

EMPLOYEE INFORMATION

Complete and submit this form to APD with employee's IRS Form W-4, DHS Form 1-9, and Direct Deposit / rapid! PayCardr Visar Payroll Card Request Form

Employer (Participant)'s Name: <u>Patty Participant</u>	
Participant's CDC+ ID Number: <u>1234567</u>	Date: <u>04/01/2013</u>

Required Employee Information (name must be written as it appears on SS card):

Last Name: <u>Employee</u>		First Name: <u>Elizabeth</u>	
Phone: (<u>850</u>) <u>567-1234</u>			
Address: <u>100 East Main Street</u>			
City: <u>Any City</u>	State: <u>FL</u>	Zip: <u>22222</u>	SSN: <u>123-45-6789</u>
Email Address: <u>elizaemp@gmail.com</u>		DOB: <u>6/30/1980</u>	

WHO CAN WE CONTACT IF YOUR MAIL IS RETURNED?

Last Name: <u>Mymother</u>		First Name: <u>Mary</u>	
Phone: (<u>850</u>) <u>567-7896</u>		Relationship: <u>Mother</u>	

The following information determines whether the CDC+ participant is required to pay the employer portion of employment taxes; and/or the employee is required to pay Social Security and Medicare taxes. All employees are required to pay Federal Income taxes unless claiming EXEMPT on their IRS W-4. All IRS W-4 exemptions must be updated annually.

Employee's relationship to the employer (participant) is as follows. This Employee is (check one):

<input type="checkbox"/>	The participant's parent or step-parent.
<input type="checkbox"/>	The participant's child or step-child, <u>and</u> the employee is under age 21.
<input type="checkbox"/>	The participant's spouse.
<input type="checkbox"/>	Under age 18 and still in high school (and is NOT the participant's child or step-child).
<input checked="" type="checkbox"/>	None of the above.

Provide the following information, which is required for program reporting (check one).

Employee's Relationship to CDC+ Participant: <input type="checkbox"/> None <input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Child
<input checked="" type="checkbox"/> Sibling <input type="checkbox"/> Grandparent <input type="checkbox"/> Grandchild (includes step-relationships)

To determine if the employee can claim LIVE-IN status, respond to the following statement:

Employee's legal residence is the same as the participant's residence.	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
--	------------------------------	--

You must verify the status of the employee's background screening. Proof of clear screen must be provided before employee can be enrolled in F/EA and issued a provider number.

1. Employee is a Medicaid-enrolled provider.	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2. Employee has a current professional license from FL Dept of Health	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
3. Employee has been unemployed for 90 days or more	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If No to 1 & 2 above, a level 2 background screening clearance letter is attached.	YES <input checked="" type="checkbox"/>	
If Yes to 3 above, a level 2 background screening clearance letter is attached.	YES <input type="checkbox"/>	
4. Employee signed an affidavit confirming that the provider has complied with section 402.3057, Florida Statutes	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

I certify that the above information is true and correct.

Participant/Representative Signature: Patty Participant Employee Signature: Elizabeth Employee