



New Hire Paperwork Samples

The following pages are included to aide in the completion of the required New Hire Paperwork for the F.I. Department (*please do not use or send us the samples*).

Below is a guide for you to make sure you have completed all new hire forms. The completed forms can be faxed to 1.800.359.2884 or mailed to **Tempus Unlimited, Inc.** at 600 Technology Center Drive, Stoughton, MA 02072. Please make sure to put your consumer number on all forms.

**Where available Spanish version on back side.*

Please note:

PCA=Employee

Consumer=Employer

Please use the list below to ensure you have completed all the required forms when hiring a new PCA.

- **W4:** PCA name, address, social security number & signature are required.
- **I-9:**
 - **Page 1 of 3:** Section 1 must be completely filled out, Citizenship and PCA must sign & date form.
 - **Page 2 of 3:** Section 2 and Certification Section must be completely filled out including filling in the PCA's first date of employment & Consumer/Surrogate is required to sign.
- **PCA Signature Form:** Consumer name needs to be written in the designated spot, the relationship box checked & the PCA must sign & date form.



One of the below options is REQUIRED as of 1/1/17

- **Direct Deposit Application:** the PCA signature is required. For a checking account we need a voided check **or** a bank letter. For a savings account we need a bank letter. *(Please see middle section of direct deposit form for more details)*
- **Debit Card Enrollment Form:** PCA signature is required **and** Consumer information must be filled in.

The below forms are Optional

- **E-Timesheets User Agreement Form:** the Consumer/Surrogate **and** the PCA are required to sign the form and have different email addresses.
- **Union Application:** If the PCA would like to join, fill out the application **and mail to the Union.**

**Paperwork should be submitted before the PCA starts working,
It takes Tempus Unlimited, Inc. approximately 3-5 business days to
set up a new PCA.**

Any questions, please contact us at 1.877.479.7577

Form W-4 (2018)

Future developments. For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. You may claim exemption from withholding for 2018 if **both** of the following apply.

- For 2017 you had a right to a refund of **all** federal income tax withheld because you had **no** tax liability, **and**
- For 2018 you expect a refund of **all** federal income tax withheld because you expect to have **no** tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2018 expires February 15, 2019. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2018 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at www.irs.gov/W4App to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2018. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

Filers with multiple jobs or working spouses. If you have more than one job at a time, or if you're married and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Other Income Worksheet on page 3 or the calculator at www.irs.gov/W4App to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or W-4P.

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

Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

Line C. Head of household please note: Generally, you can claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

Line E. Child tax credit. When you file your tax return, you might be eligible to claim a credit for each of your qualifying children. To qualify, the child must be under age 17 as of December 31 and must be your dependent who lives with you for more than half the year. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse, during the year.

Line F. Credit for other dependents. When you file your tax return, you might be eligible to claim a credit for each of your dependents that don't qualify for the child tax credit, such as any dependent children age 17 and older. To learn more about this credit, see Pub. 505. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total income includes all of

----- Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074
		▶ Whether you're entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		2018
1 Your first name and middle initial		Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."		
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. ▶ <input type="checkbox"/>		
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)		5		
6 Additional amount, if any, you want withheld from each paycheck		6 \$		
7 I claim exemption from withholding for 2018, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		7		
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.				
Employee's signature (This form is not valid unless you sign it.) ▶		Date ▶		
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)		9 First date of employment	10 Employer identification number (EIN)	

Formulario W-4(SP) (2018)

Acontecimientos futuros. Toda información sobre acontecimientos futuros que afecten al Formulario W-4(SP) (como legislación aprobada después de que el formulario ha sido publicado) será anunciada en www.irs.gov/FormW4SP.

Propósito. Complete el Formulario W-4(SP) para que su empleador pueda retener la cantidad correcta del impuesto federal sobre los ingresos de su paga. Considere completar un nuevo Formulario W-4(SP) cada año y cuando su situación personal o financiera cambie.

Exención de la retención. Puede reclamar la exención de la retención para 2018 si **ambas** de las siguientes situaciones le corresponde:

- Para 2017 tenía derecho a un reembolso de **todo** el impuesto federal sobre los ingresos retenido porque **no** tenía obligación tributaria.
- Para 2018 espera un reembolso de **todo** el impuesto federal sobre ingreso retenido porque **no** tiene obligación tributaria.

Si está exento, llene **sólo** las líneas 1, 2, 3, 4 y 7 y firme el formulario para validarlo. Su exención para 2018 vence el 15 de febrero de 2019. Vea la Publicación 505, *Tax Withholding and Estimated Tax* (Retención de impuestos e impuesto estimado), en inglés, para saber más sobre si reúne los requisitos para la exención de la retención.

Instrucciones Generales

Si no está exento, siga el resto de estas instrucciones para determinar el número de retenciones que debe reclamar para propósitos de la retención para 2018 y cualquier cantidad adicional de impuestos a ser retenida. Para los salarios normales, la retención tiene que basarse en los descuentos que reclamó y no puede ser una cantidad fija ni un porcentaje de los salarios.

También puede usar la calculadora en www.irs.gov/W4AppSP para determinar su retención de impuestos con mayor precisión. Considere usar esta calculadora si

tiene una situación tributaria más complicada, como por ejemplo, si tiene un cónyuge que trabaja, si tiene más de un trabajo o tiene una cantidad alta de ingresos no derivados del trabajo aparte de su trabajo. Después de que su Formulario W-4(SP) entre en vigencia, también puede usar esta calculadora para ver cómo la cantidad de impuestos que tiene retenida se compara con su impuesto total previsto para 2018. Si usa la calculadora, no necesita completar ninguna de las hojas de trabajo para el Formulario W-4(SP).

Tenga en cuenta que si retiene demasiados impuestos recibirá un reembolso cuando presente su declaración de impuestos. Si no retiene suficientes impuestos, adeudará impuestos cuando presente su declaración de impuestos y puede estar sujeto a una multa.

Personas con múltiples trabajos o con cónyuges que trabajan. Si tiene más de un trabajo a la vez, o si está casado y ambos de ustedes trabajan, lea todas las instrucciones, incluyendo las instrucciones para la **Hoja de Trabajo para los Asalariados con Múltiples Empleos** antes de comenzar.

Si tiene una cantidad alta de ingresos no derivados del trabajo, tales como intereses o dividendos, considere hacer pagos de impuestos estimados usando el Formulario 1040-ES, *Estimated Tax for Individuals* (Impuesto estimado para personas físicas), en inglés. De lo contrario, puede adeudar impuestos adicionales. O bien, puede usar la **Hoja de Trabajo para Deducciones, Ajustes e Ingreso Adicional** en la página 4 o la calculadora en www.irs.gov/W4AppSP para asegurarse de tener suficientes impuestos retenidos de su cheque de paga. Si tiene ingresos por concepto de pensión o anualidad, vea la Publicación 505 o utilice la calculadora en www.irs.gov/W4AppSP para saber si tiene que ajustar su retención en el Formulario W-4(SP) o el Formulario W-4P, en inglés.

Extranjero no residente. Si es extranjero no residente, vea el Aviso 1392, *Supplemental Form W-4 Instructions for Nonresident Aliens* (Instrucciones complementarias para el Formulario W-4 para extranjeros no residentes), en inglés, antes de completar este formulario.

MUESTRA

----- Separe aquí y entregue su Formulario W-4(SP) a su empleador. Guarde la(s) hoja(s) de trabajo en sus archivos. -----

Formulario W-4(SP) Department of the Treasury Internal Revenue Service	<h2>Certificado de Exención de Retenciones del Empleado</h2> <p>► Su derecho a reclamar cierto número de descuentos o a declararse exento de la retención de impuestos está sujeto a revisión por el IRS. Su empleador puede tener la obligación de enviar una copia de este formulario al IRS.</p>	OMB No. 1545-0074 2018
1 Su primer nombre e inicial del segundo PRIMER NOMBRE INICIAL DEL SEGUNDO NOMBRE		Apellido APELLIDO DEL PCA
Dirección (número de casa y calle o ruta rural) DIRECCIÓN DEL PCA		2 Su número de Seguro Social 000-00-0000
Ciudad o pueblo, estado y código postal (ZIP) CIUDAD, ESTADO Y CÓDIGO POSTAL DEL PCA		3 <input type="checkbox"/> Soltero <input type="checkbox"/> Casado <input type="checkbox"/> Casado, pero retiene con la tasa mayor de Soltero Nota: Si es casado, pero está legalmente separado, marque el recuadro "Casado, pero retiene con la tasa mayor de Soltero".
5 Número total de exenciones que reclama (de la hoja de trabajo que le corresponda en las siguientes páginas)		5 <input style="width: 40px;" type="text"/>
6 Cantidad adicional, si la hay, que desea que se le retenga de cada cheque de paga		6 \$ <input style="width: 40px;" type="text"/>
7 Reclamo exención de la retención para 2018 y certifico que cumplo con ambas condiciones, a continuación, para la exención: • El año pasado tuve derecho a un reembolso de todos los impuestos federales sobre el ingreso retenidos porque no tuve obligación tributaria alguna y • Este año tengo previsto un reembolso de todos los impuestos federales sobre los ingresos retenidos porque tengo previsto no tener una obligación tributaria. Si cumple con ambas condiciones, escriba "Exempt" (Exento) aquí ►		
Bajo pena de perjurio, declaro haber examinado este certificado y que a mi leal saber y entender, es verídico, correcto y completo.		
Firma del empleado (Este formulario no es válido a menos que usted lo firme). ► FIRMA DEL PCA		Fecha ► FECHA DE HOY
8 Nombre y dirección del empleador (Empleador: Complete las líneas 8 y 10 si envía este certificado al IRS y complete las líneas 8, 9 y 10 si lo envía al State Directory of New Hires (Directorio estatal de personas recién empleadas).		9 Primera fecha de empleo
NOMBRE DE CONSUMIDOR:		10 Número de identificación del empleador (EIN)
NUMERO DEL CONSUMIDOR:		



THE 9 MOST COMMON I-9 MISTAKES

1. The Employee fails to sign and date the attestation
2. The Employer fails to have the employee complete Section 1 by the first day of employment (that is, the first day for pay)
3. The employee doesn't check the box indicating status (i.e. US citizen, lawful permanent resident), or the employee checks multiple boxes
4. The translator or preparer doesn't complete the Preparer box
5. The employer fails to enter acceptable documents on the form, including the document number, title issuing agency, and expiration date
6. The Employer demands certain documents (i.e. social security card)
7. The Employer does not complete Section 2 by the third day of employment
8. The Employer fails to enter the date of hire. This should match the date on payroll records
9. The Employer representative does not sign, date, and print his or her name on the certification

What if the Employee's Documentation Doesn't Look Right?

- As an employer, you can reject the document and ask them to produce another document from the list

What if the document presented is different from what the employee has written? (i.e. name is spelled differently)

- Ask the employee about the discrepancy. If the document appears to look genuine, ask the employee to correct the form and initial the change or provide a copy of the corrected document.



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

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.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)
Address (Street Number and Name)			Apt. Number	City or Town	State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number □□□□ - □□ - □□□□		Employee's E-mail Address		Employee's Telephone Number

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i>	
1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____	QR Code - Section 1 Do Not Write In This Space

Signature of Employee	Today's Date (mm/dd/yyyy)
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Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

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		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



Employer Completes Next Page





Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear 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.

The employee's first day of employment (mm/dd/yyyy): _____ **(See instructions for exemptions)**

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative		Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

Section 3. Reverification and Rehires *(To be completed and signed by employer or authorized representative.)*

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

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

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status 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. 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 		<ol style="list-style-type: none"> 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 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 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 		<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 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 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

Personal Care Attendant Signature Form

MassHealth

THE COMMONWEALTH OF MASSACHUSETTS
Executive Office of Health and Human Services

Name of fiscal intermediary (FI) _____

- All PCAs hired by a PCA consumer must fill out and sign this form and give it to their employer (the PCA consumer).
- The PCA's employer (the PCA consumer) must submit this form to the FI, along with all other paperwork required by the FI and MassHealth.
- The FI cannot pay a PCA until all required paperwork is received and complete.
- MassHealth and the FI cannot pay a PCA to work
 - when the PCA consumer is in an inpatient facility, such as a hospital or nursing facility; or
 - when the amount of time that has been authorized by MassHealth has been exhausted or is insufficient.
- The PCA must read the rest of this form and sign below before receiving payment from the FI.

I agree to accept the position of personal care attendant (PCA) for _____
(name of PCA consumer).

I understand that my employer is the PCA consumer. My employer is responsible for hiring, firing, training and scheduling PCAs. My employer may select another person (a surrogate) to help manage his or her PCA services. I must notify my employer and the surrogate (if any), of any changes in my circumstances that would affect my ability to perform my duties as a PCA. I must complete and provide accurate Activity Forms (time sheets) to my employer or the FI as soon as I can. The FI will process payroll for my employer. My employer is responsible for giving the check to me (unless I requested that my check be deposited directly into my bank account). I must provide proof of my identity to my employer to complete the Employment Eligibility Verification form (Form I-9), which the Department of Homeland Security requires all employees to complete. (The FI will give my employer this form.)

I understand that the MassHealth PCA program pays for personal care services provided by a PCA only when the PCA provides physical assistance with activities of daily living (ADLs) or instrumental activities of daily living (IADLs) to an eligible PCA consumer who has obtained prior authorization from MassHealth for PCA services. PCA services must be provided in accordance with the PCA consumer's authorized PCA evaluation or reevaluation, service agreement, and MassHealth regulations at 130 CMR 422.410.

I understand that ADLs include physically assisting the PCA consumer with transferring, walking, using medical equipment, taking medications, bathing and grooming, dressing and undressing, passive range-of-motion exercises, eating, and toileting. I understand that IADLs include household services that are essential to the PCA consumer's care such as laundry, shopping, housekeeping, meal preparation and cleanup, transportation to medical appointments, activities such as maintenance of wheelchairs or other medical equipment, completing the paperwork required for receiving personal care services, and other activities approved by MassHealth as being instrumental to the health care needs of the PCA consumer.

I understand that my employer (the PCA consumer) will tell me which of these services require me to provide physical assistance.

I understand that I cannot be paid as a PCA if I am a spouse, parent (if the PCA consumer is a minor child), surrogate, foster parent, or legally responsible relative of the PCA consumer.

The following describes my relationship to my employer (the PCA consumer). (Please check one.)

- | | | |
|--|--|---|
| <input type="checkbox"/> adult child (18 yrs. or older) of member | <input type="checkbox"/> daughter-in-law of member | <input type="checkbox"/> son-in-law of member |
| <input type="checkbox"/> parent of adult (18 yrs. or older) member | <input type="checkbox"/> other relative (describe) | <input type="checkbox"/> nonrelative (describe) |

I certify under pains and penalties of perjury that the information on this signature form, and any accompanying statement that I have provided, has been reviewed and signed by me, and is true, accurate, and complete to the best of my knowledge. I also certify that I understand my duties, rights, and responsibilities as a PCA and that all the information I have provided to my employer (the PCA consumer), to the fiscal intermediary, to the personal care management agency, or to MassHealth is true and accurate to the best of my knowledge. I understand that I may be subject to civil penalties or criminal prosecution for any falsification, omission, or concealment of any material fact contained herein.

Print PCA Name _____ Date _____

PCA signature _____

Ayudante de atención individual

Formulario para la firma

MassHealth

THE COMMONWEALTH OF MASSACHUSETTS
Executive Office of Health and Human Services

Nombre del intermediario fiscal (FI, por sus siglas en inglés): _____

- Todos los Ayudantes de atención individual (PCA, por sus siglas en inglés) contratados por un usuario de PCA deberán llenar y firmar este formulario y entregárselo a su empleador (el usuario de PCA).
- El empleador de PCA (el usuario de PCA) deberá enviarle este formulario al intermediario fiscal, junto con toda la documentación adicional que exijan el intermediario y MassHealth.
- El FI no podrá realizarle pagos a un PCA hasta que se haya recibido toda la documentación requerida y esta esté completa.
- MassHealth y el FI no podrán pagarle a un PCA por trabajar:
 - cuando el usuario de PCA esté internado en un hospital o centro de enfermería; o
 - cuando la cantidad de tiempo que MassHealth haya autorizado se haya agotado o no sea suficiente.
- El PCA deberá leer el resto de este formulario y firmar en el espacio siguiente antes de recibir pagos del IF.

Estoy de acuerdo en aceptar el puesto de ayudante de atención individual (PCA, por sus siglas en inglés) para
_____ **(nombre del usuario de PCA).**

Entiendo que mi empleador es el usuario de PCA. Mi empleador está a cargo de contratar, despedir, capacitar y elaborar los horarios de los PCA. Mi empleador puede escoger a otra persona (un sustituto) que le ayude a manejar los servicios de PCA. Debo notificarles a mi empleador y al sustituto (si lo hubiera) cualquier cambio en mi situación que afecte mi capacidad para desempeñar mis labores de PCA. Debo llenar y entregarle a mi empleador o al sustituto Formularios de actividad (planillas de control de horas) exactos tan pronto como pueda. El FI procesará los pagos que deba realizarme mi empleador. Mi empleador tendrá la responsabilidad de entregarme el cheque (a menos que yo haya solicitado que mi cheque se deposite directamente en mi cuenta bancaria). Tendré que proporcionarle a mi empleador prueba de mi identidad para llenar el Formulario de verificación de cumplimiento de los requisitos de empleo (Formulario I-9), que el Departamento de Seguridad Nacional (Department of Homeland Security) requiere a todos los empleados. (El FI le entregará a mi empleador este formulario.)

Entiendo que el programa PCA de MassHealth solamente paga por los servicios de atención individual que presta un PCA cuando éste proporcione asistencia física para realizar actividades de la vida diaria (AVL, por sus siglas en inglés) y actividades instrumentales de la vida diaria (IADLs, por sus siglas en inglés) a un usuario de PCA elegible que haya obtenido autorización previa de MassHealth para recibir servicios de PCA. Los servicios de PCA deben prestarse de conformidad con la evaluación o reevaluación autorizada del usuario de PCA, con el contrato de servicios y las regulaciones de MassHealth en 130 CMR 422.410.

Entiendo que las ADLs comprenden asistir físicamente al usuario con las actividades cotidianas comprende ayudarlo a trasladarse, a caminar, a utilizar aparatos médicos, a tomar medicamentos, a bañarse y arreglarse, a vestirse y desvestirse, a realizar ejercicios pasivos para mejorar la amplitud de movimientos, a comer y a ir al baño. Entiendo que las IADLs comprenden servicios domésticos esenciales para la atención del usuario, tales como lavar la ropa, hacer las compras, mantener la casa ordenada, preparar las comidas y recoger los platos, llevarlo a citas médicas, realizar el mantenimiento de sillas de ruedas u otros equipos médicos, llenar los documentos requeridos para recibir los servicios de atención individual y otras actividades que MassHealth haya aprobado por ser instrumentales para satisfacer las necesidades relativas al cuidado de la salud del usuario de PCA. Entiendo que mi empleador (el usuario de PCA) me informará en cuáles de estos servicios se requiere que yo le preste asistencia física.

Entiendo que no me podrán pagar como un PCA si soy el cónyuge, el padre/la madre (si el usuario de PCA es un hijo menor de edad), el sustituto, el padre/la madre de crianza o el pariente legalmente responsable del usuario de PCA.

La siguiente es mi relación con mi empleador (el usuario de PCA). (Por favor marque una opción.)

- | | | |
|--|---|---|
| <input type="checkbox"/> Hijo adulto (de 18 años o más) del afiliado | <input type="checkbox"/> Nuera del afiliado | <input type="checkbox"/> Yerno del afiliado |
| <input type="checkbox"/> Padre/madre del afiliado adulto (18 años o más) | <input type="checkbox"/> Otro pariente (describa) | <input type="checkbox"/> No soy pariente (describa) |

Certifico bajo los castigos y penas de perjurio que la información que contiene este formulario para la firma y toda declaración adjunta que yo haya suministrado, han sido revisadas y firmadas por mí y son verdaderas, exactas y completas a mi mejor entender. También certifico que entiendo mis deberes, derechos y responsabilidades como PCA y que toda la información que he proporcionado a mi empleador (el usuario de PCA), al intermediario fiscal, a la agencia de administración de atención individual o a MassHealth es verdadera y exacta a mi mejor entender. Entiendo que yo podría ser objeto de sanciones de carácter civil o de denuncia penal por cualquier falsificación, omisión u ocultación de cualquier hecho fundamental incluido en este documento.

Nombre del PCA en imprenta: _____ Firma del PCA y fecha: _____

Firma del PCA: _____

DIRECT DEPOSIT APPLICATION

PCA'S Name: _____ PCA Phone Number: _____

Consumer #: _____ Consumer's Name: _____

Account Information

Name on Bank Account: _____

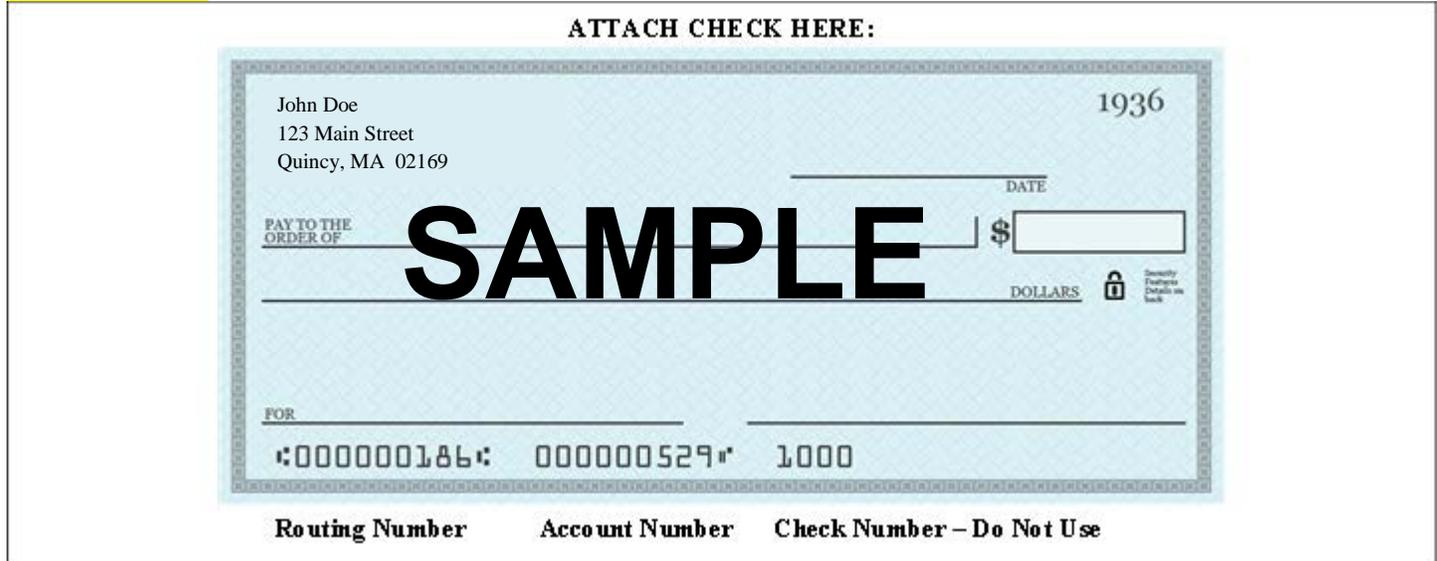
(PER MASSHEALTH - Direct Deposit Accounts must be in the name of the PCA only, the account cannot be a joint account shared by the PCA and the Consumer or the surrogate.)

Bank Name: _____

Bank Routing #: _____ Bank Account #: _____

This is a **Checking Account** **Savings Account**

For a checking account please attach a voided check or a copy of a check (Starter checks must contain a preprinted PCA name and account number). For a savings account please attach a document from the bank indicating the PCA's name, the routing number and account number (cannot be handwritten). **Do not attach a deposit slip. We will not process this application without a voided check, a copy of a check, or a document from your bank indicating the routing number and account number.**



I hereby authorize Tempus Unlimited, Inc. (hereinafter "Company") to deposit any amounts owed to me by initiating credit entries to my account at the financial institution (hereinafter "Bank") indicated on this form. Further, I authorize the Bank to accept and to credit any credit entries indicated by the Company to my account. In the event that the Company deposits funds erroneously into my account, I authorize the Company to debit my account for an amount not to exceed the original amount of the erroneous credit. This authorization is to remain in full force and effect until the Company and the Bank have received written notice from me of its termination in such time and in such manner as to afford the Company and the Bank reasonable opportunity to act on it.

PCA's Signature: _____ Date: _____

APLICACIÓN PARA DEPOSITO DIRECTO

Nombre de PCA: _____ Número Telefónico de PCA: _____

Numero de Consumidor: _____ Nombre de Consumidor: _____

Información de Cuenta

Nombre de persona en la cuenta de Banco: _____

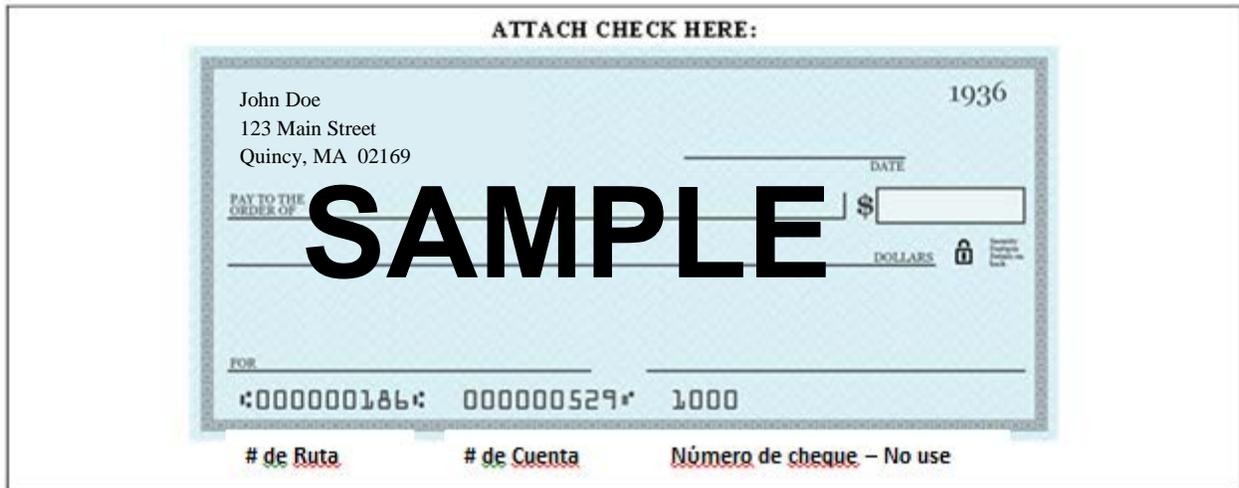
POR MassHealth - Cuentas de depósito directo deben de estar solamente a nombre del PCA, la cuenta no puede ser una cuenta conjunta compartida por el PCA y el consumidor o el delegado.

Nombre de Banco: _____

de Ruta: _____ # de Cuenta: _____

Estos es una **cuenta de chequera** **cuenta de ahorros**

Para una cuenta corriente, por favor sujete un cheque nulo o una copia del cheque (**Cheques de inicio tienen que tener el nombre del PCA y el número de cuenta preimpreso**). Para una cuenta de ahorros, por favor sujete un documento de su banco que indique el número de ruta y el número de cuenta (**no puede ser escrito a mano**). Por favor de no sujetar una hoja de depósito. **(No procesaremos esta aplicación sin un cheque nulo, una copia del cheque o un documento de su banco indicando el número de ruta y el número de cuenta.)**



Por la presente autorizo Tempus Unlimited, Inc. (de aquí en adelante “compañía”) a depositar cualquier cantidad debida yo iniciando entradas de crédito a mi cuenta en la institución financiera. (Más adelante “banco”) indicado en esta forma. Además, autorizo el banco a aceptar y a acreditar cualquier entrada de crédito indicada por la compañía a mi cuenta. En caso que la compañía deposite fondos erróneamente en mi cuenta, autorizo a la compañía al cargar cuenta por una cantidad que no exceda la cantidad original del crédito erróneo. Esta autorización es de permanecer a toda fuerza y efecto completo hasta que la compañía y el banco hayan recibido el aviso escrito de mí de su terminación en tal hora y de tal manera que le produzca a la compañía y al banco oportunidad razonable para actuar sobre ella.

Firma de PCA: _____ Fecha: _____

Focus Card™

ENROLLMENT FORM



To receive your PCA payments on a U.S. Bank Focus Card, fill out this form and return it to your Fiscal Intermediary. Your card will be mailed to the address provided in 7-10 business days.

First Name:

Last Name:

Address:

City:

State:

Zip Code:

Phone Number:

Social Security Number:

Date of Birth:

Email Address:

SAMPLE

Important Information About Procedures For Opening A New Account

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: when you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

I hereby authorize my employer to initiate credit entries (deposits) and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my Focus Card. This authorization will remain in effect until cancelled by me with written notification to my employer.

Signature:

Date:

Information below this line will be used by the Fiscal Intermediary only.

To assist the Fiscal Intermediary in processing your pay, please provide information about the individual to whom you provide Services (your "Client"):

Client Name:	Client Address	Street:	
		Apt/Suite	
Client No.:		City:	ZIP:



ELECTRONIC TIMESHEET SYSTEM

The newest and best way to submit timesheets is now available to you:

- ✓ Fast – The quickest way to get a completed timesheet into the payroll process.
- ✓ Easy – The system is very user-friendly.
- ✓ Accurate – The best way to ensure the timesheet does not contain errors

Sign up today using the form on the following page!

To see how it works, check out the videos at:

<http://www.youtube.com/channel/UCqU7IfXkUh4DoTQD2Fdja2Q>

SISTEMA ELECTRÓNICO DE NÓMINAS

La nueva y mejor manera de presentar nóminas es disponible ahora para usted:

- ✓ Rápido – La manera más rápida de hacer llegar una nómina completada al proceso de plantilla.
- ✓ Fácil – El Sistema es muy fácil de manejar.
- ✓ Preciso – La mejor manera de asegurarse que la nómina no contenga errores.

¡Apúntese hoy utilizando el formulario en el dorso! Favor de ver la sección de formularios en nuestra página de web www.tempusunlimited.org para la versión en español del acuerdo.

Para ver como funciona, favor de ver los videos en:

<http://www.youtube.com/channel/UCqU7IfXkUh4DoTQD2Fdja2Q>

Electronic Timesheets Agreement

I. About The Electronic Timesheets Module

- a. The Electronic Timesheets Module is a web-based interface through which Consumers, Surrogates, Personal Care Attendants (PCAs)/Workers, and Fiscal Intermediary staff can respectively view relevant timesheet information.
- b. Consumers, Surrogates and PCAs/Workers will be able to use the system to both submit and approve timesheets electronically for payment by the Fiscal Intermediary.
- c. A Consumer is not required to have a Surrogate in order to use the system. But in cases where a Consumer does have a Surrogate and the Consumer approves the Surrogate to have access to the Electronic Timesheets Submission Interface, both the Consumer and his/her Surrogate will have identical abilities to enter and approve timesheets for payment.

II. Terms and Conditions

By signing below, you are agreeing to the following Terms and Conditions:

- a. The Consumer and/or Surrogate (if applicable) and the PCA/Worker **each have a valid, separate e-mail address** to which they have frequent access.
- b. The Consumer and/or Surrogate (if applicable) and the PCA/Worker **each agree to maintain a valid separate e-mail address** during the term of this agreement and to notify Tempus Unlimited, Inc. of any changes to their e-mail addresses.
- c. The Consumer, his/her Surrogate (if applicable) and the PCA/Worker agree to use the Electronic Timesheets Submission Interface as a method of submitting timesheets.
 - i. Signing this Agreement does not require you to only use the Electronic Timesheets Submission Interface. Other methods of submitting time, such as faxing or mailing, are still acceptable.
- d. A timesheet may only be submitted electronically if the Consumer and/or Surrogate (if applicable) and the PCA/Worker have executed this agreement.
- e. An individual Electronic Timesheets Agreement is required for each Consumer and PCA/Worker relationship that chooses to use the Electronic Timesheets Submission Interface.
 - i. This is true even if the Consumer or PCA/Worker is already using the Electronic Timesheets Submission Interface in another Consumer and PCA/Worker relationship.

SAMPLE

III. Termination of the Agreement

- a. The Consumer, his/her Surrogate (if applicable) or the PCA/Worker may terminate this agreement at any time by submitting such request in writing to Tempus Unlimited, Inc.

Consumer Printed Name: _____	Consumer #: _____
Consumer E-mail: _____	
Consumer Signature: _____	Date: _____
Surrogate Printed Name: _____	
Surrogate E-mail: _____	
Surrogate Signature: _____	Date: _____
PCA/Worker Printed Name: _____	
Last 4 digits of SS#: _____	
PCA/Worker E-mail: _____	
PCA/Worker Signature: _____	Date: _____

Módulo de Nóminas Electrónicas

I. Sobre el Módulo de Nóminas Electrónicas

- a. El Módulo de Nóminas Electrónicas es un interfaz basado en web a través del cual los Consumidores, Delegados, Asistentes de Cuidado Personal (PCA)/Trabajadores y el personal del Intermediario Fiscal pueden ver respectivamente información de las nóminas.
- b. Consumidores, Delegados y PCA/Trabajadores podrán utilizar el sistema tanto para presentar como para aprobar nóminas electrónicamente para el pago por el Intermediario Fiscal.
- c. No le es requerido al Consumidor tener un Delegado para poder utilizar el sistema. Pero en casos cuando el consumidor si tiene un Delegado y el consumidor aprueba al Delegado para que tenga acceso al Interfaz de Presentación de Nóminas Electrónicas, tanto el Consumidor como su Delegado tendrán capacidades idénticas de entrar y aprobar nóminas para el pago..

II. Términos y Condiciones

Al firmar más adelante, usted está de acuerdo con los términos y condiciones:

- a. El Consumidor y/o el Delegado (si corresponde) y el PCA/Trabajador acuerdan en **cada uno mantener una dirección de correo electrónico válida y separada** al cual tienen acceso frecuente.
- b. Tanto el Consumidor y/o el Delegado como el PCA/Trabajador **acuerdan en mantener una dirección de correo electrónico válida y separada** durante el periodo de este acuerdo y de notificarle a Tempus Unlimited, Inc. de cualquier cambio a sus direcciones de correo electrónico.
- c. El Consumidor y su Delegado (si corresponde) y el PCA/Trabajador acuerdan en utilizar el Interfaz de Presentación de Nóminas Electrónicas como método de presentar nóminas.
 - i. Firma de este acuerdo no requiere que se utilice únicamente el Interface de Presentación de Nóminas Electrónicas. Otros métodos de presentar nóminas, tales como enviar por fax o por correo, todavía son aceptables.
- d. Una nómina solo puede ser presentada electrónicamente si el Consumidor y/o el Delegado (si corresponde) y el PCA/Trabajador han ejecutado este acuerdo.
- e. Un Acuerdo Individual de Nóminas Electrónicas es requerido para cada relación de Consumidor y PCA/Trabajador que decida utilizar el Interfaz de Presentación de Nóminas Electrónicas.
 - i. Esto es cierto incluso si el Consumidor o el PCA/Trabajador ya está utilizando el Interfaz de Presentación de Nóminas Electrónicas en otra relación de Consumidor y PCA/Trabajador.

III. Terminación del Acuerdo

- a. El Consumidor, su Delegado (si corresponde) o el PCA/Trabajador puede terminar este acuerdo en cualquier momento presentando tal pedido por escrito a Tempus Unlimited, Inc.

Nombre Impreso del Consumidor: _____ Número de Consumidor #: _____

E-mail del Consumidor: _____

Firma del Consumidor: _____ Fecha: _____

Nombre Impreso del Delegado: _____

E-mail del Delegado: _____

Firma del Delegado: _____ Fecha: _____

Nombre Impreso del PCA/Trabajador: _____ Últimos 4 dígitos del número

E-mail del PCA/Trabajador: _____ de SS: _____

Firma del PCA/Trabajador: _____ Fecha: _____