

ATTENDANT APPLICATION PACKET INSTRUCTIONS

APPLICATION

1. Attendant is to fill out completely, sign and date.

FAMILY CARE SAFETY REGISTRY FORMS

****IMPORTANT: All attendants hired by a consumer must be registered with the Family Care Safety Registry.

NO ATTENDANT CAN BEGIN WORKING UNTIL EITHER:

A) ILRC HAS NOTIFIED THE ATTENDANT AND/OR CONSUMER THAT THE ATTENDANT IS REGISTERED WITH FCSR AND DOES NOT HAVE ANY MATCHES ON THEIR BACKGROUND CHECK.

OR

B) IF THE ATTENDANT HAS MATCHES ON THEIR FCSR, THE ATTENDANT HAS APPLIED FOR AND BEEN GRANT THE GOOD CAUSE WAIVER.

If the attendant is not currently registered with the Family Care Safety Registry, the consumer and the attendant MUST complete the 2 FCSR forms and submit them to ILRC along with the one-time \$5 registration fee. ILRC will then submit those forms to FCSR to be processed. Once we receive notification from FCSR that the attendant's FCSR has been processed, ILRC will notify the consumer of the results.

GOOD CAUSE WAIVER APPLICATION

If the attendant has no matches on his/her FCSR, this form does NOT need to be completed. If the attendant has any matches, the form needs to be completed and submitted to Missouri Department of Health.

1. Attendant is to complete all applicable sections.
2. Attach all necessary documents, as indicated in Section G.
3. Attendant is to sign, date, and submit to Department of Health. Again, the attendant CANNOT begin working until they have been granted the Good Cause Waiver.

EMPLOYMENT ELIGIBILITY VERIFICATION (I-9)

1. Attendant is to complete Section 1.
2. Attendant is to sign and date.
3. Consumer signs in Section 2, under 'Signature of Employer'
4. Copy Attendant's State ID and Social Security Card.

FEDERAL TAX FORM W-4

1. Attendant is to complete bottom section of this form, including your filing status (single or married) and number of withholdings.
2. Attendant is to sign and date.

STATE TAX FORM W-4

1. Attendant is to complete this form, including filing status and number of withholdings.
2. Attendant is to sign and date.

OHCDS CONTRACT

1. Fill in consumer name on first page.
2. Center name is ILRC.
3. Fill in attendant name on first page.
4. Period of contract date is the day that the attendant begins working for the consumer.
5. Attendant is to sign and date.

ORIENTATION FORM

1. Consumer and attendant need to review this form together and ensure that all information has been provided and reviewed.
2. Review the checklist, to ensure that you have all necessary paperwork prior to submitting, so that there is no delay with the attendant's payroll.
3. Consumer and attendant are to sign and date this form.