

# NC Independent Living Attendant Sample Forms Packet

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**If you need help, call iLIFE at 1-888-851-2420.**



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## Attendant Sample Forms Checklist

If needed, use the enclosed samples as a reference when filling out the forms in your Attendant Packet. Unless otherwise noted, every form in your packet is required to complete your application.

✓	Sample Attendant Forms	When Forms are Required
	Sample Attendant Information Form	New Attendant
	Sample Form W-4	New Attendant
	Sample Form NC-4 EZ	New Attendant
	Sample Form I-9	New Attendant
	Sample Employer and Attendant Agreement	New Attendant
	Sample In-Check Set-Up Forms (A-E)	New Attendant
	Sample Background Check Disclosure and Release	New Attendant
	Sample Relationship Disclosure	New Attendant
	Sample iLIFE and Attendant Employment Agreement	New Attendant
	Sample Direct Deposit Authorization	If direct deposit is desired
	Sample Attendant Status Change Form	When Attendant's personal information changes or the Attendant is terminated
	Sample Timesheet	To be filled out and sent for each pay period you work

**If you need help, call iLIFE at 1-888-851-2420.**

Print Attendant Name: \_\_\_\_\_

Attendant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print iLIFE Staff Name: \_\_\_\_\_

iLIFE Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## Attendant Information Form Instructions

**Purpose of form:** The Attendant Information Form is used to verify the Attendant's and Consumer's information.

### Top Section

1. Write the Attendant's full name.
  2. Write the Attendant's home address (street address, city, state, and ZIP code).
  3. If the Attendant's mailing address is different than their home address, write the Attendant's mailing address (street address, city, state, and ZIP code).
  4. Write the Attendant's birth date. Check the Attendant's gender (male or female).
  5. Write the Attendant's Social Security number.
  6. Write the Attendant's primary phone number. Check if the primary phone number is the Attendant's cell, home, or work phone number.
  7. Write the Attendant's alternate phone number. Check if the alternate phone number is the Attendant's cell, home, or work phone number.
  8. Write the Attendant's email address. Optional: Check opt in for iLIFE email if you want to receive information from iLIFE by email.
  9. Check the Attendant's preferred language. If Other, write which language is preferred.
  10. Check what type of worker the Attendant is.
    - a. If the Attendant is the main Attendant for the Consumer, check Primary.
    - b. If the Attendant is a substitute Attendant who fills in when the primary Attendant cannot, check Back up.
- 

### Middle Sections

11. Write the Consumer's full name.
  12. Write the Consumer's birth date.
  13. Write the Consumer's Case Manager's name.
  14. Write the Consumer's Case Manager's email address.
- 

### Bottom Section

15. The Attendant signs and writes today's date.
16. The Consumer or Guardian signs and writes today's date.



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### Sample Attendant Information Form

Attendant Name: <u>Jane Doe</u>	1. Write Attendant name.
Home Address: <u>1234 Main Street</u>	2. Write Attendant home address.
City: <u>Raleigh</u> State: <u>NC</u> ZIP: _____	3. Write Attendant mailing address (if different).
Mailing Address (if different): _____	4. Write Attendant birth date. Check gender.
City: _____ State: _____	5. Write Attendant SSN.
Birth Date: <u>MM</u> / <u>DD</u> / <u>YYYY</u> <input type="checkbox"/> Male	6. Write Attendant primary phone number.
Social Security Number: <u>XXX</u> - <u>XX</u> - <u>XXXX</u>	7. Write Attendant alternate phone.
Primary Phone Number: ( <u>XXX</u> ) - <u>XXX</u> - <u>XXXX</u> <input checked="" type="checkbox"/> Cell	8. Write Attendant email. Optional: Check to opt in for iLIFE email.
Alternate Phone Number: ( <u>XXX</u> ) - <u>XXX</u> - <u>XXXX</u> <input type="checkbox"/> Cell	9. Check Attendant's preferred language.
Email: <u>janedoe@xxxxx.com</u> <input type="checkbox"/> Op	10. Check worker type for Attendant (Primary or Back up).
Preferred Language: <input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Hmong <input type="checkbox"/> Other: _____	11. Write Consumer name.
What type of worker are you? <input checked="" type="checkbox"/> Primary (I am a main Attendant for my Consumer. I typically work every week.) <input type="checkbox"/> Back up (I am a substitute Attendant who provides services when a primary Attendant cannot.)	12. Write Consumer birth date.
Consumer Name: <u>John Doe</u>	13. Write Consumer Case Manager name.
Birth Date: <u>MM</u> / <u>DD</u> / <u>YYYY</u>	14. Write Consumer Case Manager email.
Consumer Case Manager Name: <u>John Smith</u>	15. Attendant signs and dates.
Case Manager Email: <u>johnsmith@xxxxx.com</u>	16. Consumer signs and dates.
By signing below, you agree the information on this form is accurate and you have all supplies in your possession. Both signers agree to only submit timesheets within the hours authorized.	Date: <u>MM/DD/YY</u>
Attendant Signature: <u>Jane Doe</u>	
Consumer Signature: <u>John Doe</u>	



## Form W-4 Instructions

**Purpose of form:** Form W-4 is used to withhold the correct amount of Federal income tax from your pay.

### **Employee's Withholding Certificate**

Step 1.

- a. Write your first name and middle initial, last name, street address, city or town, state, and ZIP code.
- b. Write your social security number.
  - i. If your name does not match the name on your social security card, contact the SSA at 800-772-1213 or go to [www.ssa.gov](http://www.ssa.gov).
- c. Check your filing status (single or married filing separately, married filing jointly, or head of household).

### **Complete Steps 2 through 4 of the Form W-4 ONLY if they apply to you.**

- Step 2. Estimate your withholding using options (a) or (b), or check the box for option (c).
- Step 3. Enter amounts for each line, add them together, and write the total in box 3.
- Step 4. Enter amounts for (a) Other income, (b) Deductions, and (c) Extra withholding.

**To claim exemption from withholding:** If you meet both conditions noted on the Form W-4, write "Exempt" in the space below Step 4(c) and complete Steps 1 and 5. Do not complete any other steps on the Form W-4.

- Step 5. Sign and write today's date.



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### Sample Form W-4

<b>Form W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Certificate</b> 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.		OMB No. 1545-0074 <b>2024</b>
<b>Step 1:</b> Enter Personal Information	(a) First name and middle initial <b>Jane A.</b>	Last name <b>Doe</b>	(b) Social security number <b>XXX-XX-XXXX</b>	
	Address <b>1234 Main Street</b>		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 <a href="http://www.ssa.gov">www.ssa.gov</a> .	
	City or town, state, and ZIP code <b>Raleigh, NC XXXXX</b>			
(c) <input checked="" type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <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.)				
<b>Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5.</b> See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at <a href="http://www.irs.gov/W4App">www.irs.gov/W4App</a> .				
<b>Step 2:</b> 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 <b>only one</b> of the following. <b>Multiple Jobs or Spouse Works</b> (a) Use the estimator at <a href="http://www.irs.gov/W4App">www.irs.gov/W4App</a> for most accurate withholding for this step (and Steps 3-4). If you or your spouse have self-employment income, use this option; <b>or</b> (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; <b>or</b> (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate <input type="checkbox"/>				
<b>Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs.</b> 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.)				
<b>Step 3:</b> If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Claim Dependent and Other Credits Multiply the number of qualifying children under age 17 by \$2,000 \$ <b>XXXX</b> Multiply the number of other dependents by \$500 \$ <b>XXXX</b> Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here <b>3</b> \$ <b>XXXX</b>				
<b>Step 4 (optional): Other Adjustments</b> (a) <b>Other income (not from jobs).</b> 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 <b>4(a)</b> \$ <b>XXXX</b> (b) <b>Deductions.</b> 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 <b>4(b)</b> \$ <b>XXXX</b> (c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period <b>4(c)</b> \$ <b>XX</b>				
<b>Step 5:</b> Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.				
<b>Sign Here</b> <b>Jane Doe</b> Employee's signature (This form is not valid unless you sign it.)		<b>MM/DD/YYYY</b> Date		
<b>Employers Only</b> Employer's name and address		First date of employment	Employer identification number (EIN)	
For Privacy Act and Paperwork Reduction Act Notice, see page 3.		Cat. No. 10220Q	Form <b>W-4</b> (2024)	

1a. Write your name, street address, city or town, state, and ZIP code.

1b. Write your social security number.

1c. Check your filing status.

Complete Steps 2 through 4 of the Form W-4 ONLY if they apply to you.

2. Estimate your withholding using options (a) or (b), or check the box for option (c).

3. Enter amounts for each line, add them together, and write the total in box

4. Enter amounts for (a) Other income, (b) Deductions, and (c) Extra withholding.

5. Sign and date.

**Special Instructions for Claiming "Exempt"**

If the Attendant meets both conditions noted on the Form W-4, they can write "Exempt" in the space below Step 4(c) and complete Steps 1 and 5 to claim exempt. No other steps on the Form W-4 should be completed. The Form W-4 will need to be completed annually (by February) if the employee wishes to remain at "Exempt" status from year to year.



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## Form NC-4 EZ Instructions

**Purpose of form:** Form NC-4 EZ is used to withhold the correct amount of State income tax from your pay.

### Instructions

1. Write the Attendant's marital status (Single or Married Filing Separately, Head of Household, or Married Filing Jointly or Surviving Spouse).
2. Write Attendant's Social Security number.
3. In CAPITAL LETTERS, write the Attendant's name, address, county, city, state and zip code.
4. For line 1, write the number of allowances the Attendant is claiming for the year.
  - a. Write zero or the number of allowances from the table above.
5. Optional: For line 2, write any additional amount to be withheld from each pay period in whole dollars.
6. For lines 3, 4 and 5, fill out the information regarding North Carolina withholding exemption.
7. The Attendant signs his or her name and writes today's date.



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### Sample Form NC-4 EZ

**NCDOR** Web 11-21

## NC-4EZ Employee's Withholding Allowance Certificate

Filing Status (Mark one box only)  Single or Married Filing Separately  Head of Household  Married Filing Jointly or Surviving Spouse

Social Security Number: **XXX-XX-XXXX**

First Name: **JANE** M.I.: **A** Last Name: **DOE**

Address: **1234 MAIN STREET** County (Enter first five letters): **WAKE**

City: **RALEIGH** State: **NC** Zip Code: **XXXXX** Country (If not U.S.):

1. Check marital status.

2. Write Social Security number.

3. In CAPITAL LETTERS, write name and address.

1. Total number of allowances you are claiming (Enter zero (0), or the number of allowances from the table above) 1

2. Additional amount, if any, you want withheld from each pay period (Enter whole dollars) .00

3. I certify that I am exempt from North Carolina withholding because I meet both of the following conditions:  
 • Last year I was entitled to a refund of all State income tax withheld because I had no tax liability; and  
 • This year, I expect a refund of all State income tax withheld because I expect to have no tax liability. Check Here

4. I certify that I am exempt from North Carolina withholding because I meet the requirements set forth in the Servicemembers Civil Relief Act, as amended by the Military Spouses Residency Relief Act and Veterans Benefits and Transition Act. (See Form D-401, North Carolina Individual Income Tax Instructions, for more information.) Check Here

If an exemption on Line 3 or Line 4 applies to you, enter the year the exemption became effective \_\_\_\_\_ YYYY

5. I certify that I no longer meet the requirements for an exemption on Line 3  or Line 4  (Check applicable box) Therefore, I revoke my exemption and request that my employer withhold North Carolina income tax based on the number of allowances entered on Line 1 and any additional amount entered on Line 2. Check Here

**CAUTION: If you furnish an employer with an Employee's Withholding Allowance Certificate that contains information which has no reasonable basis and results in a lesser amount of tax being withheld than would have been withheld had you furnished reasonable information, you are subject to a penalty of 50% of the amount not properly withheld.**

Employee's Signature \_\_\_\_\_ Date **MM/DD/YYYY**

I certify, under penalties provided by law, that I am entitled to the number of withholding allowances claimed on Line 1 above, or if claiming exemption from withholding, that I am entitled to claim the exempt status on Line 3 or 4, whichever applies.

4. Write number of allowances.

5. Optional: Write additional amount to be withheld (if any).

6. For 3, 4 and 5, fill out North Carolina withholding exemption information.

7. Attendant signs and dates.



## Form I-9 Instructions

**Purpose of form:** Form I-9 is used to document verification of the identity and employment authorization of the Attendant.

### **Section 1: Completed by Attendant**

1. Write the Attendant's name.
2. Write the Attendant's address.
3. Write the Attendant's date of birth, Social Security number, email address and phone number.
4. Check the Attendant's citizenship status, supplying additional information if needed.
5. The Attendant signs his or her name and writes today's date.
6. If Preparer and/or Translator assisted, fill out information on page 3.

---

### **Section 2: Completed by Consumer**

7. Using the Attendant's provided documents, fill out List A OR List B and List C with the Attendant's information.
  - a. The most common documents provided are a driver's license or state ID and Social Security card.
  - b. Please write the state from which the driver's license or state ID was issued.
  - c. Whatever documents are used must be signed and not expired.
8. Write the Consumer's first day of employment.
9. Write the Consumer's name and write Employer as the title.
10. The Consumer or the Guardian signs his or her name.
11. The Consumer or the Guardian writes today's date.
12. Write the Employer's Business as NC Independent Living Consumer.
13. Write the Consumer's street address, city or town, state and ZIP code.

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### **Supplement A: Completed by Attendant and Preparer and/or Translator**

14. Write the Attendant's name.
15. The Preparer and/or Translator signs his or her name and writes today's date.
16. The Preparer and/or Translator writes his or her name.
17. The Preparer and/or Translator writes street address, city or town, state, and ZIP code.

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### **Supplement B: Completed by Attendant and Consumer**

18. Write the Attendant's name.
19. The Consumer writes the Date of Rehire and name.
20. Write Document Title, Document Number, and Document Expiration Date.
21. Write Consumer or Authorized Representative name.
22. Consumer signs and dates.



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### Sample Form I-9

#### Section 1: Completed by Attendant

		<b>Employment Eligibility Verification</b>			<b>USCIS</b>	
		Department of Homeland Security U.S. Citizenship and Immigration Services			Form I-9 OMB No. 1615-0047 Expires 07/31/2026	
<b>START HERE:</b> Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the <a href="#">Instructions</a> .						
<b>ANTI-DISCRIMINATION NOTICE:</b> All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in Section 1, or specify which acceptable documentation employees must present for Section 2 or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.						
<b>Section 1. Employee Information and Attestation:</b> 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) <b>Doe</b>		First Name (Given Name) <b>Jane</b>		Middle Initial (if any) <b>A.</b>	Other Last Names Used (if any)	
Address (Street Number and Name) <b>1234 Main Street</b>		Apt. Number (if any)	City or Town <b>Raleigh</b>		State <b>NC</b>	ZIP Code <b>XXXXX</b>
Date of Birth (mm/dd/yyyy) <b>MM/DD/YYYY</b>	U.S. Social Security Number <b>XXXXXXXXXX</b>	Employee's Email Address <b>janedoe@xxxxx.com</b>			Employee's Telephone Number <b>XXX-XXX-XXXX</b>	
I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.	Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):					
	<input checked="" type="checkbox"/> 1. A citizen of the United States					
	<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)					
	<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)					
<input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)						
If you check Item Number 4., enter one of these:						
USCIS A-Number		OR	Form I-94 Admission Number		OR	Foreign Passport Number and Country of Issuance
Signature of Employee				Today's Date (mm/dd/yyyy) <b>MM/DD/YYYY</b>		
If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the <a href="#">Preparer and/or Translator Certification</a> on Page 3.						

1. Write Attendant name.
2. Write Attendant address.
3. Write Attendant birth date, Social Security number, email and phone.
4. Check Attendant citizenship status.
5. Attendant signs and dates.
6. If Preparer and/or Translator assisted, fill out information on page 3.



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**Section 2: Completed by Consumer – List B and List C Sample (more common)**

**Fill out only List A OR List B and List C. Do not fill out all three.**

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign Section 2 within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.				
List A	OR	List B	AND	List C
Document Title 1		<b>Driver's License</b>		<b>Social Security Card</b>
Issuing Authority		<b>DMV North Carolina</b>		<b>Social Security Administration</b>
Document Number (if any)		<b>XXXXXXXX</b>		<b>XXX-XX-XXXX</b>
Expiration Date (if any)		<b>MM/DD/YYYY</b>		<b>MM/DD/YYYY</b>
Document Title 2 (if any)	Additional Information			7. Fill out List A OR List B and List C.
Issuing Authority				
Document Number (if any)				
Expiration Date (if any)				
Document Title 3 (if any)				8. Write Attendant's first day of employment, name and title, Consumer signs and dates.
Issuing Authority				
Document Number (if any)				
Expiration Date (if any)				
		<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine doc		
Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.				First Day of Employment (mm/dd/yyyy): <b>MM/DD/YYY</b>
Last Name, First Name and Title of Employer or Authorized Representative		Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
<b>Smith, Jane, Employer</b>				<b>MM/DD/YYYY</b>
Employer's Business or Organization Name		Employer's Business or Organization Address, City or Town, State, ZIP Code		
<b>NC Independent Living Consumer</b>		<b>123 Main Street, Raleigh, NC, XXXXX</b>		
For reverification or rehire, complete <a href="#">Supplement B, Reverification and Rehire</a> on Page 4.				
Form I-9 Edition 08/01/23				

7. Fill out List A OR List B and List C.

8. Write Attendant's first day of employment, name and title, Consumer signs and dates.

9. Write Consumer's Business or Organization Name and Address.



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### Supplement A, Preparer and/or Translator Certification for Section 1: Completed by Attendant



#### Supplement A, Preparer and/or Translator Certification for Section 1

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-9  
Supplement A  
OMB No. 1615-0047  
Expires 07/31/2026

Last Name (Family Name) from Section 1.	First Name (Given Name) from Section 1.	Middle initial (if any) from Section 1.
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**Instructions:** This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

Signature of Preparer or Translator		Date (mm/dd/yyyy) <b>MM/DD/YYYY</b>	
Last Name (Family Name) <b>Row</b>	First Name (Given Name) <b>Joe</b>	Middle Initial (if any) <b>B</b>	
Address (Street Number and Name) <b>987 Main Lane</b>	City or Town <b>Raleigh</b>	State <b>NC</b>	ZIP Code <b>XXXXX</b>

**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		Date (mm/dd/yyyy)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial (if any)	
Address (Street Number and Name)	City or Town	State	ZIP Code

**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		Date (mm/dd/yyyy)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial (if any)	
Address (Street Number and Name)	City or Town	State	ZIP Code

**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		Date (mm/dd/yyyy)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial (if any)	
Address (Street Number and Name)	City or Town	State	ZIP Code

10. Write Attendant's name.

11. Preparer and/or Translator signs and dates.

12. Write Preparer and/or Translator name and address.

**Supplement B, Reverification and Rehire (formerly section 3): Completed by Consumer**

		<p><b>Supplement B, Reverification and Rehire (formerly Section 3)</b></p> <p>Department of Homeland Security U.S. Citizenship and Immigration Services</p>		<p><b>USCIS Form I-9 Supplement B</b></p> <p>OMB No. 1615-0047 Expires 07/31/2026</p>	
Last Name (Family Name) from Section 1.		First Name (Given Name) from Section 1.		Middle initial (if any) from Section 1.	
<b>Smith</b>		<b>John</b>		<b>A</b>	
<p><b>Instructions:</b> This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 Instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the <a href="#">Handbook for Employers: Guidance for Completing Form I-9 (M-274)</a></p>					
Date of Rehire (if applicable)		New Name (if applicable)			
Date (mm/dd/yyyy)	Last Name (Family Name)	First Name (Given Name)		Middle Initial	
<b>MM/DD/YYYY</b>	<b>Doe</b>	<b>Jane</b>		<b>B</b>	
<p>Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.</p>					
Document Title		Document Number (if any)		Expiration Date (if any) (mm/dd/yyyy)	
<b>Driver's License</b>		<b>XXX-XXX-XXXX</b>		<b>MM/DD/YYYY</b>	
<p>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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.</p>					
Name of Employer or Authorized Representative		Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	
<b>Jane Doe</b>				<b>MM/DD/YYYY</b>	
<p>Additional Information (Initial and date each notation.)</p> <p style="text-align: right;"><input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.</p>					
Date of Rehire (if applicable)		New Name (if applicable)			
Date (mm/dd/yyyy)	Last Name (Family Name)	First Name (Given Name)		Middle Initial	
<p>Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.</p>					
Document Title		Document Number (if any)		Expiration Date (if any) (mm/dd/yyyy)	
<p>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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.</p>					
Name of Employer or Authorized Representative		Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	
<p>Additional Information (Initial and date each notation.)</p> <p style="text-align: right;"><input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.</p>					
Date of Rehire (if applicable)		New Name (if applicable)			
Date (mm/dd/yyyy)	Last Name (Family Name)	First Name (Given Name)		Middle Initial	
<p>Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.</p>					
Document Title		Document Number (if any)		Expiration Date (if any) (mm/dd/yyyy)	
<p>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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.</p>					
Name of Employer or Authorized Representative		Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	
<p>Additional Information (Initial and date each notation.)</p> <p style="text-align: right;"><input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.</p>					

13. Write Attendant's name.

14. Consumer writes date and name of new hire.

15. Consumer writes Document Title, Document Number, and Expiration Date.

16. Employer writes name, signs, and writes today's date.





Choice. With Confidence.

## **Sample NC Independent Living Employer and Attendant Agreement**

**Purpose of form:** The NC Independent Living Employer and Attendant Agreement form is used to have the Consumer and the Attendant agree on the terms of the NC Program.

### **Instructions**

1. Write the Consumer's name.
2. Write the Attendant's name.
3. Sign the Consumer's name and Date.
4. Sign the Attendant's name and Date.

## Sample NC Independent Living Employer and Attendant Agreement

Agreement between Consumer (print Consumer name) John Doe

1. Write the Consumer's name.

and Attendant (print Attendant name) Jane Doe

2. Write the Attendant's name.

The NC Independent Living Consumer and Attendant agree that:

1. The Consumer shall:
  - a. Offer employment only to an Attendant who:
    - i. Is 18 years of age or older
    - ii. Is a U.S. citizen or a legal alien authorized to work in the U.S.
    - iii. Has proper photo identification (such as a driver's license or state ID) and a signed and legible copy of the Social Security card and/or other documents authorizing him or her to work in the U.S.
    - iv. Has passed the criminal background check to the Consumer's satisfaction
2. The Attendant agrees that he or she:
  - a. Understands **the Consumer is the employer**, not iLIFE or NC Independent Living
  - b. Shall not abuse, neglect or commit fraud against the Consumer
    - i. Abuse includes mental/emotional, physical, sexual and verbal abuse
    - ii. Neglect includes failure to: seek needed medical attention; provide correct medication; provide services according to the care plan; arrive to work according to the predetermined schedule; and maintain safe conditions.
  - c. Shall complete timesheets accurately and submit timesheets by the due dates listed on the Payment Schedule
  - d. Shall notify the Consumer of any changes to the Attendant's personal information, such as name, phone number, address, etc.
  - e. Shall discuss employment-related concerns with the Consumer directly
  - f. Shall give the Consumer two weeks prior written notice of resignation from employment with the Consumer
  - g. May be dismissed from employment with the Consumer at any point with cause
3. This agreement shall be effective when it has been signed by both the Consumer and the Attendant
4. This agreement shall terminate when the Consumer ceases to receive Consumer-directed services when the Attendant resigns or is terminated from employment with the Consumer.

3. Sign the Consumer's name and Date.

Consumer Signature: John Doe

Date: MM/DD/YY

Attendant Signature: Jane Doe

Date: MM/DD/YY

4. Sign the Attendant's name and Date.



## **In-Check Set-Up Forms (A-E)**

**Purpose of form:** The In-Check Set-Up Forms (A-E) are used to collect the Attendant's information and to get approval for iLIFE to run the Attendant's background check.

### **In-Check Set-Up Form A: Disclosure For Background Investigation**

1. Sign the Attendant's name and write the date.

### **In-Check Set-Up Form B: Acknowledgement and Authorization for Background Check**

1. Sign the Attendant's name and write the date.

### **In-Check Set-Up Form C: Disclosure for Investigative Consumer Report**

1. Sign the Attendant's name and write the date.

### **In-Check Set-Up Form D: Residency Certification Form**

1. Write what state the Attendant is seeking employment in.
  - a. If Attendant answered California, answer Yes or No to both questions.
2. Write what state the Attendant currently resides in.
  - a. If Attendant is not a US citizen, check the box and skip to question 3.
  - b. If Attendant answered California, answer Yes or No to both questions.
3. For the question, write Yes or No. If Yes, provide country of residence.
4. Sign the Attendant's name and write the date.

### **In-Check Set-Up Form E: Request for Personally Identifiable Information**

1. Write the Attendant's first, middle, and last name.
  - a. If Attendant does not have a middle name, check the box.
2. Write any other names the Attendant has used, their Date of Birth, Driver's License Number, and Social Security number.
3. Write any other addresses the Attendant has lived at in the past seven (7) years.
4. Sign the Attendant's name and write the date.





Choice. With Confidence.

## Sample Disclosure for Background Investigation Form

**In-Check Set-Up Form A**

### DISCLOSURE FOR BACKGROUND INVESTIGATION

iLIFE Financial Management (“Company”) may obtain information about you from a third-party consumer reporting agency for employment purposes. Thus, you may be the subject of a “consumer report” which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain information regarding your criminal history, social security verification, motor vehicle records (“driving records”), verification of your education or employment history, or other background checks.

These searches will be conducted by InCheck, Inc., 7500 W State Street, Suite 200, Wauwatosa, WI 53213, 414-727-1718/ 866-265-9426, [www.inchecksolutions.com](http://www.inchecksolutions.com).

Signature: Jane Doe Date: MM/DD/YY

1. Attendant signs and dates.



Choice. With Confidence.

## Sample Disclosure for Background Investigation Form

**In-Check Set-Up Form B**

### ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the separate document entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION, A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT, and DISCLOSURE FOR INVESTIGATIVE CONSUMER REPORT and certify that I have read and understand those documents. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” by iLIFE Financial Management (the “Company”) at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by InCheck, Inc., 7500 W State Street, Suite 200, Wauwatosa, WI 53213, telephone number (866) 265-9426, [www.inchecksolutions.com](http://www.inchecksolutions.com) and/or Company. I agree that a facsimile (“fax”), electronic or photographic copy of this Authorization shall be as valid as the original.

Signature: Jane Doe Date: MM/DD/YY

1. Attendant signs and dates.

Page 1 of 1  
[END OF DOCUMENT]



Choice. With Confidence.

## Sample Disclosure for Background Investigation Form

**In-Check Set-Up Form C**

### DISCLOSURE FOR INVESTIGATIVE CONSUMER REPORT

iLIFE Financial Management (“Company”) may request an investigative consumer report about you from a third-party consumer reporting agency, in connection with your employment or application for employment (including independent contractor or volunteer assignments, as applicable) and throughout your employment if you are hired or retained, as allowed by law. An “investigative consumer report” is a background report that includes information from personal interviews (except in California, where that term includes background reports with or without information obtained from personal interviews). The most common form of an investigative consumer report in connection with your employment is a reference check through personal interviews with sources such as your former employers and associates, and other information sources. The investigative consumer report may contain information concerning your character, general reputation, personal characteristics, or mode of living.

You have the right, upon written request made within a reasonable time, to request (1) whether an investigative consumer report has been obtained about you, (2) disclosure of the nature and scope of any investigative consumer report and (3) a copy of your report. These reports will be conducted by **InCheck, Inc., 7500 W State Street, Suite 200, Wauwatosa, WI 53213, 414-727-1718/866-265-9426, [www.inchecksolutions.com](http://www.inchecksolutions.com).**

Signature: Jane Doe Date: MM/DD/YY

1. Attendant signs and dates.



Choice. With Confidence.

## Sample Disclosure for Background Investigation Form

**In-Check Set-Up Form D**

### Residency Certification Form

1. I certify that I am an individual seeking prospective or continued employment (including independent contractor or volunteer assignments) in: **North Carolina**.

*If you answered "California":*

Are you an individual seeking prospective or continued employment (including independent contractor or volunteer assignments) in San Francisco, California?  YES  NO

Are you an individual seeking prospective or continued employment (including independent contractor or volunteer assignments) in Los Angeles, California?  YES  NO

2. I certify that I am a resident of (provide state): **North Carolina**.

Check box if you are not a U.S. Resident and skip to question 3.

*If you answered "California":*

Are you a resident of San Francisco, California?  YES  NO

Are you a resident of Los Angeles, California?  YES  NO

3. I certify that I am a resident of the European Union:

YES  NO

*If you answered yes, please provide country of residence:*

\_\_\_\_\_

Signature: Jane Doe Date: MM/DD/YY

1. Attendant writes what state they are seeking employment in.

1a. If Attendant answered California, answer Yes or No to both questions.

2. Attendant writes in which state they currently reside in.

2a. If Attendant is not a US citizen, check the box and skip to question 3.

2b. If Attendant answered California, answer Yes or No to both questions.

3. Attendant answers Yes or No. If Yes, provide country of residence.

4. Attendant sign and dates.

Page 1 of 1  
[END OF DOCUMENT]





## Background Check Disclosure and Release Instructions

**Purpose of form:** The Background Check Disclosure and Release is used to collect the Attendant's information and to get approval for iLIFE to run the Attendant's background check.

### Instructions

1. Write the Attendant's name.
2. Write the Attendant's Social Security number and birth date.
3. If you have been known by any other name or if you have lived outside of North Carolina since the age of 16, write the name(s) used, city, county, state, from date and to date.
4. For the question, check Yes or No.
5. If you check yes, write the name you used, the country you lived in, from date and to date.
6. For the question, check Yes or No.
7. If you check yes, write the date of the conviction, the country in which the conviction occurred, the state in which the conviction occurred, and the conviction.
  - a. Conviction of a crime does not automatically disqualify you from employment.
  - b. However, if you fail to fill out this section accurately, you may be disqualified from employment.
8. The Attendant signs his or her name. Write today's date.



Choice. With Confidence.

### Sample Background Check Disclosure and Release

Attendant Name: Jane Doe

1. Write Attendant name.

Social Security Number: XXX - XX - XXXX

2. Write SSN and birth date.

Birth Date: MM / DD / YYYY

Please fill out lines below if you:

- 1. have been known by any other name to include legal name change, married, alias, surname, etc.
- 2. have lived outside of North Carolina since the age of 16 (do not include international address in NC since 16, fill out this section.

3. If known by other name or lived outside NC since 16, fill out this section.

Name(s) Used	City	County	State	From Date	To Date
Jane Smith	Charleston	Charleston	SC	MM/DD/YY	MM/DD/YY

Have you ever lived outside the United States of America?  Yes  No

4. Check Yes or No.

If yes, please fill out the following information. This information is required for identification.

5. If yes, fill out this section.

Name Used	Country	From Date	To Date
Jane Smith	Canada	MM/DD/YY	MM/DD/YY

Have you ever been convicted of any unlawful offense other than a minor traffic violation?  Yes  No

6. Check Yes or No.

If yes, list below the dates, counties, states and specific crimes. Failure to provide complete information is considered falsification, and your application will be removed from consideration. If you are unsure of your conviction history, please verify before answering.

7. If yes, fill out this section.

Date	County	State	Conviction

I acknowledge that the information on this form is accurate. By signing, I agree to have a background check run. I also agree to not begin work until I am notified that I am eligible to work. I acknowledge the standard background check processing time is 5-10 business days.

8. Attendant signs and dates.

Attendant Signature: Jane Doe Date: MM/DD/YY



Choice. With Confidence.

## Relationship Disclosure Instructions

**Purpose of form:** The Relationship Disclosure is used to collect information regarding the Attendant's relationship to the Consumer for tax purposes.

### Instructions

1. Write the Attendant's name.
2. Write the Attendant's birth date.
3. Write the Consumer's name.
4. Check the Attendant's legal relationship to the Consumer.
  - a. Check only one.
  - b. If the Attendant has no relationship to the Consumer, check "None of these."
  - c. If the relationship you check has a symbol (such as \* or ±) after it, please read the corresponding text to understand what taxes will or will not be withheld from your pay.
5. For the question, check Yes or No.
6. The Attendant signs his or her name. Write today's date.
7. The Consumer signs his or her name. Write today's date.



## Sample Relationship Disclosure

Attendant Name: Jane Doe 1. Write Attendant name.

Attendant Birth Date: MM / DD / YYYY 2. Write Attendant birth date.

Consumer Name: John Doe 3. Write Consumer name.

Check your legal relationship to the Consumer. Check one. For example, if the Consumer is you are the Consumer's grandchild. 4. Check Attendant's legal relationship to Consumer.

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Parent * ±                                | <input type="checkbox"/> Spouse * ±               | <input type="checkbox"/> Step Child *  | <input type="checkbox"/> None of these |
| <input type="checkbox"/> Son/Daughter (under the age of 21) * ±    | <input type="checkbox"/> Adopted Child *          | <input type="checkbox"/> Grandparent * |  |
| <input type="checkbox"/> Son/Daughter (at or over the age of 21) * | <input checked="" type="checkbox"/> Step Parent * | <input type="checkbox"/> Grandchild *  |  |

\* Due to your relationship with the Consumer and current legislation, you are exempt from payroll taxes for unemployment insurance (SUTA). If your employment with the Consumer is terminated, you will not receive unemployment benefits.

± Due to your relationship with the Consumer and current legislation, you are exempt from payroll taxes for Social Security and Medicare (FICA). By not paying into Social Security and FICA, it means you are not earning Social Security work credits.

The Consumer lives with the Attendant providing nonmedical care.  Yes  No 5. Check Yes or No.

NOTE: It is the Attendant's responsibility to notify iLIFE should his or her living situation change by submitting a Status Change Form.

By signing below, you agree the information on this form is accurate and you have all supporting documentation in your possession. 6. Attendant signs and dates.

Attendant Signature: Jane Doe Date: MM/DD/YY

Consumer Signature: John Doe Date: MM/DD/YY

7. Consumer signs and dates.



Choice. With Confidence.

## Sample iLIFE and Attendant Employment Agreement

**Purpose of form:** The iLIFE and Attendant Employment Agreement form is used to have the Consumer and the Attendant agree on the terms of the NC Program.

### Instructions

1. Write the Attendant's name.
2. Write the Consumer's name.
3. Sign the Attendant's name and Date.
4. iLIFE Staff Signs and Dates.
5. iLIFE Staff member prints name.



## Sample iLIFE and Attendant Employment Agreement

Agreement between Attendant (print Attendant name) Jane Doe

1. Write the Attendant's name.

and iLIFE concerning employment with NC Independent Living Consumer (print Consumer name)

John Doe

2. Write the Consumer's name.

The Attendant and iLIFE agree that:

1. **The Consumer is the Attendant's employer of record**, not iLIFE or NC Independent Living.
2. iLIFE shall process payroll and taxes for the Attendant on behalf of the Consumer.
3. The Attendant shall complete required Attendant documents and submit them to iLIFE.
4. The Attendant shall notify iLIFE if any changes occur to the information provided on the required Attendant documents, including but not limited to change of name, address and phone number.
5. iLIFE is not responsible for interviewing, hiring, training, supervising, evaluating or firing the Attendant.
6. iLIFE is not responsible for deciding the Attendant's pay rate, job duties, schedule or the Consumer's household rules.
7. This agreement shall be effective when it has been signed by both the Attendant and iLIFE.
8. This agreement shall terminate when the Attendant ceases to provide Consumer-directed services above-named Consumer.

3. Sign the Attendant's name and Date.

Attendant Signature: Jane Doe

Date: MM/DD/YY

iLIFE Staff Signature: John Smith

Date: MM/DD/YY

iLIFE Staff Member Name Printed: John Smith

5. iLIFE Staff member prints name.

4. iLIFE Staff Signs and Dates.



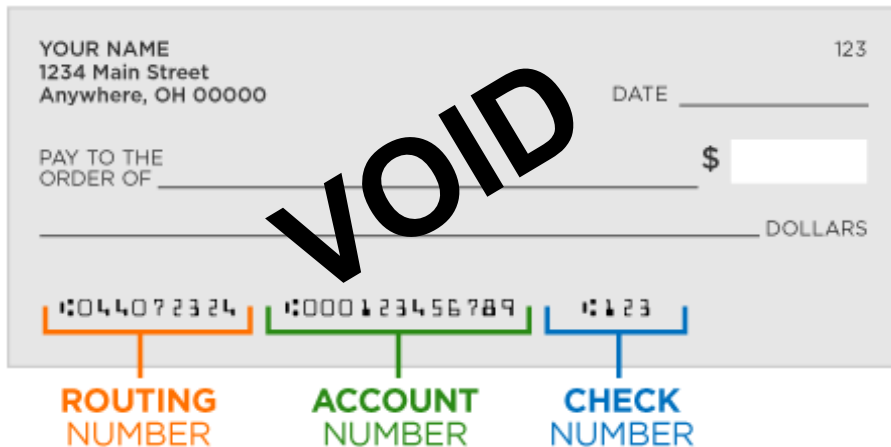
Choice. With Confidence.

## Direct Deposit Authorization Instructions

**Purpose of form:** The Direct Deposit Authorization is used to set up the Attendant's payments for direct deposit.

### Instructions

1. Write the Attendant's name.
2. Write the Consumer's name.
3. Write the name of the financial institution (i.e. bank, credit union, etc.)
4. Write the routing number.
  - a. Find the routing number on the bottom of your checks (see picture below).
5. Write the account number.
  - a. Find the account number on the bottom of your checks (see picture below).
6. Check type of account.
7. The Attendant signs his or her name. Write today's date.
8. Attach a check with VOID written on it or typed bank verification with the account and routing numbers.
  - a. If you do not have checks and have only a debit card, call the number on the back of the card to get a typed document with your routing and account numbers.





## Sample Direct Deposit Authorization

**IMPORTANT:** Voided check or typed bank verification with the account number, routing number and account holder's name must be attached for processing.

Attendant Name:	<b>Jane Doe</b>	1. Write Attendant name.
Consumer Name:	<b>John Doe</b>	2. Write Consumer name.
Name of Financial Institution:	<b>ABC Bank</b>	3. Write financial institution name.
Routing Number:	<b>XXXXXXXXXX</b>	4. Write routing number.
Account Number:	<b>XXXXXXXXXXXXXX</b>	5. Write account number.
Type of Account:	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	6. Check account type.

I hereby authorize iLIFE to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries in error to my bank account at the financial institution noted above.

This authorization is to remain in full force and affect until iLIFE receives written notice from me of its termination, in such time and manner as to allow iLIFE and the financial institution a reasonable opportunity to act on it.

Attendant Signature: Jane Doe Date: MM/DD/YY

7. Attendant signs and dates.
8. Attach voided check or typed bank verification.



## Attendant Status Change Form Instructions

**Purpose of form:** The Attendant Status Change Form is used to update the Attendant's personal information and to document the Attendant's direct deposit cancelation date and termination date.

**Use this form when the Attendant:**

- Has a new legal name (i.e. married or divorced)
- Has a new address
- Has a new phone number
- Has a new email address
- Wants to cancel his or her direct deposit
- No longer works for the Consumer

**Please call iLIFE at 1-888-851-2420 for help filling out this form.**

**Instructions**

1. Write the Attendant's name.
2. Check which section(s) are to be changed.
  - a. Only fill out the sections that need to be changed. Do not fill out a section if it does not need to be changed.
  - b. If the Attendant has a new name, attach a copy of the signed Social Security card with the new name listed.
3. Write the new information, or write the Attendant's direct deposit cancelation date or termination date.
4. The Attendant signs his or her name and writes today's date.



Choice. With Confidence.

### Sample Attendant Status Change Form

Attendant Name: Jane Doe

1. Write Attendant name.

2. Write Consumer name.

Consumer Name: John Doe

Local Office: Durham

3. Write Local Office.

**Fill out only the sections the Attendant needs changed.**

<input type="checkbox"/>	<b>New Name:</b> _____ Please attach a copy of your updated, <b>signed</b> Social Security card.
--------------------------	---

4. Check which section(s) to be changed.

<input checked="" type="checkbox"/>	<b>New Address:</b> <u>2345 Main Street</u> <b>City:</b> <u>Raleigh</u> <b>State:</b> <u>NC</u> <b>ZIP:</b> <u>XXXXX</u>
-------------------------------------	---

<input type="checkbox"/>	<b>New Phone Number:</b> (____) _____ - _____ <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
--------------------------	---

<input type="checkbox"/>	<b>New Email Address:</b> <u>janedoe@xxxxx.com</u>
--------------------------	--

5. Write new information and/or update information as needed.

<input type="checkbox"/>	<b>Cancel Direct Deposit Effective Date:</b> _____ Please write the date you want your direct deposit to end.
--------------------------	--

<input type="checkbox"/>	<b>Employment Termination Date:</b> _____ Please write the last day you worked.
--------------------------	--

By signing below, you agree the information on this form is accurate and you have all supporting documentation in your possession.

Attendant Signature: Jane Doe

Date: MM/DD/YY

6. Attendant signs and dates.

## Attendant Timesheet Instructions

**Purpose of form:** The Attendant Timesheet is used to document and certify the Attendant's hours.

### Instructions

1. Write the Attendant's number.
2. Write the Period Beginning and End dates. Time worked should be recorded following the payment schedule.
3. Write the Consumer's name. The Consumer is the person receiving the services.
4. Write the Attendant's name. The Attendant is the person providing the services.
5. Write the month and day of each time the Attendant worked. The first day of each pay period is Sunday.
6. Write the start time and stop time for each day the Attendant worked.
  - a. Two sets of start and stop time columns are provided for those who work twice in the same day.
  - b. If the Attendant works only one time per day, use only one set of start and stop time columns.
  - c. Remember to write AM or PM for each time written.
  - d. Hours must be recorded in 15-minute increments (i.e. 1:00 PM, 1:15 PM, 1:30 PM, 1:45 PM).
7. Add the total number of hours together for both sets of columns. Write the number in the Total Hours column.
8. Add the total number of hours worked for each week. Write the number on the total hours for week 1 line.
9. Repeat steps 5 – 8 for week 2.
10. Total the hours worked for both weeks. Write the number on the total hours for both weeks line.
11. The Attendant signs the timesheet.
12. The Consumer or legal representative signs the timesheet.
13. The timesheet must be dated after the Attendant's last shift on the last day worked.

---

### Helpful Hints

- Please write clearly with black ink.
- Timesheets cannot be submitted before all of the hours have been worked.
- The Attendant may not submit timesheets while the Consumer is hospitalized, in a nursing facility or receiving services through another state program.
- The payroll week begins on Sunday and ends on Saturday.
- The submitted hours must not exceed the weekly hours approved by NC Independent Living.
- Timesheets are accepted until 11:59 PM (Eastern Standard Time) on the due date.
- Late timesheets will be held until the next pay period.



## Sample Attendant Timesheet

Attendant Number: XXXXXX

Period Begins: 08/10/14 Consumer Name: John Doe

Period Ends: 08/23/14 Attendant Name: Jane Doe

Day of Week	Date mo/day	Start time hh:mm am/pm	Stop time hh:mm am/pm	Start time hh:mm am/pm	Stop time hh:mm am/pm	Total Hours hh:mm
SUNDAY	08/10	8 AM	12 PM	1:30 PM	4 PM	6.5
MONDAY						
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						
SATURDAY						

Total hours for week 1: 6.5

SUNDAY	08/17	8 AM	12 PM	1:15 PM	4 PM	6.75
MONDAY						
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY	08/22	8:30 AM	12 PM			3.5
SATURDAY						

Total hours for week 2: 10.25

Total hours for both weeks: 16.75

1. Write Attendant number.

2. Write period dates.

3. Write Consumer name.

4. Write Attendant name.

5. Write month and day worked.

6. Write start and stop time for each day worked.

7. Add total hours.

8. Add total hours for the week.

9. Repeat 5-8 for week 2.

10. Total hours for both weeks.

11. Attendant signs.

12. Consumer signs.

13. Date must be after last shift worked.

I certify that I worked the hours shown on this timesheet on the days indicated, and that this timesheet has been signed by the person receiving the services or his or her legal representative.

Attendant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

As the person receiving the services, I certify that the Attendant's hours shown on this timesheet are correct and that the work was performed satisfactorily.

Consumer Signature: \_\_\_\_\_ Date: \_\_\_\_\_