

Hiring Document Checklist for Consumers

Please use this checklist to guide you in completing necessary hiring documents. If you maintain your own employee/attendant files, please do *not* mail us the original documents. As a reminder: **your PA/employee cannot start working until you are provided with a start date by your Service Coordination Agency or Attendant Services Maine.**

Documents Needed for the Background Check:

- ☐ PA Payroll Information Form
- ☐ Personal Attendant Application Form
- ☐ Personal Attendant Policy Form
- ☐ Background Check Authorization Form
- ☐ I-9 Form
- ☐ Copies of ID's needed for I-9 Form
- ☐ Copy of Social Security Card
- ☐ Federal W-4 Form
- ☐ State of Maine W-4ME Form
- ☐ Direct Deposit Form (Direct Deposit participation is optional)
 - ☐ Voided check for Direct Deposit **OR** signed bank letter confirming account/routing number (**additionally required** for Direct Deposit)

Forms Due to Your Service Coordination Agency within 21 Days of Hire:

- ☐ Personal Attendant Competency Certification Form
- ☐ Smoking and Oxygen Policy Form

Don't forget to check for these common errors!

- 📖 Am I using the current version of forms?
- 📖 Is everything signed by me/my employee where needed?
- 📖 Are necessary fields filled out on all forms, including the I-9?
- 📖 Do I have a clear and readable copy of my PA's work documents, including their social security card?

Hiring Document Tips for Consumers

Form I-9

Section 1 (on page 1) of the I-9 form can be filled out by your employee.

Don't forget! Did they use a translator or a preparer?

Section 2 (on page 2) of the I-9 form, especially the *List portion*, can be a bit confusing because it can be hard to know what authorization documents go in which box.

- ✓ Before you take your employee's employment documents, make sure you fill in the required fields: **Last Name**, **First Name**, and **Citizenship** (Write the corresponding number from the prior page. If on I-9 Page 1 they chose "1. US Citizen," you'd just write: "1.")
- ✓ You can use **List of Acceptable Documents** as a sort of "cheat sheet" to know what your employee could provide, and where to record it on the I-9 form.

If your employee provides...

...a **List A** item (like a passport) they only need to provide one **List A** item.

...a **List B** item (like a driver's license) they also need to provide a **List C** item.

...a **List C** item (like a birth certificate) they also need to provide a **List B** item.

- ✓ **Document Title**, **Issuing Authority**, **Document Number**, and **Expiration Date** are required fields. All of these will be written on the document itself. If something doesn't apply (Like an expiration date with a birth certificate), please write "**N/A**" in that field.
- ✓ You are the employer, not Attendant Services/Alpha One. That means that you would put your information down when the form asks for the **Employer's First and Last Name**, **Address**, and **Signature**, and so on.

Section 3 This doesn't apply. You can leave it blank!

Tax Forms

You'll see that your employee has the option of having federal and state income taxes withheld from their paycheck. Please make sure that all three forms: **Personal Attendant Federal and State Income Tax Update**, **W-4**, and **W-4ME** are filled out regardless of their choice about withholding taxes.

Direct Deposit Form

Please advise your employee that we can't process direct deposit requests without a voided check or a written notification from the bank (that is signed by a banking representative). The purpose of this is to ensure accuracy regarding bank account numbers.

tel | 800.640.7200
fax | 207.799.8346



P.O. Box 2128
South Portland, ME 04116

PA Payroll Information Form

Employee/Attendant's Name (Printed): _____

Employer/Rep's Name (Printed): _____

1. PA Pay Rate (Sec. 19: \$12-12.25; HBC: \$12; PDN: \$12; Sec. 12: \$12): \$ _____

2. Do you want us to take taxes out of this PA's pay check? ☐ Yes ☐ No

3. Will the PA live at the same address as the consumer? ☐ Yes ☐ No

4. Is the PA the *legal guardian* of the consumer? ☐ Yes ☐ No

5. The **PA** is the **employer's**....

☐ Spouse

☐ Sibling

☐ Parent/Guardian

☐ Power of Attorney

☐ Step Parent/Adoptive Parent

☐ No Relationship

☐ Child (over 18)

☐ Other (Please Specify): _____

☐ Child (under 18, the PA is a minor)

I understand that depending on the above selected type of relationship I have with my employer, I may be exempted from FICA (Social Security and Medicare), FUTA (Federal Unemployment) and/or SUTA (State Unemployment). *Be sure to check with your local unemployment office for additional information in regards to FUTA and SUTA.*

I understand that regardless of my relationship with the above-listed employer, I am still subject to all employment requirements including, but not limited to: background checks, training, and Federal, State, and local tax withholdings. Also, additional approval from the employer's authorizing agency is required before employment may begin.

I understand that if my relationship with the above-listed employer changes at any time, I must notify Attendant Services within 3 business days. Failure to do so may require me to pay back all amounts received under this employment arrangement while a conflict of interest was in existence.

I certify that the above information is accurate and complete. I certify that any rate changes will begin once received by Attendant Services, and cannot be backdated to previous pay periods. I certify that I am the employer and that I am to set my employee(s)/attendant(s)' hourly wages. I certify that Attendant Services is not the employer of my employee(s)/attendant(s) and that they are only my authorized payroll provider. I understand that payments are from Federal and State funds and any false statements will be prosecuted under applicable laws.

Consumer/Employer Signature: _____ Date: _____

Attendant/Employee Signature: _____ Date: _____

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fax | 207.799.8346



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South Portland, ME 04116

Consumer's Personal Attendant Policy Form

The Attendant is hired and supervised directly by the Consumer or Representative (Sec 19 only). The Attendant must comply with the following policies developed by Consumer:

1. There is a probation period of 21 days from the date of hire. Program rules require a Competency Certification Statement will be submitted by the Consumer to their Service Coordination Agency within the first 21 days of hire.
2. The relationship between the Attendant and the Consumer/Representative is considered professional. **Confidentiality is required.** Consumer will provide Attendant with further documentation regarding Attendant's confidentiality requirements.
3. After an offer of employment is made, but before work begins, the Attendant must complete W-4 Forms, W-4ME, Policies Form and I-9 Form, which the Consumer will send to Attendant Services for payroll processing purposes.
4. Any change of address or withholding information must be reported immediately to the Consumer at which time the Consumer may ask you to complete a new W-4, W4-ME and/or other documentation which the Consumer will send to Attendant Services Maine.
5. Timesheets must be completed and signed by both the Consumer or Representative and the Attendant. These timesheets cannot exceed the authorized number of hours per week allocated by the Consumer. It is the responsibility of the Consumer to submit timesheets. All checks/direct deposits will be sent out on Friday and mailed directly to the Attendant's home if the Attendant does not utilize direct deposit.
6. Any Attendant who has not submitted a valid timesheet for sixty (60) consecutive days will be considered inactive and will be terminated by the Consumer.
7. An Attendant will not be paid if services are not required during any given week. For example, if the Consumer is hospitalized the Attendant cannot bill for services. However, any Attendant may apply to receive unemployment during this time.
8. Attendant is physically able to complete all tasks on his/her job description, which is attached to this document. If that should change, the Attendant is to notify the Consumer immediately. For your protection all Attendants are covered by Worker's Compensation, if an accident occurs on the job which results in an injury, the Attendant should notify the Consumer immediately.
9. It is recommended that Attendant's obtain Personal Liability Insurance.
10. Attendant understands that all applicable background checks have been performed and that he/she will notify the Consumer if the Attendant is convicted of any crime during the course of his/her employment.
11. Attendant understands that payment of Attendant wages is from Government funds. Any false statements or concealment may be prosecuted under applicable Federal and/ or State laws.

I have read and understand the above policies.

Signature: _____ Date: _____

tel | 800.640.7200
fax | 207.799.8346



P.O. Box 2128
South Portland, ME 04116

Personal Attendant Application Form

First Name: _____ **Last Name:** _____ **MI:** _____

Address: _____

Phone: () _____ **E-mail:** _____

How long have you lived at your current address? _____

If less than six months, please list your past address: _____

Are you legally authorized to work in the United States? ☐ Yes ☐ No

Are you at least 18 years old? ☐ Yes ☐ No

Name of consumer you are applying to work for: _____

Are you or have you been a Certified Nursing Assistant (CNA)? ☐ Yes ☐ No

If yes, year of certification: _____ License Number: _____ Is your license currently active? _____

Have you ever been reported to the Board of Nursing? ☐ Yes ☐ No

Do you have a valid driver's license? ☐ Yes ☐ No

If yes, License Number: _____ State: _____ Exp. Date: _____

Do you have a car currently available to you? ☐ Yes ☐ No Is it insured? ☐ Yes ☐ No

Have you ever been convicted of a criminal offense (felony or misdemeanor)? ☐ Yes ☐ No

If yes, please explain: _____

Please provide the names and contact information for two references who are not family members:

Name: _____ **Phone:** () _____ **E-mail:** _____

Name: _____ **Phone:** () _____ **E-mail:** _____

Please list past employment:

Name: _____ **Phone:** () _____ **Position:** _____

Dates: _____

Name: _____ **Phone:** () _____ **Position:** _____

Dates: _____

Have you ever been terminated from a position or resigned in lieu of termination? ☐ Yes ☐ No

If yes, please describe the circumstances: _____

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Would you be willing to (Please check all that apply):

☐ Cook ☐ Clean ☐ Drive ☐ Shop ☐ Help with hygiene ☐ Emergency work (if needed)

Monday Hours: Available from _____ to: _____ Friday Hours: Available from _____ to: _____
Tuesday Hours: Available from _____ to: _____ Saturday Hours: Available from _____ to: _____
Wednesday Hours: Available from _____ to: _____ Sunday Hours: Available from _____ to: _____
Thursday Hours: Available from _____ to: _____ If hired, on what date can you start working? _____

I certify the above information is true and correct and acknowledge that if any information is discovered to be inaccurate it will result in rejection of my application and/or disciplinary action up to and including termination.

I authorize the Consumer and his/her representatives to contact my prior employers for the purpose of verification of the information I have supplied and release my prior employers from any liability resulting from the information released. I authorize employers, schools, and other persons named on this application to provide any information or transcripts requested.

I understand employment with the Consumer is contingent on my providing sufficient documentation necessary to establish my identity and eligibility to work in the United States.

I understand that as permitted under applicable state and federal law, I may be subject to a pre-employment background check after receiving a conditional offer of employment to investigate my criminal background, driving record, and other matters related to my suitability for employment. I understand that a separate disclosure and consent form will be provided to me prior to any background check.

Signature: _____ Date: _____



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) Employee		First Name (Given Name) Imma		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name) 10 Myroad Rd.			Apt. Number	City or Town Mytown	State ME	ZIP Code 04000
Date of Birth (mm/dd/yyyy) 01/01/1990		U.S. Social Security Number 000 - 00 - 0000		Employee's E-mail Address employedPA@email.com		Employee's Telephone Number (207) 999-9999

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 checked="" 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: _____	
<div style="border: 1px solid black; padding: 10px; text-align: center;"> QR Code - Section 1 Do Not Write In This Space </div>	

Signature of Employee Imma Employee	Today's Date (mm/dd/yyyy) 01/01/2018
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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) Employee	First Name (Given Name) Imma	M.I.	Citizenship/Immigration Status #1
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title Maine Driver's License		Document Title Social Security Card
Issuing Authority		Issuing Authority Maine Secretary of State		Issuing Authority Social Security Administration
Document Number		Document Number 555555		Document Number 000-00-0000
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy) 12/31/2020		Expiration Date (if any)(mm/dd/yyyy) n/a
Document Title		<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> Additional Information </div> <div style="width: 35%; border: 1px solid black; padding: 5px;"> QR Code - Sections 2 & 3 Do Not Write In This Space </div> </div>		
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 Imma Employer	Today's Date (mm/dd/yyyy) 01/01/2018	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative Employer	First Name of Employer or Authorized Representative Imma	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name) 55 Mystreet St.	City or Town Mycity	State ME	ZIP Code 04999

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 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.



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: _____	
<div>QR Code - Section 1 Do Not Write In This Space</div>	

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





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(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 #1
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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		<div>Additional Information</div> <div>QR Code - Sections 2 & 3 Do Not Write In This Space</div>		
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
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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.



STATE OF MAINE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
Maine Background Check Center
Notification and Authorization and Release

Driver's License # and State of Issue/Passport Number:

Date of Birth:

Applicant / Employee Full Legal Name: (First, Middle, Last)

List all Aliases/Maiden Names:

Address:

Phone number:

Position(s) Applied for:

Occupational or Professional Licensing Identification Numbers and Type (if applicable) and State of Issue:

Notice to the Applicant / Employee

This organization has offered you a position contingent upon a clear background check. The organization requires you to consent to the comprehensive background check. Your eligibility to work in this position is dependent upon whether you have a disqualifying offense in your background.

You must authorize a release of information relevant to your background, including your criminal history records and any substantiation for child or adult abuse. This information will be sent to the Maine Background Check Center and other Federal or State agencies as needed to investigate your background.

The comprehensive background check requires you to provide personally identifiable information including your name and date of birth. You may voluntarily provide additional identifying information, including physical description information in order to speed up your criminal history records check and avoid a false match of criminal records.

The comprehensive background check includes, without limitation, searches of Federal and State criminal history repositories, public registries and databases relevant to health or child care services, and state-maintained databases for abuse and neglect substantiated findings. Your name will also be checked for a match on the National and Maine sex offender registries. If you have a professional or occupational license, the licensing authority will be contacted to validate your licensing status. Searches may not be limited to the State of Maine, and may include every jurisdiction where you have lived.

If you have a disqualifying offense as defined in 22 M.R.S. Ch. 1691 in your background, you will not be eligible to work in this position, or for this or any organization subject to 22 M.R.S. Ch. 1691 unless the disqualifying offense meets the criteria for a waiver pursuant to 22 M.R.S. Ch. 1691, the Maine Background Check Center act.

Authorization and Release by the Applicant / Employee**Please Initial Each Line**

	I authorize the employer named herein to request the Maine Background Check Center to conduct the comprehensive background check described above.
	I authorize any duly assigned representative of the Maine Background Check Center to conduct a background investigation and receive any criminal history record information pertaining to me, which may be in the files of any Federal, State or local criminal justice agency.
	I authorize the U.S. Department of Justice to release my criminal history records to the Maine State Bureau of Identification, and the Maine Department of Health and Human Services pursuant to 5 U.S.C. Section 552a.
	I release the Maine Background Check Center from any liability for the release of information concerning my background to employers.

Acknowledgements of the Applicant / Employee**Please Initial Each Line**

	I understand my personal identification information will be disclosed to Federal, State or local agencies in conjunction with the application process, and I consent to such disclosure.
	I understand that the Maine Background Check Center may use the criminal justice information systems to obtain current criminal history records, and that my criminal records will be monitored for new events.
	I understand that records of civil and criminal disqualifying offenses as defined in 22 M.R.S. Ch. 1691 may result in a permanent or temporary employment ban for this position.
	I further understand that, prior to the receipt of a finalized non-disqualifying background check report; this employer can only employ me conditionally for up to sixty (60) days.
	I acknowledge that I have been provided with the notices and appeal information described in 22 M.R.S. Ch. 1691, as well as the notice of an opportunity to correct inaccuracies in my record information.
	I agree to defend, indemnify and hold harmless the Federal and State agencies and agency employees to whom this background check request is presented from and against all claims, damages, lawsuits, losses and expenses, including reasonable attorney's fees arising out of or by reason of complying with this request.

****Any individual who fails to make a full and complete disclosure on an application or a full and complete disclosure of any information required to obtain a criminal history record, is subject to civil and criminal penalties.**

Signature of Applicant or Employee

Date

Signature of Legal Guardian*

Date

*A legal guardian must sign this form if the applicant or employee is a minor.

****WARNING:** Title 18, Section 1001 of the U.S. Code, states whoever, in any matter within the jurisdiction of the executive, legislative, or judicial branch of the Government of the United States, knowingly and willfully — (1) falsifies, conceals, or covers up by any trick, scheme, or device a material fact; (2) makes any materially false, fictitious, or fraudulent statement or representation; or (3) makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry; shall be fined under this title, imprisoned not more than 5 years or, if the offense involves international or domestic terrorism (as defined in section 2331), imprisoned not more than 8 years, or both.



STATE OF MAINE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
Maine Background Check Center
Voluntary Consent for Disclosure of Personal Description

Attention Applicants / Employees

This organization is required to conduct a comprehensive background check, including a name-based criminal history records check, as a condition for engaging you in this position. Your organization must enter your name and date of birth to conduct a name-based criminal record check. It is common for more than one person to have the same or similar names and dates of birth or similar personal descriptions. Helping your organization enter accurate and detailed information about you and your physical description helps decrease the chance that a false criminal record match occurs. You may voluntarily allow this employer to enter other personal descriptors such as height, weight, eye color, hair color, gender, race, and place of birth. Your organization will enter this information into the Maine Background Check Center (MBCC) for comparison to State Bureau of Identification (SBI) criminal records.

If the SBI system does not find a matching record for the name and date of birth submitted a "NO OFFENSE FOUND" report will be sent to the MBCC. The MBCC will inform your organization that you do not have a criminal record.

If the SBI system finds a matching record for your name and date of birth, the MBCC will receive criminal history record information from SBI that includes personal descriptors to help make a positive identification. Without your personal descriptors, a name and date of birth check could result in a **"false positive,"** meaning that your name matches one or more possible criminal records, but the record is not yours. Therefore, the MBCC cannot eliminate you as the person listed in the name-matched records. Your organization, the MBCC, and the SBI would require more time and further information in order to determine whether you have or do not have a criminal record that will disqualify you from working in this position.

Mandatory Information		
First Name:	Middle Name:	Last Name:
Address:		
City, State, Zip:		
Maiden or Previous Married Name(s):		
Previous Name(s) / Aliases / Other:		
Date of Birth:		
Other states of residence for past 10 years:		

Voluntary Information						
Eye Color:	<input type="checkbox"/> Black <input type="checkbox"/> Blue <input type="checkbox"/> Brown <input type="checkbox"/> Green <input type="checkbox"/> Gray <input type="checkbox"/> Hazel <input type="checkbox"/> Maroon <input type="checkbox"/> Multi-colored <input type="checkbox"/> Pink <input type="checkbox"/> Unknown					
Hair Color:	<input type="checkbox"/> Bald <input type="checkbox"/> Black <input type="checkbox"/> Blonde or Strawberry <input type="checkbox"/> Blue <input type="checkbox"/> Brown <input type="checkbox"/> Green <input type="checkbox"/> Gray or Partially Gray <input type="checkbox"/> Orange <input type="checkbox"/> Purple <input type="checkbox"/> Pink <input type="checkbox"/> Red or Auburn <input type="checkbox"/> Sandy <input type="checkbox"/> White <input type="checkbox"/> Unknown					
Race:	<input type="checkbox"/> American Indian / Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> Unknown <input type="checkbox"/> White					
Gender:	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other					
Height:	Feet	Inches	Weight:	Pounds		
Place of Birth (Country):						

Signature of Applicant

Date



STATE OF MAINE
DEPARTMENT OF HEALTH AND HUMAN SERVICES

Maine Background Check Center

Background Check Report
Correcting Inaccurate Information
Applicants or Employees

You have the right to challenge and correct inaccurate information found during a comprehensive background check. If you know that information presented on the Maine Background Check Center (MBCC) report is incorrect or incomplete you must seek a challenge and ask for a correction to the reporting entity as follows:

State Criminal Records: You must challenge incorrect or incomplete state criminal record information maintained by state criminal record repositories directly to the state where the record is maintained.

State of Maine criminal history records may be challenged by contacting the Maine State Bureau of Identification (SBI) directly by writing the State Bureau of Identification, State House Station #42, Augusta, ME 04333-0042, or online at <http://www.maine.gov/dps/Sbi/contact.html>. The SBI is responsible for correcting the record and notifying the MBCC. The MBCC will issue a final background check report to your employer upon completion of the error correction process based on the final record released by the SBI.

Federal Criminal Records: You must challenge incorrect or incomplete criminal record information maintained by the Federal Bureau of Investigation (FBI) by communicating directly with the Federal or State agency responsible for submitting the criminal record to the FBI. Alternatively, you may challenge the accuracy of the FBI record directly to the FBI by writing the Criminal Justice Information Services (CJIS) Division, ATTN: Summary Request, 1000 Custer Hollow Road, Clarksburg, WV 26306, or online at <https://www.fbi.gov/services/cjis/identity-history-summary-checks>. The FBI is responsible for correcting the record and notifying the Maine Background Check Center, and a revised Background Check Report can be issued. (See 28 CFR §§16.30 - 16.34)

Public Registries: If you believe that disqualifying offense information listed on a Federal or State registry is incorrect or incomplete, you must contact the agency responsible for maintaining the registry.

- ☐ **Office of Inspector General (OIG) List of Excluded Individuals/Entities (LEIE)**
E-mail Address: sanction@oig.hhs.gov
Telephone: (202) 691-2311
Mailing Address: HHS, OIG, OI, Attn: Exclusions, P.O. Box 23871, Washington, DC 20026
Website: <https://exclusions.oig.hhs.gov/>

- ☐ **The Dru Sjodin National Sex Offender Public Website (NSOPW)**
To correct any errors in registration information, you must contact the state registration officials where the record is held.
Website: <http://www.nsopw.gov/>

State Registries: To correct errors on registry information, you must contact the officials that maintain the registry in each state. The Background Check Center checks the following registries:

☐ **Maine Sex Offender Registry**

Contact the Sex Offender Registry (State Bureau of Identification)

E-mail Address: maine_SOR.help@maine.gov

Telephone: (207) 624-7270

☐ **Maine Registry of Certified Nursing Assistants (CNA) and Direct Care Workers (DCW)**

Contact the CNA and DCW registry

E-mail Address: dlrs.cnaregistry@maine.gov

Telephone: (207) 624-7300

☐ **Maine Program Integrity Excluded Providers: List of Excluded Individuals/Entities**

Contact Maine Department of Health and Human Services, Program Integrity Unit

Website: <https://mainecare.maine.gov/mhpviewer.aspx?FID=MEEEX>

Telephone: (207) 287-4660 **TTY:** Maine Relay 711

Mailing Address: 221 State Street, Augusta, ME 04330

☐ **Maine Background Check Center: Request for correction of errors**

If an error appears on a Maine Background Check Center Report you must follow the procedures outlined in the Maine Background Check Program Rules by contacting MBCC

E-mail: DHHS, MBCC-Admin <MBCC-Admin.DHHS@maine.gov>

Telephone: 888-572-5839 **TTY:** Maine Relay 711

Mailing Address: 11 State House Station, Augusta, ME 04333

☐ **Out of State Registries**

The employer has the option to search Out of State Registries based on information you provide in your application. If there is an error found in information listed on registries in other states, you must contact that particular registry for corrections.

☐ **Professional Licensing**

If you believe that information provided about your professional license is incorrect or incomplete, you must contact the agency responsible for the licensing data.

Employee's Withholding Certificate**2020**

- **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.**

**Step 1:
Enter
Personal
Information**

(a) First name and middle initial	Last name	(b) Social security number
Address		► 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 .
City or town, state, and ZIP code		
(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly (or Qualifying widow(er)) <input type="checkbox"/> 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.)		

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the online estimator, and privacy.

**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); **or**
 (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **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 accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld ► ☐

TIP: To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

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
Dependents**

If your 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 and 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)
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General Instructions

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.

Exemption from withholding. You may claim exemption from withholding for 2020 if you meet both of the following conditions: you had no federal income tax liability in 2019 **and** you expect to have no federal income tax liability in 2020. You had no federal income tax liability in 2019 if (1) your total tax on line 16 on your 2019 Form 1040 or 1040-SR is zero (or less than the sum of lines 18a, 18b, and 18c), 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 2020 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 16, 2021.

Your privacy. If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

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

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as the additional Medicare tax;
3. Have self-employment income (see below); or
4. 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/W4App to figure the amount to have withheld.

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

Specific Instructions

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

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

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

If you (and your spouse) have a total of only two jobs, you may instead check the box in option **(c)**. The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly 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. Step 3 of Form W-4 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. 972, Child Tax Credit and Credit for Other Dependents. You can also include **other tax credits** in this step, such as education tax credits and the foreign tax credit. 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 2020 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.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 **1** \$ _____
- 2 Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
 - a** Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a **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** \$ _____
 - c** Add the amounts from lines 2a and 2b and enter the result on line 2c **2c** \$ _____
- 3** Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. **3** _____
- 4 Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) **4** \$ _____

Step 4(b)—Deductions Worksheet (Keep for your records.)

- 1** Enter an estimate of your 2020 itemized deductions (from Schedule A (Form 1040 or 1040-SR)). 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: $\left\{ \begin{array}{l} \bullet \$24,800 \text{ if you're married filing jointly or qualifying widow(er)} \\ \bullet \$18,650 \text{ if you're head of household} \\ \bullet \$12,400 \text{ if you're single or married filing separately} \end{array} \right\}$ **2** \$ _____
- 3** If line 1 is greater than line 2, subtract line 2 from line 1. 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 or 1040-SR)). See Pub. 505 for more information . . . **4** \$ _____
- 5 Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 **5** \$ _____

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Married Filing Jointly or Qualifying Widow(er)

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$220	\$850	\$900	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,210	\$1,870	\$1,870
\$10,000 - 19,999	220	1,220	1,900	2,100	2,220	2,220	2,220	2,220	2,410	3,410	4,070	4,070
\$20,000 - 29,999	850	1,900	2,730	2,930	3,050	3,050	3,050	3,240	4,240	5,240	5,900	5,900
\$30,000 - 39,999	900	2,100	2,930	3,130	3,250	3,250	3,440	4,440	5,440	6,440	7,100	7,100
\$40,000 - 49,999	1,020	2,220	3,050	3,250	3,370	3,570	4,570	5,570	6,570	7,570	8,220	8,220
\$50,000 - 59,999	1,020	2,220	3,050	3,250	3,570	4,570	5,570	6,570	7,570	8,570	9,220	9,220
\$60,000 - 69,999	1,020	2,220	3,050	3,440	4,570	5,570	6,570	7,570	8,570	9,570	10,220	10,220
\$70,000 - 79,999	1,020	2,220	3,240	4,440	5,570	6,570	7,570	8,570	9,570	10,570	11,220	11,240
\$80,000 - 99,999	1,060	3,260	5,090	6,290	7,420	8,420	9,420	10,420	11,420	12,420	13,260	13,460
\$100,000 - 149,999	1,870	4,070	5,900	7,100	8,220	9,320	10,520	11,720	12,920	14,120	14,980	15,180
\$150,000 - 239,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	12,790	13,990	15,190	16,050	16,250
\$240,000 - 259,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	12,790	13,990	15,520	17,170	18,170
\$260,000 - 279,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	13,120	15,120	17,120	18,770	19,770
\$280,000 - 299,999	2,040	4,440	6,470	7,870	9,190	10,720	12,720	14,720	16,720	18,720	20,370	21,370
\$300,000 - 319,999	2,040	4,440	6,470	8,200	10,320	12,320	14,320	16,320	18,320	20,320	21,970	22,970
\$320,000 - 364,999	2,720	5,920	8,750	10,950	13,070	15,070	17,070	19,070	21,290	23,590	25,540	26,840
\$365,000 - 524,999	2,970	6,470	9,600	12,100	14,530	16,830	19,130	21,430	23,730	26,030	27,980	29,280
\$525,000 and over	3,140	6,840	10,170	12,870	15,500	18,000	20,500	23,000	25,500	28,000	30,150	31,650

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$460	\$940	\$1,020	\$1,020	\$1,470	\$1,870	\$1,870	\$1,870	\$1,870	\$2,040	\$2,040	\$2,040
\$10,000 - 19,999	940	1,530	1,610	2,060	3,060	3,460	3,460	3,460	3,640	3,830	3,830	3,830
\$20,000 - 29,999	1,020	1,610	2,130	3,130	4,130	4,540	4,540	4,720	4,920	5,110	5,110	5,110
\$30,000 - 39,999	1,020	2,060	3,130	4,130	5,130	5,540	5,720	5,920	6,120	6,310	6,310	6,310
\$40,000 - 59,999	1,870	3,460	4,540	5,540	6,690	7,290	7,490	7,690	7,890	8,080	8,080	8,080
\$60,000 - 79,999	1,870	3,460	4,690	5,890	7,090	7,690	7,890	8,090	8,290	8,480	9,260	10,060
\$80,000 - 99,999	2,020	3,810	5,090	6,290	7,490	8,090	8,290	8,490	9,470	10,460	11,260	12,060
\$100,000 - 124,999	2,040	3,830	5,110	6,310	7,510	8,430	9,430	10,430	11,430	12,420	13,520	14,620
\$125,000 - 149,999	2,040	3,830	5,110	7,030	9,030	10,430	11,430	12,580	13,880	15,170	16,270	17,370
\$150,000 - 174,999	2,360	4,950	7,030	9,030	11,030	12,730	14,030	15,330	16,630	17,920	19,020	20,120
\$175,000 - 199,999	2,720	5,310	7,540	9,840	12,140	13,840	15,140	16,440	17,740	19,030	20,130	21,230
\$200,000 - 249,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,440	19,730	20,830	21,930
\$250,000 - 399,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,440	19,730	20,830	21,930
\$400,000 - 449,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,450	19,940	21,240	22,540
\$450,000 and over	3,140	6,230	8,810	11,310	13,810	15,710	17,210	18,710	20,210	21,700	23,000	24,300

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$830	\$930	\$1,020	\$1,020	\$1,020	\$1,480	\$1,870	\$1,870	\$1,930	\$2,040	\$2,040
\$10,000 - 19,999	830	1,920	2,130	2,220	2,220	2,680	3,680	4,070	4,130	4,330	4,440	4,440
\$20,000 - 29,999	930	2,130	2,350	2,430	2,900	3,900	4,900	5,340	5,540	5,740	5,850	5,850
\$30,000 - 39,999	1,020	2,220	2,430	2,980	3,980	4,980	6,040	6,630	6,830	7,030	7,140	7,140
\$40,000 - 59,999	1,020	2,530	3,750	4,830	5,860	7,060	8,260	8,850	9,050	9,250	9,360	9,360
\$60,000 - 79,999	1,870	4,070	5,310	6,600	7,800	9,000	10,200	10,780	10,980	11,180	11,580	12,380
\$80,000 - 99,999	1,900	4,300	5,710	7,000	8,200	9,400	10,600	11,180	11,670	12,670	13,580	14,380
\$100,000 - 124,999	2,040	4,440	5,850	7,140	8,340	9,540	11,360	12,750	13,750	14,750	15,770	16,870
\$125,000 - 149,999	2,040	4,440	5,850	7,360	9,360	11,360	13,360	14,750	16,010	17,310	18,520	19,620
\$150,000 - 174,999	2,040	5,060	7,280	9,360	11,360	13,480	15,780	17,460	18,760	20,060	21,270	22,370
\$175,000 - 199,999	2,720	5,920	8,130	10,480	12,780	15,080	17,380	19,070	20,370	21,670	22,880	23,980
\$200,000 - 249,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,770	24,870
\$250,000 - 349,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,770	24,870
\$350,000 - 449,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,900	25,200
\$450,000 and over	3,140	6,840	9,560	12,140	14,640	17,140	19,640	21,530	23,030	24,530	25,940	27,240

**FORM
W-4ME****MAINE**
Employee's Withholding Allowance Certificate

1. Type or print your first name _____ M.I. _____ Last name _____			2. Your social security number _____	
Home address (number and street or rural route) _____			3. <input type="checkbox"/> Single or Head of Household <input type="checkbox"/> Married <input type="checkbox"/> Married, but withholding at higher single rate Note: If married but legally separated, or spouse is a nonresident alien, check the single box.	
City or town _____ State _____ ZIP code _____				
4. Total number of allowances you are claiming from line E of the personal allowances worksheet below..... 4. _____				
5. Additional amount, if any, you want withheld from your paycheck..... 5. \$ _____				
6. If you do not want any state income tax withheld, check the appropriate box that applies to you (you must qualify - see instructions below). By signing below, you certify that you qualify for the exemption that you select:				
a. You claimed "Exempt" on your federal Form W-4 6a. <input type="checkbox"/>				
b. You completed federal Form W-4P and checked the box on line 1 6b. <input type="checkbox"/>				
c. You are a resident employee with no Maine tax liability in prior and current years 6c. <input type="checkbox"/>				
d. You are a recipient of periodic retirement payments with no tax liability in prior and current years..... 6d. <input type="checkbox"/>				
e. Your spouse is a member of the military assigned to a location in Maine and you qualify for exemption under the Military Spouse's Residency Relief Act. You must attach supporting documents. See instructions..... 6e. <input type="checkbox"/>				

Under penalties of perjury, I certify that I am entitled to the number of withholding allowances or the exemption claimed on this certificate.

EMPLOYEE'S/PAYEE'S SIGNATURE

(Form is not valid
unless you sign it.) ►

Date ►

TO BE COMPLETED BY EMPLOYER/PAYER (see Instructions)

7. Employer/Payer Name and Address (Employer/Payer: Complete lines 7, 8, 9, and 10 only if sending to Maine Revenue Services) _____		8. Identification Number _____
9. Employer/Payer Contact Person: _____		10. Contact Person's Phone Number: _____ () -

----- Cut here and give the certificate above to your employer. Keep the part below for your records. -----

Personal Allowances Worksheet - for line 4 above

- A. Enter "1" for yourself if no one else can claim you as a dependent.A. _____
- B. Enter "1" for your spouse if you will file as married filing jointly. You may choose to enter "0" if you are married and have either a working spouse or more than one job. (Entering "0" may help avoid having too little tax withheld).B. _____
- C. Enter "1" if you will be filing as Head of Household.C. _____
- D. Enter the number of children and dependents eligible for the federal child tax credit or the federal credit for other dependents... D. _____
- E. Add lines A through D. (Maximum number of allowances you may claim).E. _____

Employee/Payee Instructions

Purpose: Complete Form W-4ME so your employer/payer can withhold the correct Maine income tax from your pay. Because your tax situation may change, you may want to recalculate your withholding each year.

Line 4. If you qualify for one of the Maine exemptions from withholding, complete lines 1, 2, 3 and 6, and sign the form. Otherwise, complete the Personal Allowances worksheet above. You may claim fewer allowances than you are entitled to, but you must file a Personal Withholding Allowance Variance Certificate to obtain permission from the State Tax Assessor if you want to claim more allowances than allowed on line E above.

Box 3. Select the marital status that applies to you. You must select the same marital status you selected on your federal Form W-4, except that married individuals have the option of withholding at the higher single rate and if you selected married filing separately on your federal Form W-4, you should select single. Nonresident aliens are required to check the single box regardless of actual marital status.

Line 6. Exemptions from withholding:

Line 6a. You may check this box if you claimed "Exempt" on your federal Form W-4. Do not check this box if you want Maine income taxes withheld even though you are exempt from federal withholding.

Line 6b. You may check this box if you completed federal Form W-4P and put a check in the box on line 1. Do not check this box if you want Maine income taxes withheld even though you are exempt from federal withholding.

Line 6c. You may elect this exemption if you are a resident employee receiving wages and you meet both of the following conditions:

1. You had **no** Maine income tax liability last year, **and**
2. You reasonably expect to have **no** Maine income tax liability this year.

This exemption will expire at the end of the year and you must complete a new Form W-4ME for next year or you will be subject to Maine withholding at the maximum rate.

Line 6d. You may elect this exemption if you receive periodic retirement payments pursuant to IRC § 3405, you had no Maine income tax liability in the prior year and you reasonably expect you will have no Maine income tax liability this year. This election will remain in effect until you complete a new Form W-4ME.

Instructions continued on next page

Line 6e. If you are the spouse of a member of the military, you may claim exemption from Maine withholding if you meet the following requirements:

1. Your spouse is a member of the military located in Maine in compliance with military orders.
2. You are in Maine solely to be with your spouse.
3. You and your spouse have the same domicile in a state other than Maine.
4. You attach a copy of your spouse's latest Leave and Earning Statement reflecting an assignment location in Maine.

5. You present your military ID to your employer. The ID must identify you as a military spouse.

Your exemption will expire at the end of the calendar year during which you submit Form W-4ME claiming the exemption, at which time you must complete and submit a new Maine Form W-4ME for the new year.

Note: You may be subject to penalty if you do not have sufficient withholding to meet your Maine income tax liability.

Notice to Employers and Other Payers

Maine law requires employers and other persons to withhold money from certain payments, most commonly wages, retirement payments and gambling winnings, and remit to Maine Revenue Services for application against the Maine income tax liability of employees and other payees. The amount of withholding must be calculated according to the provisions of Rule No. 803 (See www.maine.gov/revenue/rules) and must constitute a reasonable estimate of Maine income tax due on the receipt of the payment. Amounts withheld must be paid over to Maine Revenue Services on a periodic basis as provided by Title 36 M.R.S. Chapter 827 (§§ 5250 - 5255-B) and Rule No. 803 (18-125 C.M.R., ch. 803).

Employer/Payer Information for Completing Form W-4ME

An employer/payer is required to submit a copy of Form W-4ME, along with a copy of any supporting information provided by the employee/payee, to Maine Revenue Services if:

- A. The employer/payer is required to submit a copy of federal Form W-4 to the Internal Revenue Service either by written notice or by published guidance as required by federal regulation 26 CFR 31.3402(f)(2)-1(g); or
- B. An employee performing personal services in Maine furnishes a Form W-4ME to the employer containing a non-Maine address and, for any reason, claims no Maine income tax is to be withheld. This submission is not required if the employer reasonably expects that the employee will earn annual Maine-source income of less than \$5,000 or if the employee is a nonresident working in Maine for no more than 12 days for the calendar year and is, therefore, exempt from Maine income tax withholding.

Submit copies of Form W-4ME directly to the MRS Withholding Unit separately from any other tax filing.

Employers/Payers must complete lines 7 through 10 only if required to submit a copy of Form W-4ME to Maine Revenue Services.

- ✓ Line 7 Enter employer/payer name and business address.
- ✓ Line 8 Enter employer/payer federal identification number (EIN and/or SSN).
- ✓ Line 9 Enter employer/payer contact person who can answer questions about withholding (i.e. human resources person, company officer, accountant, etc.).
- ✓ Line 10 Enter employer/payer contact person's phone number.

Important Information for Employers/Payers

Missing or invalid Forms W-4, W-4P or W-4ME. If any of the circumstances below occur, the employer or payer must withhold as if the employee or payee were single and claiming no allowances. Maine income tax must be withheld at this rate until such time that the employee or payee provides a valid Form W-4ME.

- (1) The employee/payee has not provided a valid, signed Form W-4ME;
- (2) The employee's/payee's Form W-4 or W-4P is determined to be invalid for purposes of federal withholding;
- (3) The Assessor notifies the employer/payer that the employee's/payee's Form W-4ME is invalid; or
- (4) The employee's/payee's Personal Withholding Allowance Variance Certificate has expired, a new variance certificate has not been approved and submitted to the employer/payer and the payee has not provided the payer with a valid Form W-4ME.

Exemptions from withholding Form W-4ME, line 6. Generally, employers/payers must withhold from payments subject to Maine income tax unless an exemption is claimed on line 6.

Federal exemption from withholding (lines 6a and 6b). An employee/payee who is exempt from federal income tax withholding is also exempt from Maine income tax withholding. This includes recipients of periodic retirement payments who are exempt from federal income tax withholding. The employee/payee must check the applicable box on line 6. An employee/payee exempt from federal withholding that wants Maine withholding must leave line 6 blank.

Resident employee exemption from Maine withholding (line 6c). A resident employee who is subject to federal income tax withholding is exempt from Maine income tax withholding if the employee had no Maine tax liability for the prior year and expects to have no Maine tax liability for the current year. The exemption on line 6c expires at the end of each year. If the employee fails to submit a new Form W-4ME for the next calendar year, the employer must begin withholding at the single rate with no allowances.

Withholding from payments to nonresident employees. An employee who is exempt from Maine income tax because of the nontaxable thresholds applicable to nonresidents is not required to complete and submit Form W-4ME; however, an employee becomes subject to Maine income tax withholding immediately upon exceeding a threshold at any time during the year. Because all income earned in Maine is taxable by Maine once a threshold is exceeded, employers should work with affected employees to ensure that Maine withholding is adequate to cover Maine income tax liability for the year. This may require the employee submitting a new Form W-4ME with the employer.

Withholding exemption for periodic retirement payments (line 6d). Recipients of periodic retirement payments as defined by IRC § 3405 that are subject to federal income tax withholding are exempt from Maine income tax withholding if the recipient certifies (by checking the box on line 6d) that he or she had no Maine income tax liability for the prior year and expects to have no Maine income tax liability for the current year. The exemption remains in effect until the recipient submits an updated Form W-4ME.

Exemptions under the Military Spouse's Residency Relief Act (MSRRA). If the box on line 6e is checked, the employer must:

- (1) Ensure that a copy of the military member's Leave and Earnings Statement (LES) is attached, and verify that the assignment location entered on the LES is a location in Maine; and
- (2) Review the employee's military ID to ensure that the date on the ID is not more than four years prior to the date on the employee's Form W-4ME, and that the ID denotes the employee as a current military spouse.

An exemption claimed on line 6e expires at the end of the calendar year. If the employee does not submit a new Maine Form W-4ME, the employer must begin withholding for the first pay period in the following year at the maximum rate (single with one allowance).

See the employee instructions for line 6e above for more information about this exemption.

Personal Attendant Competency Certification Statement

Consumer name: _____

Current Address _____ City _____ State _____ Zip _____

I certify that (Attendant's name): _____

Current Address _____ City _____ State _____ Zip _____

SSN#: _____, has been employed since ____ / ____ / ____ (date of hire)

Complete section A or B, not both. A separate form must be used for each Attendant.

A. Competency of my Attendant

- | | |
|---|--|
| <input type="checkbox"/> Is able to follow my instructions | <input type="checkbox"/> Bladder/bowel assistance |
| <input type="checkbox"/> Is able to carry out tasks as directed by me | <input type="checkbox"/> Health maintenance activities |
| <input type="checkbox"/> Transportation for covered services only | <input type="checkbox"/> Understands disability awareness |
| <input type="checkbox"/> Uses adaptive equipment appropriately | <input type="checkbox"/> Assists with transfers, mobility/ambulation |
| <input type="checkbox"/> Assists with bathing, shampoo, hygiene | <input type="checkbox"/> Assists with dressing/undressing |
| <input type="checkbox"/> Basic housework to include mopping, dusting, washing dishes, laundry | <input type="checkbox"/> Food prep, feeding or use of feeding aides, provision of assistance with shopping |
| <input type="checkbox"/> Assist with skin care | <input type="checkbox"/> Other: _____ |

B. Termination of Attendant

☐ My Attendant was terminated on ____ / ____ / ____ (date of termination)

Reason for Termination (please explain):

☐ Incompetent _____

☐ Other: _____

Consumer/Employer Signature _____ Date _____

Attendant/Employee Signature _____ Date _____

(NOTE: if certification is not received within 21 days from date of hire, Attendant cannot be paid.)

Smoking and Oxygen Use Policy

Who:

This form needs to be signed by both Attendant and Consumer/Representative whether or not bottle oxygen or oxygen units are used.

Purpose:

To create the safest possible working environment for all Attendants while in the workplace.

Policy:

Alpha One (Attendant Services) prohibits smoking and/or use of friendly fires (candles or other flames and sparks) in any location where bottled oxygen and/or oxygen units are stored or used.

Procedure:

The Consumer/Representative will manage their home environment to make sure policy is adhered to by everyone who may be present while bottled oxygen and/or oxygen units are being used on the premises. Attendants are not to occupy/work within a residence where the Consumer/Representative does not provide a safe work environment, especially when it comes to smoking and/or friendly fires (candles or other flames and sparks) while oxygen is being used. If Alpha One becomes aware that this safety policy is not being followed in a safe manner, Alpha one reserves the right to terminate the Consumer/Representative from this program immediately.

I have read and understand the above policy and agree to adhere to the policy.

Consumer/Employer Signature: _____

Date_____

Attendant/Employee Signature: _____

Date_____

tel | 800.640.7200
fax | 207.799.8346



P.O. Box 2128
South Portland, ME 04116

Direct Deposit Authorization Form

Employees must attach a voided check or written notification from bank and signed by a banking representative to help verify their account numbers and bank routing numbers.

☐ Voided check is attached ☐ Bank letter is attached

Please select one of the following:

☐ New Direct Deposit
☐ Replace an existing direct deposit _____
(Original Account Number being replaced)
☐ Cancel my direct deposit

Account Type: ☐ Checking ☐ Savings
Bank routing number (ABA number): _____
Account number: _____
Percentage or dollar amount to be deposited to this account: _____

Account Type: ☐ Checking ☐ Savings
Bank routing number (ABA number): _____
Account number: _____
Percentage or dollar amount to be deposited to this account: _____

This authorizes Attendant Services to initiate electronic credit entries each pay period, and if necessary, debit entries and adjustments for any credit entries in error to my account(s) indicated above. This authorizes the financial institution holding the account to post all such entries. I agree that the ACH transactions authorized herein shall comply with all applicable U.S. Law. This authorization will be in effect until Attendant Services Maine, Inc. receives a written termination notice from attendant and has reasonable opportunity to act on it.

ACH transfers require at least 48 hours from the time the transfer is initiated until the funds are deposited into your account.

Date: _____ Time: _____ am/pm

Personal Attendant Name (Printed): _____

Personal Attendant Signature: _____

If you would like to have your paystub emailed to you, please print your email address below.

Email Address: _____