) and I shall abstain from work until the infectious disease can no longer be transmitted as documented by a medical professional.

I agree to follow all relevant state and federal statutes and regulations.

I have received and fully understand the list of employment guidelines and will follow them to the best of my ability. I further understand that any or all items of this contract may be subject to renewal or change upon agreement by my employer and myself.

**As an employer:**

I understand that I may be responsible for costs associated for employment requirements, including employee training.

I understand that I may be responsible for wages for my employee should my employee or I not provide employee qualifications by the respective deadlines.

I understand that I can only require my employee to assist with duties that are relevant to my needs and outcomes that are specified on the Person Centered Service Plan for Medicaid payment.

I understand that I may be responsible for payment for any hours I may require my employee to work beyond any prior authorization limits or waiver regulation guidelines.
New Vista of the Bluegrass, Inc.

KyHealth Choices Participant Directed Services Program

Employee – Employer Acknowledgment Form

I (employee name) __________________________, have agreed to work under the employment of 
(employer name) __________________________.

By reading and signing this form, both employee and employer expressly acknowledge their respective understanding of
the following:

1) Upon the approval of the Kentucky Cabinet for Health and Family Services, New Vista of the Bluegrass, Inc. will
provide services to employer under the KyHealth Choices Participant Directed Services (PDS) as a fiscal
intermediary as defined in K.R.S §205.5606.

2) New Vista of the Bluegrass, Inc. is not an employer under PDS.

3) New Vista of the Bluegrass, Inc. is under no legal duty to provide worker’s compensation coverage under PDS.

4) New Vista of the Bluegrass, Inc. is under no legal duty to provide any benefits and/or insurance coverage, including,
but not limited to, health, life, disability, home, auto, and liability under PDS.

5) New Vista of the Bluegrass, Inc. will not be liable for any injuries or losses incurred by employee or employer under
PDS.

6) I (employee) authorize New Vista of the Bluegrass, Inc. to complete the following required criminal record checks:
   Central Registry Check, Caregiver Misconduct Registry, Administrative Office of the Courts, Kentucky Nurse Abuse
   Registry, the Cabinet for Families and Children and Adult Protective Services.

7) I (employee) have/have not lived out of state in the past year. I understand that if I have had residency out of state
   within the past year I am required to have New Vista of the Bluegrass, Inc. complete the Nationwide Criminal
   Search.

8) I (employer) agree/disagree to have New Vista of the Bluegrass, Inc. complete a Nationwide Criminal and Sex
   Offender background check (Intellcorp) on (employee).  (Please circle preference).

9) I (employee) authorize that a copy of any of the record checks may be forwarded to the employer for their review.
   This review may be a determining factor regarding my employment.

10) I (employee) and (employer) understand that the employee cannot begin work until the employer receives
notification that results of the Administrative Office of the Courts has been received by New Vista of the Bluegrass,
Inc. and meet the requirements established in state regulations.

11) I (employee) and (employer) understand that I may be responsible for payment for any hours worked beyond prior
authorization limits or waiver regulation guidelines. I understand New Vista of the Bluegrass, Inc. may recoup future
hours/wages from (employee) or (employer) up to the number of hours billed beyond prior authorization limits or
waiver regulation guidelines.


Employee ______________________ Date ______________________  Employer ______________________ Date ______________________

Support Broker: ______________________
Client: ______________________
Waiver: ______________________

Intellcorp: [ ] Yes [ ] No
Out of State Residency: [ ] Yes [ ] No
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.

Section 1. Employee Information and Attestation: Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>Middle Initial (If any)</th>
<th>Other Last Names Used (If any)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address (Street Number and Name)</td>
<td>Apt. Number (If any)</td>
<td>City or Town</td>
<td>State</td>
</tr>
<tr>
<td>Date of Birth (mm/dd/yyyy)</td>
<td>U.S. Social Security Number</td>
<td>Employee's Email Address</td>
<td>Employee's Telephone Number</td>
</tr>
</tbody>
</table>

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 the information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.

Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):

- 1. A citizen of the United States
- 2. A national of the United States (See instructions.)
- 3. A lawful permanent resident (Enter USCIS A-Number.)
- 4. A noncitizen (other than Item Numbers 2 and 3 above) authorized to work until (exp. date, if any)

If you check Item Number 4, enter one of these:

- USCIS A-Number
- Form I-94 Admission Number
- Foreign Passport Number and Country of Issuance

Signature of Employee

If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the Preparer and/or Translator Certification on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representatives must complete and sign Section 2 within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see instructions.

<table>
<thead>
<tr>
<th>Document Title 1</th>
<th>OR</th>
<th>Document Title 2 (If any)</th>
<th>OR</th>
<th>Document Title 3 (If any)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Issuing Authority</td>
<td></td>
<td>Issuing Authority</td>
<td></td>
<td>Issuing Authority</td>
</tr>
<tr>
<td>Document Number (If any)</td>
<td></td>
<td>Document Number (If any)</td>
<td></td>
<td>Document Number (If any)</td>
</tr>
<tr>
<td>Expiration Date (If any)</td>
<td></td>
<td>Expiration Date (If any)</td>
<td></td>
<td>Expiration Date (If any)</td>
</tr>
</tbody>
</table>

Additional Information

Check here if you used an alternative procedure authorized by DHS to examine documents.

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.

Last Name, First Name and Title of Employer or Authorized Representative

Signature of Employer or Authorized Representative

Today's Date (mm/dd/yyyy)

For re-verification 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).

<table>
<thead>
<tr>
<th>LIST A</th>
<th>LIST B</th>
<th>LIST C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Documents that Establish Both Identity and Employment Authorization</td>
<td>OR</td>
<td>Documents that Establish Identity AND Documents that Establish Employment Authorization</td>
</tr>
<tr>
<td>1. U.S. Passport or U.S. Passport Card</td>
<td>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</td>
<td>1. A Social Security Account Number card, unless the card includes one of the following restrictions:</td>
</tr>
<tr>
<td>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</td>
<td>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</td>
<td>(1) NOT VALID FOR EMPLOYMENT</td>
</tr>
<tr>
<td>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</td>
<td>3. School ID card with a photograph</td>
<td>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</td>
</tr>
<tr>
<td>4. Employment Authorization Document that contains a photograph (Form I-766)</td>
<td>4. Voter's registration card</td>
<td>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</td>
</tr>
<tr>
<td>5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole:</td>
<td>5. U.S. Military card or draft record</td>
<td>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-548, FS-240)</td>
</tr>
<tr>
<td>a. Foreign passport; and</td>
<td>6. Military dependent's ID card</td>
<td>3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</td>
</tr>
<tr>
<td>b. Form I-94 or Form I-94A that has the following:</td>
<td>7. U.S. Coast Guard Merchant Mariner Card</td>
<td>4. Native American tribal document</td>
</tr>
<tr>
<td>(1) The same name as the passport; and</td>
<td>8. Native American tribal document</td>
<td>5. U.S. Citizen ID Card (Form I-197)</td>
</tr>
<tr>
<td>(2) An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</td>
<td>9. Driver's license issued by a Canadian government authority</td>
<td>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</td>
</tr>
<tr>
<td>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</td>
<td>For persons under age 18 who are unable to present a document listed above:</td>
<td>7. Employment authorization document issued by the Department of Homeland Security</td>
</tr>
<tr>
<td></td>
<td>10. School record or report card</td>
<td>For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/I-9central.</td>
</tr>
<tr>
<td></td>
<td>12. Day-care or nursery school record</td>
<td></td>
</tr>
</tbody>
</table>

Acceptable Receipts

May be presented in lieu of a document listed above for a temporary period.

For receipt validity dates, see the M-274.

- Receipt for a replacement of a lost, stolen, or damaged List A 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.

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.

*Refer to the Employment Authorization Extensions page on I-9 Central for more information.
Supplement A,  
Preparer and/or Translator Certification for Section 1  
Department of Homeland Security  
U.S. Citizenship and Immigration Services

<table>
<thead>
<tr>
<th>Last Name (Family Name) from Section 1</th>
<th>First Name (Given Name) from Section 1</th>
<th>Middle Initial (If any) from Section 1</th>
</tr>
</thead>
</table>

**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.

<table>
<thead>
<tr>
<th>Signature of Preparer or Translator</th>
<th>Date (mm/dd/yyyy)</th>
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<tr>
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<th>City or Town</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
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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.

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<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
</table>
The process to obtain the information contained in CourtNet is as follows:

**Individuals**

Requesting a record on yourself requires a $25.00 fee (check or money order). If you do not receive a response in 30 days contact us at the number listed above.

**Nonprofit/Commercial/Others**

Requesting a record on individuals requires a $25.00 fee (check or money order).

**Fees are paid to the order of the KENTUCKY STATE TREASURER by check or money order ONLY. FAILURE TO COMPLY WITH THESE PROCEDURES WILL RESULT IN THE REQUEST BEING RETURNED UNPROCESSED.** If you suspect information contained on the record is incorrect, or have any questions, please contact the Records Unit at (502) 573-1682 or (800) 928-6381.

**PLEASE PRINT OR TYPE THE INDIVIDUAL'S INFORMATION CLEARLY.**

**SOCIAL SECURITY NUMBER:**

**NAME:**

MAIDEN NAME(S) AND/OR ALIAS:

**DATE OF BIRTH:**

**STREET ADDRESS/P.O. BOX:**

**CITY, STATE, ZIP CODE:**

*I understand the information supplied by me must be truthful and falsification with an intent to mislead may result in my prosecution under KRS 523.100. I have provided the basic information necessary to qualify for record processing and exemption of fees - if applicable.*

**ALL INFORMATION BELOW IS REQUIRED.**

Please denote which purpose applies to this request:

- [ ] Employment
- [ ] Criminal Investigation
- [ ] Screening Housing Applicants
- [ ] Volunteer/Care over Juvenile
- [ ] Licensing
- [ ] Other (please explain) 

**Date**

**Company (if applicable)**

**Requestor/Contact Person**

**Address**

**City, State, Zip**

**Telephone Number**

**E-mail Address**
COMMONWEALTH OF KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
Department for Community Based Services

CENTRAL REGISTRY CHECK

FOR THE FOLLOWING TYPES OF EMPLOYMENT OR VOLUNTEERISM, STATE LAW OR KENTUCKY ADMINISTRATIVE REGULATION AUTHORIZES A CHILD ABUSE/NEGLECT (CA/N) CHECK AS A CONDITION OF EMPLOYMENT OR VOLUNTEERISM. PLEASE CHECK THE CATEGORY LISTED BELOW THAT APPLIES TO YOU FOR WHICH THE CHILD ABUSE OR NEGLECT CHECK IS BEING REQUESTED:

☐ Child-Placing Agency (Foster/Adoption/Independent Living) Employee or Volunteer (Required by 922 KAR 1:310)
☐ Residential Child-Caring Facility Employee or Volunteer (Required by 922 KAR 1:300)
(Required by Institution/Group Home/Emergency)
☐ Public School Employee, Student Teacher, Contractor, or School-Based Decision-Making Council Member

☐ Private, Parochial, or Church School Employee or Student Teacher (Required by KRS 160.380)
☐ Youth Camp Employee, Contractor, or Volunteer (Permitted by KRS 160.151)
☐ Power of Attorney Regarding the Care and Custody of a Child (Required by KRS 194A.380-194A.383)
☐ Supports for Community Living (SCL) Employee (Required by KRS 403.352)
☒ Michelle P. Waiver (Required by KRS 907 KAR 1:160 and 7:010)
☐ Home and Community Based (HCB) Waiver (Required by KRS 907 KAR 1:160 and 7:010)
☐ Acquired Brain Injury Waiver Services (Required by KRS 907 KAR 3:090)
☐ Children's Advocacy Center (Required by KRS 922 KAR 1:580)
☐ Court Appointed Special Advocate (CASA) (Required by KRS 620.515)
☐ Personal Care Attendant (Required by KRS 910 KAR 1:090)

Other
If you are requesting this check due to it being required for an out of state employer, please include the statutory or regulatory authority for that state that requires the check be completed.
If none of the above categories are applicable, please explain the reason for requesting a child abuse or neglect check, including the statutory or regulatory authority for the request.
If a regulation or statute is not listed, your request will be cancelled and no refund will be issued.

PERSONAL INFORMATION REGARDING THE INDIVIDUAL SUBMITTING TO A CHILD ABUSE OR NEGLECT CHECK (Please print and submit identifying information such as a copy of your driver’s license, social security card/individual taxpayer ID, passport, work ID, or birth certificate):
If you are under the age of 18, you MUST upload a parental consent form.

NAME: ____________________________________________
(first) (middle) (maiden/nickname/other) (last)

Sex: ______ Race: ______ Date of Birth: ____________

Social Security/Individual Taxpayer Identification #: __________________________

Date of Initial Hire: ________________

Current Address: ________________________________
City State Zip Code

Living at the current address longer than 5 years? □ Yes (please list below) □ No

Previous Address: ________________________________
City State Zip Code

Previous Address: ________________________________
City State Zip Code
CENTRAL REGISTRY CHECK

Previous Address: ___________________________ City ________________________ State _______________________ Zip Code __________

Previous Address: ___________________________ City ________________________ State _______________________ Zip Code __________

Use another sheet of paper, if necessary.

A credit or debit card payment in the amount of ten dollars ($10.00) must accompany your request to process a Child Abuse or Neglect Check. The Child Abuse or Neglect Check will NOT be processed without payment.

I hereby authorize the Cabinet for Health and Family Services to complete a Child Abuse or Neglect check and to submit the results of the check to me and, on my behalf, to the employer or agency listed below. I also release the Cabinet for Health and Family Services, its officers, agents, and employees, from any liability or damages resulting from the release of this information.

All the information provided is complete and true to the best of my knowledge. I understand if I give false information or do not report all of the information needed, I may be subject to prosecution for fraud.

Signature of the Individual Submitting to the Child Abuse or Neglect Check ______________________________ Date ____________

The individual authorizing a Child Abuse or Neglect check may submit a CHFS-305, Authorization for Disclosure of Protected Information, authorizing the Cabinet for Health and Family Services to disclose additional information regarding a finding to the employer or agency listed below should the employer or agency request additional information pursuant to 922 KAR 1:510, Authorization for disclosure of protection and permanency records.

In addition to receiving the results myself, I authorize the Cabinet for Health and Family Services to share the results with the following employer or agency:

NAME OF EMPLOYER/AGENCY: New Vista of the Bluegrass, Inc.

ADDRESS: 1351 Newtown Pike Bldg 5 CITY: Lexington

STATE: Kentucky ZIP: 40511 PHONE: 859-272-7483

E-MAIL ADDRESS: ashley.armstrong@newvista.org

RESULTS OF CHILD ABUSE OR NEGLECT CHECK [FOR OFFICIAL USE ONLY]

☐ No reportable incident found in accordance with 922 KAR 1:470

☐ Substantiated child abuse found on the registry Date of substantiated finding: ____________

☐ Substantiated child neglect found on the registry Date of substantiated finding: ____________

The substantiated abuse or neglect finding relates to sexual abuse, sexual exploitation, a child fatality, near fatality, or involuntary termination of parental rights ☐ Yes ☐ No

☐ A matter subject to administrative review found in accordance with 922 KAR 1:470

CHECK CONDUCTED ON ____________ BY ______________________________

DPP-156
(R. 12/2021)
922 KAR 1:470
Person Centered Planning

Supports for individuals with disabilities will:
- Ensure dignity and respect for each person as a valued individual.
- Be entitled to the rights, privileges, opportunities, and responsibilities of community membership.
- Be supported and encouraged to develop personal relationships, learning opportunities, work and income options, and worship opportunities as full participants in community life.
- Be based on individually determined goals, choices, and priorities.
- Be easily accessed and provided regardless of the intensity of individual need.
- Be afforded the opportunity to direct the planning, selection, implementation and evaluation of their services.
- Require that funding be flexible and cost effective and make use of natural, generic and specialized resources.
- Be the primary decision makers in their own lives.
- Be evaluated based on outcomes for individuals.

The work we do and the way we work will:
- Ensure that all persons have dignity and value, and are worthy of respect.
- Provide safeguards to ensure personal security, safety, and protection of legal and human rights.
- Be coordinated on person-centered and family-centered principles, focusing on individual needs, strengths, and choices.
- Support that all people have strengths and abilities and are the primary decision-makers in their lives.
- Provide information and supports that promote informed decision-making.
- Be accessible and culturally responsible.
- Access informal and generic community resources whenever possible in the most integrated community setting appropriate to the person.
- Be based on best practice and utilize state-of-the-art skills and information.
- Be directed toward the achievement of interdependence, contribution, and meaningful participation in the community.
- Distribute resources in an equitable manner according to the individual need and comply with requirements governing public funds administered by the system.

Signature ___________________________ Date ___________________________
Print Name ___________________________
As a chosen employee, I certify that prior to direct services being initiated, I received training from my employer or in the presence of my employer on:

- Principles of Self-Determination;
- Employee Contracts;
- Employee Background Checks;
- Timesheets;
- Person-Centered Planning;
- Fraud, Abuse, Neglect, and Exploitation; and
- Any additional topics required by my support brokerage agency, DAIL, DMS or employer.

Employee Signature  
Date

Participant/Representative/Employer Signature  
Date

Support Broker Signature (if applicable)  
Date
Direct Deposit Guidelines

• If you chose to participate in direct deposit, 100% of your net pay will be direct deposited into one valid checking or savings account. Paid amounts cannot be split between multiple accounts.

• To participate in direct deposit, please complete the Paycor Direct Deposit Worksheet.

• Leave the Employer Name field blank. Your Support Broker will add this information.

• Be sure to attach a voided check or written correspondence from your financial institution. If you supply written correspondence from your financial institution, it must be signed by an employee of the institution and contain the contact information for the employee that prepared the correspondence. Monthly statements will not be accepted.

• The voided check or correspondence from the financial institution must include, at a minimum, the employee name, routing number and account number.

• Be sure to sign and date at the bottom of the form.

• Only completed forms will be accepted.

• Direct Deposit Worksheets will only be accepted and processed during non-payroll weeks. They will not be accepted the week of payroll.

• Access to pay statements and W-2s are available online. The employee should print their e-mail address on the space provided on the direct deposit form if they wish to gain online access.

• A link will be sent from Paycor once your email address is entered into the system. The email will contain the link needed to set up a username and password. It is the employee's responsibility to keep track of password information. Neither Paycor nor Bluegrass.org have access to the employee passwords.
Employer Name: ___________________________ Paycor #: ___________________________
Employee Name: ___________________________ Employee #: ___________________________
☐ New Employee  ☐ Existing Employee

ACCOUNT INFORMATION
☐ Checking  100% of full net amount

Bank Name

Name on Account

Routing & Transit Number (9 Digits)

Account Number

Attach Voided Check Here

- 100% of the employee’s net check is to be deposit into one checking account only.
- Need a voided check with the employee’s name, account # and routing # printed on the check.
- If the employee’s checking account returns the funds due to inaccurate information provided by the employee. There will be a $15.00 fee charged to the employee and a live check will be issued. A $30.00 fee will be assessed if an employee request another direct deposit for the same pay period.

To access check stubs and W-2's online; please enter e-mail address below:

________________________________________________________________________

A link will be sent to the e-mail address above to set up user name and password. It is the employee’s responsibility to maintain username and password information.

I authorize Paycor, Inc., acting on behalf of my employer, to initiate electronic credit entries and, if necessary, debit entries to reverse erroneous credit entries to my account(s). It is agreed that these deposits will be made in accordance with the rules of the National Automated Clearing House Association (NACHA). This authorization will remain in effect until Paycor, Inc., has received written notification from me of its termination in such time and in such a manner as to afford Paycor, Inc., and the bank a reasonable opportunity to act upon the termination request.

Employee Signature: ___________________________ Date: ___________________________

To be retained by Employer. Keep in your employee files. This form may be photocopied.
Tellus EVV PDS Employee Training Verification

Participant Name: 

Valid PDS Employee Email Address: 

PDS Employee Mobile Phone Number: 

PDS Employee Date of Birth: 

- The State of Kentucky implemented Electronic Visit Verification (EVV) which is a requirement of the Federal 21st Century Cures Act.
- Kentucky Medicaid has mandated that effective January 1, 2021, no paper timesheets or service documentation will be accepted to process for payment for services.
- It is up to the employer/representative to make arrangements for the employee to have access to a compatible device to log their time in the Tellus system. New Vista will not be providing devices.
- The employer/representative is responsible for ensuring all employees complete training over the Tellus Mobile App and CHFS PDS Training that can be accessed at https://tellus.com/training/
- Access to additional information on EVV including user guides, FAQ document, and affected services can be found at https://chfs.ky.gov/agencies/dhs/sca/Pages/evv.aspx
- Employees and Representatives may attend as many of the Tellus webinars and on demand video offerings as they would like. Due to the COVID 19 Pandemic, New Vista will not be offering any in person assistance to employees or representatives who have not attended at least 2 Tellus offerings and attempted a Zoom meeting with video to troubleshoot app usage.
- PDS employees cannot begin providing services until EVV trainings are complete and this form is signed and returned to your Support Broker. This will be stored in the participant’s medical record.

<table>
<thead>
<tr>
<th>Title of EVV Training</th>
<th>Date of Training</th>
</tr>
</thead>
<tbody>
<tr>
<td>EVV Mobile Application</td>
<td></td>
</tr>
<tr>
<td>Kentucky CHFS Participant Directed Services</td>
<td></td>
</tr>
<tr>
<td>(PDS) Providers</td>
<td></td>
</tr>
</tbody>
</table>

- Following the implementation of EVV, repeated issues with flagged/suspicious visits, missed punches, or activity that suggests fraud, will be referred by the support broker agency to the Office of the Inspector General for investigation.
- By signing my name and dating below, I acknowledge that I have read this document and provided accurate information to the support broker agency.

PDS Employer/Representative Signature: ___________________________ Date: ________________

PDS Employee Signature: ___________________________ Date: ________________
PDS Electronic Signature Utilization

☐ I am a PDS Employee wishing to use an electronic signature.

☐ I am a PDS Representative wishing to use an electronic signature.

1) I understand that New Vista of the Bluegrass will not provide me with software to configure an electronic signature.

2) I attest that I am the only person with access to the electronic signature of my choosing.

3) I attest that the electronic signature that I use will be (circle one):
   a. Digital Signature (cryptographic signature, digital key)
   b. Digitized image of a signature (actual signature converted to electronic image)
   c. Button, PIN, Biometric or Token

4) I acknowledge that if it is suspected that the electronic signature provided is not authentic, this could result in delays in payment or referrals being made to the Office of the Inspector General for an investigation into possible Medicaid fraud.

Printed Name: ___________________________ Date: ____________

Signature: ______________________________ Date: ____________

I (PDS Representative/Participant/Legal Guardian) ___________________________ authorize this individual to utilize the electronic signature as stated above and release New Vista of the Bluegrass from any liability associated with misuse of the electronic signature.

Signature: ______________________________ Date: ____________