

**CHILDREN'S INTENSIVE IN-HOME SERVICES (CIIS)
PROVIDER ENROLLMENT CHECKLIST**
PLEASE RETURN THIS CHECKLIST WITH YOUR APPLICATION

Provider Name: _____ Child's Name: _____
Nombre y Apellido del Niño

I am applying to work as:

- In-Home Caregiver (Aide)
- Relief Care (Out of Home Respite)
- Housekeeper
- Behavior Consultant
- RN LPN (circle one)

**REQUIRED APPLICATION FORMS
ALL PROVIDER TYPES**

- CIIS Provider Enrollment form - SDS 0536 (02/12)
Enter child's name that you plan to work for at top right of form, and complete numbers 1 through 10.
- Background Check Request form – MSC 301 QED (10/12)
Complete Section 2 only (pgs. 2 & 3). Return pages 1 – 4.
- Consent for Release of Information form revised - 7/15/2011
Complete your name, DOB, SS#, Signature, and date.
- I-9 form - Expires (03/31/2016)
Complete pg. 7 and Employer needs to complete pg. 8.

REMEMBER TO SIGN AND DATE ALL FORMS.

**DOCUMENTS REQUIRED
ALL PROVIDER TYPES**

- Photocopies of acceptable documents listed on page 9 of the I-9 form. Either one document from List A or 1 document from List B and C each.
Example: Copy of passport OR copy of Driver's License AND SS Card.
- Make sure the photocopies are CLEAR and LEGIBLE.
- 1 Fingerprint card (*conditions apply)

**If you have lived outside the State of Oregon for 60 or more continuous days in the past 5 years, have an out of state driver's license, or disclose out of state criminal history, you will be required to submit fingerprints. Your provider enrollment cannot be processed without the fingerprint card. If none of these conditions apply to you, fingerprints are not needed. If you need a fingerprint card please call or you can go to a local police agency or the State Police, or a local vendor and have 1 fingerprint card done. Mail your fingerprint card back to us with your forms, etc.*

ADDITIONAL DOCUMENTS REQUIRED FOR RELIEF CARE (OUT OF HOME RESPITE)

- Proof of Professional Liability Insurance.

ADDITIONAL DOCUMENTS REQUIRED FOR BEHAVIOR CONSULTANTS

- Proof of Professional Liability Insurance.
- Current OIS Training Certificate.
- Current Resume defining the parameters of your education and experience qualifying you to work in this position. Copies of any certificates or documents that verify the information on your resume.

ADDITIONAL DOCUMENTS REQUIRED FOR RNS & LPNS

- DMAP Enrollment Packet (if you do not have this call CIIS to request).
Do not mail this packet to DMAP, return to CIIS for processing.
- Obtain NPI number (see CIIS cover letter on DMAP packet).
- Proof of Professional Liability Insurance.

RETURN ONLY REQUIRED PAGES AND DOCUMENTS WITH COPIES OF YOUR ID, AND FINGERPRINT CARD IF NEEDED.

KEEP ALL INFORMATION AND INSTRUCTION PAGES FOR YOUR INFORMATION.

IF ANY OF YOUR INFORMATION IS MISSING OR INCOMPLETE YOUR APPLICATION WILL NOT BE PROCESSED AND WILL BE RETURNED.

CIIS Mailing Address (DO NOT FAX):

DHS/ODDS/CIIS
Attn: Nita Cannon
676 Church St NE 2nd Fl
Salem OR 97301

CIIS Phone:

1-888-390-5437 or 503-378-5051

These forms can be found on the CIIS website:
www.oregon.gov/dhs/DD/pages/children/in-home.aspx

CIIS Provider Enrollment

PLEASE PRINT OR TYPE in boxes 1 through 9
 Sign and date on line 10 at bottom of page

Child's Name: _____
Nombre y Apellido del Niño

1.) Last name or business name:		First:	Initial(s):
2.) Street address:		City:	State: ZIP code:
3.) Mailing address (if different):		City:	State: ZIP code:
4.) E-mail address (Provide your e-mail address if you would like to receive notifications via e-mail):			
5.) Phone number:	6.) Social Security Number or IRS Number:	7.) Date of birth:	
8.) Date you can start working:		9.) License number (RN, LPN, CNA):	

AGREEMENT

- A. The Provider agrees to adhere to the administrative rules written by the Department of Human Services (DHS). Hereinafter any references to DHS or department also includes and represents any of its divisions enrolling providers of services to the department's clients and to the provider guide appropriate to the services category:
- B. Provider understands that the terms and conditions of this enrollment apply only to care, services and/or supplies furnished recipients of Children's Intensive In-Home Services (CIIS), and for which the provider bills the Department of Human Services.
- C. The Provider and or DHS may terminate this enrollment at any time by submitting a written notice in person or by certified mail, with a specific date on which termination will take place. Termination by the Provider should be sent to: Seniors and People with Disabilities, Children's Intensive In-Home Service, 676 Church St. NE, Salem, OR 97301-2401.
- D. The department agrees to process claims so as to reimburse properly documented (adjudicated) claims within 45 days, as provided by state statute. The department cannot withhold state or federal income tax.
- E. This enrollment contemplates continued availability of care, services and/or supplies to persons eligible for CIIS in Oregon. The enrollment may be terminated if the provider elects not to provide such care, services, and/or supplies or does not bill the department during the twelve-month period.
- F. The provider agrees that he/she is either an independent contractor or employed as a provider by a client of the Department of Human Services, with compensation paid as an agent for the client. The provider understands that he/she is not otherwise employed by any division of the department, and shall not for any purpose be deemed to be an employee of the State of Oregon, whether or not the department selects or assists the client in selecting the person for employment or exercises any direction or control over the person's employment. Such person is a non-subject worker under ORS 656.027(1) and ORS 411.590.

10.) Signature of provider: _____

Date: _____

DEPARTMENT OF HUMAN SERVICES
Aging & People with Disabilities and Developmental Disabilities
ORS 443.004/OAR 407-007-0275 Crimes

Public funds may not be used to support, in whole or in part, the employment in any capacity of an individual having contact with a recipient of home health or in-home care agency services or support services, or contact with a resident of a residential facility or an adult foster home, who has any of the following convictions. **ORS 443.004/OAR 407-007-0275 impacts anyone with this type of employment hired on or after 7/28/2009, or changing positions on or after 7/28/2009.**

If the individual has been convicted of any of the crimes listed below (or **attempt, conspiracy, or solicitation** for any of the crimes), THE INDIVIDUAL IS NOT ELIGIBLE FOR THE POSITION and there are no hearing rights with BCU.

- **FIVE YEAR CRIMES:** Regarding care for Vulnerable individuals 65 years or older. If the individual is exclusively caring for individuals who are 65 years or older, the crimes in the list below *in underlined italics* make the individual ineligible for five years from the date of conviction [If the client is under 65, the crime is PERMANENT.]. Thereafter, the conviction would be considered a permanent review crime subject to a weighing test.
- **TEN YEAR CRIMES:** Certain Drug Crimes. If the individual has a conviction for delivery (selling) of drugs or manufacture (making) of drugs (or attempt, conspiracy, or solicitation for these types of crimes) in the past 10 years.
- **PERMANENT CRIMES:** The following crimes involve violence, harm to vulnerable individuals, serious theft, and sex crimes. A conviction of one of these crimes would make an individual permanently ineligible (unless as noted above in Five Year Crimes).

ORS 163.095, Aggravated murder	<u>ORS 163.465, Public indecency</u>
ORS 163.115, Murder	<u>ORS 163.467, Private indecency</u>
ORS 163.118, Manslaughter I	ORS 163.525, Incest with a child victim
ORS 163.125, Manslaughter II	ORS 163.535, Abandonment of a child
ORS 163.145, Criminally negligent homicide	ORS 163.537, Buying or selling a person under 18 years of age
ORS 163.149, Aggravated vehicular homicide	ORS 163.547, Child neglect I
ORS 163.165, Assault III	ORS 163.670, Using a child in display of sexually explicit conduct
ORS 163.175, Assault II	ORS 163.680, Paying for viewing a child's sexually explicit conduct
ORS 163.185, Assault I	ORS 163.684, Encouraging child sexual abuse I
ORS 163.187, Strangulation	ORS 163.686, Encouraging child sexual abuse II
ORS 163.200, Criminal mistreatment II	ORS 163.687, Encouraging child sexual abuse III
ORS 163.205, Criminal mistreatment I	ORS 163.688, Possession of materials depicting sexually explicit conduct of a child I
ORS 163.225, Kidnapping II	ORS 163.689, Possession of materials depicting sexually explicit conduct of a child II
ORS 163.235, Kidnapping I	<u>ORS 163.700, Invasion of personal privacy</u>
ORS 163.263, Subjecting another person to involuntary servitude II	<u>ORS 164.055, Theft I</u>
ORS 163.264, Subjecting another person to involuntary servitude I	ORS 164.057, Aggravated theft I
ORS 163.266, Trafficking in persons	ORS 164.098, Organized retail theft
ORS 163.275, Coercion	<u>ORS 164.125, Theft of services, if charged as a felony</u>
ORS 163.355, Rape III	ORS 164.215, Burglary II
ORS 163.365, Rape II	ORS 164.225, Burglary I
ORS 163.375, Rape I	ORS 164.325, Arson I
ORS 163.385, Sodomy III	<u>ORS 164.377, Computer crime, if charged with a felony</u>
ORS 163.395, Sodomy II	ORS 164.405, Robbery II
ORS 163.405, Sodomy I	ORS 164.415, Robbery I
ORS 163.408, Unlawful sexual penetration II	ORS 165.013, Forgery I
ORS 163.411, Unlawful sexual penetration I	ORS 165.022, Criminal possession of a forged instrument I
ORS 163.415, Sexual abuse III	ORS 165.032, Criminal possession of a forgery device
ORS 163.425, Sexual abuse II	ORS 165.800, Identity theft
ORS 163.427, Sexual abuse I	ORS 165.803, Aggravated identity theft
ORS 163.432, Online sexual corruption of a child II, if the offender reasonably believed the child to be more than five years younger than the offender	ORS 167.012, Promoting prostitution
ORS 163.433, Online sexual corruption of a child I, if the offender reasonably believed the child to be more than five years younger than the offender	ORS 167.017, Compelling prostitution
ORS 163.435, Contributing to the sexual delinquency of a minor	ORS 167.057, Luring a minor
ORS 163.445, Sexual misconduct, if the offender is at least 18 years of age	ORS 167.320, Animal abuse I
	ORS 167.322, Aggravated animal abuse I
	ORS 181.594, Sex crimes, including transporting child pornography into the state

BACKGROUND CHECK REQUEST (301QED)

This form is to be used to assist in gathering information to be entered into the CRIMS system.

The instructions for the Qualified Entity Designee (QED) are available separately in form MSC 301QED-Instructions.

The instructions for the Subject Individual (SI) are attached to this form and **must** be given to the SI.

Section 1 — To be completed by the QED or the Qualified Entity Initiator (QEI)

1. QED agency name: DHS/ODDS/CIIS	
QED agency street address: 676 Church St NE 2 nd Fl	
QED agency City/State/ZIP code: Salem OR 97301	
2. QED name: Nita Cannon	QED phone number: 503-378-5051
QEI name (if applicable):	QEI phone number:
3. Application type (select one program area for this position): <input type="checkbox"/> APD <input checked="" type="checkbox"/> DD <input type="checkbox"/> MH <input type="checkbox"/> PLA <input type="checkbox"/> CW <input type="checkbox"/> VR If an ADP, is this application for a skilled position in a nursing facility only? <input type="checkbox"/> Yes <input type="checkbox"/> No Is this position: <input checked="" type="checkbox"/> Paid (for example: employee or contractor) <input type="checkbox"/> Non-paid (for example: volunteer, household member in AFH, etc.)	
4. Start date for position (mm/dd/yyyy): <u>TBD</u>	
Is this a recheck of the SI in the same position? <input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Position title:	
Description of duties: In-Home care, respite, housekeeping, nursing shift care and/or delegation (nurses only), other duties as assigned.	
6. Position requires direct contact with (select all that apply): <input checked="" type="checkbox"/> Children <input type="checkbox"/> Adults <input type="checkbox"/> Confidential information <input type="checkbox"/> Seniors (65 years and older) <input type="checkbox"/> Finances/financial records <input type="checkbox"/> Secure facilities <input type="checkbox"/> Information technology systems	
7. Do the duties require driving? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Section 1 — To be completed by a QED (continued)

8. Type(s) of documents checked to verify identity (*check all that apply*):
 Driver's license or state ID Social Security card Passport
 Other: _____
 Initials of person checking ID: _____

9: Worksite locations/address for this position (*enter all if multiple*):

Section 2 — To be completed by the SI

10. Individual name: (Last/First/Middle)

11. Social Security number (*optional*): 12. Date of birth (*mm/dd/yyyy*):

13. Email address: 14. Gender:
 Female Male

15. Driver's license ID:
 State: Number:

16. Aliases/other names used:

17. Check only if you prefer correspondence be sent to your residential or mailing address (*rather than an email address*).

18. Residence street address:
 City: State ZIP code:

Mailing address: Same as residence

City: State ZIP code:

19. Home phone: Mobile phone:

20. During the last five (5) years, have you been outside of Oregon for 60 days in a row or more?
 Yes No If yes, complete the following for each residence in the past 5 years:

Date (<i>mm/dd/yy</i>)		City:	State:	Country:	Name(s) used at this residence:
Start:	End:				

Section 2 — To be completed by the SI (continued)

21. Have you ever been charged, arrested and/or convicted of a crime?
 Yes No
 If you answered yes, list all charges, arrests and/or convictions (*adult and juvenile*) and the outcome, regardless of how long ago. Attach additional pages as needed.

Date (mm/dd/yyyy):	Charge, arrest or conviction:	Outcome (e.g., conviction dismissal):	City:	County:	State:

For each arrest, charge or conviction you list, attach extra pages and provide as much information as possible regarding the incident.

If you have potentially disqualifying convictions or conditions, the BCU must consider several factors to determine the risk of vulnerable individuals and your fitness to hold the position. Please provide any information about the details of your criminal history, yourself, your training, education, work history, treatment and circumstances since your criminal history that you want the BCU to weigh. Add additional pages as needed.

I understand that a criminal records check, which may include a national criminal records check requiring fingerprints, will be completed on me. I understand that an abuse check will be completed on me. The BCU may share information with a designee at the facility associated with this request. My submission of this electronic signature authorizes the BCU to request and receive any juvenile, police, court, or investigation reports needed to complete this background check. In the event potentially disqualifying abuse is discovered, I will be notified at the address or email I have given and asked to provide additional information.

I authorize, the BCU to process, this background check request. I understand the background check may be repeated during the time I hold this position.

22. SI signature: _____ Date: _____

Section 3 — To be completed by the QED.

23. Has the SI disclosed any adverse criminal history occurring within the past five (5) years?
 Yes No

If the answer is yes, you MAY NOT hire the SI on a preliminary basis pending the final fitness determination.

If the answer is no, you may hire the SI on a preliminary basis pending the final fitness determination.

SI being hired on a preliminary basis? Yes No

I request an expedited review for hiring on a preliminary basis. The BCU may complete a preliminary fitness determination if fingerprints are required for this SI.

24. The SI has disclosed (*check all that apply*):

- Out-of-state driver's license/state ID card
- Out-of-state residence
- Out-of-state residence within the past five (5) years
- Out-of-state criminal history

If any of the above is checked or if you have reason to believe that the SI's identity needs to be confirmed, fingerprints are required for this SI. If this background check request is submitted without evidence of fingerprint submission, the BCU will reject the request.

- I am submitting one fingerprint card with this background check request.
- The SI is submitting fingerprints via LiveScan.

25. QED signature:

Date:

All documents related to this background check request (*including this form*) should be scanned and attached to the CRIMS record using the **add/edit documents** function on the SI summary page.

Background Check Request Instructions for Subject Individual (SI)

Read all of the instructions before completing the form.

As the subject of this background check, you are referred to in these instructions as the subject individual (SI). The qualified entity (QE) listed in box 1 may be your employer or local branch. The authorized designee (AD) or contact person (CP) has received training from the Department of Human Services Background Check Unit (BCU) for background checks.

Section 2 – You, the SI, completes this section.

10. Type or print your complete name.
11. The disclosure of your Social Security Number (SSN) is optional. The BCU requests the SSN or INS number solely for the purpose of positively identifying you during the background check process. If you do not provide a SSN, the BCU may request fingerprints to confirm identity.
12. Enter your date of birth (mm/dd/yyyy).
13. Enter your email address. The BCU will use your email for any correspondence regarding our background check unless you indicate to use your mailing address (see #17).
14. Check the box for your gender.
15. Enter your driver license or state ID, listing the state and the number.
16. Type or print all aliases or other names you have ever used.
17. Check this box only if you prefer to have correspondence from BCU sent to your mailing address rather than email.
18. Type or print your residence address. If you have a mailing address that is different from your residence, type or print it.
19. Type or print the phone numbers where you can be reached.
20. If you have lived outside of Oregon in the past 5 years for more than 60 days in a row, check the "yes" box and provide details of your previous residences. If you have lived in Oregon for the entire past 5 years, check the "no" box and go to #21.
21. Provide information on your criminal history. If you have never been arrested, charged, or convicted, check the "no" box and go to #22.

Disclose all criminal history – You must accurately and completely disclose all history (*adult and juvenile*) regardless of how long ago it happened. This includes all felonies, misdemeanors, probation violations and failures to appear. If you fail to list any part of your history, your application may be closed or you may be denied due to false statement. Any serious traffic offense such as reckless driving, driving under the influence of intoxicants (DUI) and driving while suspended (DWS), must be listed. Failure to appear, even for a minor traffic violation, must be listed. If you are not sure if something should be listed, you

should list it. For each charge, arrest or conviction, include the exact date (*mm/dd/yyyy*), location and the outcome.

If you do not have proof the charge, arrest, conviction or adjudication has been expunged or set aside then list it.

Violations. Minor moving and non-moving traffic violations are not required to be listed.

If you have criminal history, BCU will weigh several factors to decide if you are fit for the position for which you are applying. Respond to the following questions. Attach documentation to support your responses.

- What happened leading up to the charge, arrest, conviction or other history?
- List any requirements resulting from each charge, arrest or conviction.
- Describe any treatment, education and training specifically related to your history.
- How is your history relevant to your position?
- Explain how you no longer pose a risk to the physical, emotional or financial well-being of vulnerable people.
- How has your life changed since your history?
- List other information you believe would be helpful in making a decision in this case.

22. Sign and date the form. Return it to the person listed in #2.

Possible outcome of your background check:

- **Approved:** Your background check is approved for the position listed on this form. An approval does not guarantee employment or placement.
- **Approved with restrictions:** Your background check is approved to work but are restricted to a specific client, a specific work site or a set of duties. This decision may be appealed. A restricted approval does not guarantee employment or placement.
- **Denial:** Based on the background check, you are denied. You may not hold the position listed on this form and you must be terminated immediately. This decision may be appealed, but you may not hold the position during the appeal.
- **Case closed:** If you do not provide a complete and accurate disclosure of your criminal history or you do not cooperate with this background check process, your application may be closed without a final decision. There are **no** appeal rights, but you may be able to reapply immediately. If closed, the department will provide you with further information.
- **Ineligible:** Due to ORS (Oregon Revised Statute), 443.004, prohibits individuals from working in certain positions if they have one or more specific convictions. If found ineligible, you may not hold the position listed on this form and must be terminated immediately. You do not have hearing rights. The BCU will provide more information in the email or letter sent to you.

Abuse checks — BCU will also conduct an abuse check on you. Potentially disqualifying abuse includes the following:

- **For ALL subject individuals:** Adult protective services history of physical or sexual abuse or financial exploitation assessed on or after January 1, 2010 for which you were found to be responsible. Abuse information is provided to BCU by the Office of Abuse Prevention and Investigations and the Aging and People with Disabilities (APD) based on severity.

- **For subject individuals associated with private licensed childcaring agencies, child foster homes or child adoptive homes.** Child protective services history held by the Department, regardless of the date of assessment or outcome, for which you were found to be responsible, and include founded or substantiated child protective services reports from states where you lived in the past 5 years.

If potentially disqualifying abuse is found, you will be contacted and asked to provide additional information. Due to its sensitive nature, the information you provide will not be disclosed to your potential employer or QED.

Authority — BCU is authorized by state law, to complete background checks on SIs who work, volunteer or live with individuals who are vulnerable to abuse or mistreatment (ORS 181.534, 181.537, 409.027 and 443.004; OAR 407-007-0200 to 407-007-0370, OAR 943-007-000 to 943-007-0501). Vulnerable individuals include children, senior citizens and individuals with physical disabilities, developmental disabilities or mental illness. A check may be required even if you, the SI, do not have direct contact with vulnerable individuals.

Sources checked — BCU may check information from the Driver and Motor Vehicle Services Division, Department of Corrections, Oregon State Police, Federal Bureau of Investigation and local, state and federal courts. BCU may use information from other criminal justice, corrections and law-enforcement agencies and other state and local government agencies. You may be requested to provide fingerprints for a national criminal records check.

Challenging criminal information — If you want to obtain a copy of your record, or challenge information in the record, you must contact the Oregon State Police, 503-378-3070, extension 330 (*for Oregon criminal records*) or the Federal Bureau of Investigation, 304-625-3878 (*for national criminal records*). You may request a copy of the national FBI report from BCU. Depending on your previous contacts with law enforcement and courts, you may need to contact several sources to find your complete criminal records.

Rechecks — This background check process may be repeated at any time while you work, reside or otherwise continue in this position.

If you have questions or need this form in large print or in a different format, contact the qualified entity listed in section 1, box 1.

Keep these instructions for your records.



Seniors and People with Disabilities

Consent for Release of Information
Children's Intensive In-Home Services

As part of the process of enrolling to be a provider with CIIS, our rules, OAR 411-350-0080(1)(d), OAR 411-300-0170(1)(a)(D), and OAR 411-355-0050(1)(a)(F) require a provider to be free of convictions or founded allegations of abuse or neglect by the appropriate agency, including but not limited to DHS, prior to enrolling as a provider. Your consent is required for this to occur so the provider enrollment process may proceed.

STATEMENT:

I authorize Seniors and People with Disabilities (SPD), to conduct a records check for any child abuse or neglect records.

I understand that the information received will remain confidential, and any identified concerns will be discussed with me in a confidential manner.

Applicant Name: _____

Date of Birth: _____ SS#: _____

Applicant Signature: _____ Date: _____

FOR OFFICE USE ONLY

[] Cleared, no abuse history found.

[] Concern: _____

Initials _____ Date _____



Instructions for Employment Eligibility Verification

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

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

Read all instructions carefully before completing this form.

Anti-Discrimination Notice. It is illegal to discriminate against any work-authorized individual in hiring, discharge, recruitment or referral for a fee, or in the employment eligibility verification (Form I-9 and E-Verify) process based on that individual's citizenship status, immigration status or national origin. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination. For more information, call the Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSC) at 1-800-255-7688 (employees), 1-800-255-8155 (employers), or 1-800-237-2515 (TDD), or visit www.justice.gov/crt/about/osc.

What Is the Purpose of This Form?

Employers must complete Form I-9 to document verification of the identity and employment authorization of each new employee (both citizen and noncitizen) hired after November 6, 1986, to work in the United States. In the Commonwealth of the Northern Mariana Islands (CNMI), employers must complete Form I-9 to document verification of the identity and employment authorization of each new employee (both citizen and noncitizen) hired after November 27, 2011. Employers should have used Form I-9 CNMI between November 28, 2009 and November 27, 2011.

General Instructions

Employers are responsible for completing and retaining Form I-9. For the purpose of completing this form, the term "employer" means all employers, including those recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors.

Form I-9 is made up of three sections. Employers may be fined if the form is not complete. Employers are responsible for retaining completed forms. Do not mail completed forms to U.S. Citizenship and Immigration Services (USCIS) or Immigration and Customs Enforcement (ICE).

Section 1. Employee Information and Attestation

Newly hired employees must complete and sign Section 1 of Form I-9 **no later than the first day of employment**. Section 1 should never be completed before the employee has accepted a job offer.

Provide the following information to complete Section 1:

Name: Provide your full legal last name, first name, and middle initial. Your last name is your family name or surname. If you have two last names or a hyphenated last name, include both names in the last name field. Your first name is your given name. Your middle initial is the first letter of your second given name, or the first letter of your middle name, if any.

Other names used: Provide all other names used, if any (including maiden name). If you have had no other legal names, write "N/A."

Address: Provide the address where you currently live, including Street Number and Name, Apartment Number (if applicable), City, State, and Zip Code. Do not provide a post office box address (P.O. Box). Only border commuters from Canada or Mexico may use an international address in this field.

Date of Birth: Provide your date of birth in the mm/dd/yyyy format. For example, January 23, 1950, should be written as 01/23/1950.

U.S. Social Security Number: Provide your 9-digit Social Security number. Providing your Social Security number is voluntary. However, if your employer participates in E-Verify, you must provide your Social Security number.

E-mail Address and Telephone Number (Optional): You may provide your e-mail address and telephone number. Department of Homeland Security (DHS) may contact you if DHS learns of a potential mismatch between the information provided and the information in DHS or Social Security Administration (SSA) records. You may write "N/A" if you choose not to provide this information.

All employees must attest in Section 1, under penalty of perjury, to their citizenship or immigration status by checking one of the following four boxes provided on the form:

1. A citizen of the United States

2. A noncitizen national of the United States: Noncitizen nationals of the United States are persons born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad.

3. A lawful permanent resident: A lawful permanent resident is any person who is not a U.S. citizen and who resides in the United States under legally recognized and lawfully recorded permanent residence as an immigrant. The term "lawful permanent resident" includes conditional residents. If you check this box, write either your Alien Registration Number (A-Number) or USCIS Number in the field next to your selection. At this time, the USCIS Number is the same as the A-Number without the "A" prefix.

4. An alien authorized to work: If you are not a citizen or national of the United States or a lawful permanent resident, but are authorized to work in the United States, check this box.

If you check this box:

a. Record the date that your employment authorization expires, if any. Aliens whose employment authorization does not expire, such as refugees, asylees, and certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau, may write "N/A" on this line.

b. Next, enter your Alien Registration Number (A-Number)/USCIS Number. At this time, the USCIS Number is the same as your A-Number without the "A" prefix. If you have not received an A-Number/USCIS Number, record your Admission Number. You can find your Admission Number on Form I-94, "Arrival-Departure Record," or as directed by USCIS or U.S. Customs and Border Protection (CBP).

(1) If you obtained your admission number from CBP in connection with your arrival in the United States, then also record information about the foreign passport you used to enter the United States (number and country of issuance).

(2) If you obtained your admission number from USCIS *within the United States*, or you entered the United States without a foreign passport, you must write "N/A" in the Foreign Passport Number and Country of Issuance fields.

Sign your name in the "Signature of Employee" block and record the date you completed and signed Section 1. By signing and dating this form, you attest that the citizenship or immigration status you selected is correct and that you are aware that you may be imprisoned and/or fined for making false statements or using false documentation when completing this form. To fully complete this form, you must present to your employer documentation that establishes your identity and employment authorization. Choose which documents to present from the Lists of Acceptable Documents, found on the last page of this form. You must present this documentation no later than the third day after beginning employment, although you may present the required documentation before this date.

Preparer and/or Translator Certification

The Preparer and/or Translator Certification must be completed if the employee requires assistance to complete Section 1 (e.g., the employee needs the instructions or responses translated, someone other than the employee fills out the information blocks, or someone with disabilities needs additional assistance). The employee must still sign Section 1.

Minors and Certain Employees with Disabilities (Special Placement)

Parents or legal guardians assisting minors (individuals under 18) and certain employees with disabilities should review the guidelines in the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)* on www.uscis.gov/I-9Central before completing Section 1. These individuals have special procedures for establishing identity if they cannot present an identity document for Form I-9. The special procedures include (1) the parent or legal guardian filling out Section 1 and writing "minor under age 18" or "special placement," whichever applies, in the employee signature block; and (2) the employer writing "minor under age 18" or "special placement" under List B in Section 2.

Section 2. Employer or Authorized Representative Review and Verification

Before completing Section 2, employers must ensure that Section 1 is completed properly and on time. Employers may not ask an individual to complete Section 1 before he or she has accepted a job offer.

Employers or their authorized representative must complete Section 2 by examining evidence of identity and employment authorization within 3 business days of the employee's first day of employment. For example, if an employee begins employment on Monday, the employer must complete Section 2 by Thursday of that week. However, if an employer hires an individual for less than 3 business days, Section 2 must be completed no later than the first day of employment. An employer may complete Form I-9 before the first day of employment if the employer has offered the individual a job and the individual has accepted.

Employers cannot specify which document(s) employees may present from the Lists of Acceptable Documents, found on the last page of Form I-9, to establish identity and employment authorization. Employees must present one selection from List A **OR** a combination of one selection from List B and one selection from List C. List A contains documents that show both identity and employment authorization. Some List A documents are combination documents. The employee must present combination documents together to be considered a List A document. For example, a foreign passport and a Form I-94 containing an endorsement of the alien's nonimmigrant status must be presented together to be considered a List A document. List B contains documents that show identity only, and List C contains documents that show employment authorization only. If an employee presents a List A document, he or she should **not** present a List B and List C document, and vice versa. If an employer participates in E-Verify, the List B document must include a photograph.

In the field below the Section 2 introduction, employers must enter the last name, first name and middle initial, if any, that the employee entered in Section 1. This will help to identify the pages of the form should they get separated.

Employers or their authorized representative must:

1. Physically examine each original document the employee presents to determine if it reasonably appears to be genuine and to relate to the person presenting it. The person who examines the documents must be the same person who signs Section 2. The examiner of the documents and the employee must both be physically present during the examination of the employee's documents.
2. Record the document title shown on the Lists of Acceptable Documents, issuing authority, document number and expiration date (if any) from the original document(s) the employee presents. You may write "N/A" in any unused fields.

If the employee is a student or exchange visitor who presented a foreign passport with a Form I-94, the employer should also enter in Section 2:
 - a. The student's Form I-20 or DS-2019 number (Student and Exchange Visitor Information System-SEVIS Number); and the program end date from Form I-20 or DS-2019.
3. Under Certification, enter the employee's first day of employment. Temporary staffing agencies may enter the first day the employee was placed in a job pool. Recruiters and recruiters for a fee do not enter the employee's first day of employment.
4. Provide the name and title of the person completing Section 2 in the Signature of Employer or Authorized Representative field.
5. Sign and date the attestation on the date Section 2 is completed.
6. Record the employer's business name and address.
7. Return the employee's documentation.

Employers may, but are not required to, photocopy the document(s) presented. If photocopies are made, they should be made for **ALL** new hires or reverifications. Photocopies must be retained and presented with Form I-9 in case of an inspection by DHS or other federal government agency. Employers must always complete Section 2 even if they photocopy an employee's document(s). Making photocopies of an employee's document(s) cannot take the place of completing Form I-9. Employers are still responsible for completing and retaining Form I-9.

Unexpired Documents

Generally, only unexpired, original documentation is acceptable. The only exception is that an employee may present a certified copy of a birth certificate. Additionally, in some instances, a document that appears to be expired may be acceptable if the expiration date shown on the face of the document has been extended, such as for individuals with temporary protected status. Refer to the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)* or I-9 Central (www.uscis.gov/I-9Central) for examples.

Receipts

If an employee is unable to present a required document (or documents), the employee can present an acceptable receipt in lieu of a document from the Lists of Acceptable Documents on the last page of this form. Receipts showing that a person has applied for an initial grant of employment authorization, or for renewal of employment authorization, are not acceptable. Employers cannot accept receipts if employment will last less than 3 days. Receipts are acceptable when completing Form I-9 for a new hire or when reverification is required.

Employees must present receipts within 3 business days of their first day of employment, or in the case of reverification, by the date that reverification is required, and must present valid replacement documents within the time frames described below.

There are three types of acceptable receipts:

1. A receipt showing that the employee has applied to replace a document that was lost, stolen or damaged. The employee must present the actual document within 90 days from the date of hire.
2. The arrival portion of Form I-94/I-94A with a temporary I-551 stamp and a photograph of the individual. The employee must present the actual Permanent Resident Card (Form I-551) by the expiration date of the temporary I-551 stamp, or, if there is no expiration date, within 1 year from the date of issue.
3. The departure portion of Form I-94/I-94A with a refugee admission stamp. The employee must present an unexpired Employment Authorization Document (Form I-766) or a combination of a List B document and an unrestricted Social Security card within 90 days.

When the employee provides an acceptable receipt, the employer should:

1. Record the document title in Section 2 under the sections titled List A, List B, or List C, as applicable.
2. Write the word "receipt" and its document number in the "Document Number" field. Record the last day that the receipt is valid in the "Expiration Date" field.

By the end of the receipt validity period, the employer should:

1. Cross out the word "receipt" and any accompanying document number and expiration date.
2. Record the number and other required document information from the actual document presented.
3. Initial and date the change.

See the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)* at www.uscis.gov/I-9Central for more information on receipts.

Section 3. Reverification and Rehires

Employers or their authorized representatives should complete Section 3 when reverifying that an employee is authorized to work. When rehiring an employee within 3 years of the date Form I-9 was originally completed, employers have the option to complete a new Form I-9 or complete Section 3. When completing Section 3 in either a reverification or rehire situation, if the employee's name has changed, record the name change in Block A.

For employees who provide an employment authorization expiration date in Section 1, employers must reverify employment authorization on or before the date provided.

Some employees may write "N/A" in the space provided for the expiration date in Section 1 if they are aliens whose employment authorization does not expire (e.g., asylees, refugees, certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau). Reverification does not apply for such employees unless they chose to present evidence of employment authorization in Section 2 that contains an expiration date and requires reverification, such as Form I-766, Employment Authorization Document.

Reverification applies if evidence of employment authorization (List A or List C document) presented in Section 2 expires. However, employers should not reverify:

1. U.S. citizens and noncitizen nationals; or
2. Lawful permanent residents who presented a Permanent Resident Card (Form I-551) for Section 2.

Reverification does not apply to List B documents.

If both Section 1 and Section 2 indicate expiration dates triggering the reverification requirement, the employer should reverify by the earlier date.

For reverification, an employee must present unexpired documentation from either List A or List C showing he or she is still authorized to work. Employers CANNOT require the employee to present a particular document from List A or List C. The employee may choose which document to present.

To complete Section 3, employers should follow these instructions:

1. Complete Block A if an employee's name has changed at the time you complete Section 3.
2. Complete Block B with the date of rehire if you rehire an employee within 3 years of the date this form was originally completed, and the employee is still authorized to be employed on the same basis as previously indicated on this form. Also complete the "Signature of Employer or Authorized Representative" block.
3. Complete Block C if:
 - a. The employment authorization or employment authorization document of a current employee is about to expire and requires reverification; or
 - b. You rehire an employee within 3 years of the date this form was originally completed and his or her employment authorization or employment authorization document has expired. (Complete Block B for this employee as well.)

To complete Block C:

- a. Examine either a List A or List C document the employee presents that shows that the employee is currently authorized to work in the United States; and
 - b. Record the document title, document number, and expiration date (if any).
4. After completing block A, B or C, complete the "Signature of Employer or Authorized Representative" block, including the date.

For reverification purposes, employers may either complete Section 3 of a new Form I-9 or Section 3 of the previously completed Form I-9. Any new pages of Form I-9 completed during reverification must be attached to the employee's original Form I-9. If you choose to complete Section 3 of a new Form I-9, you may attach just the page containing Section 3, with the employee's name entered at the top of the page, to the employee's original Form I-9. If there is a more current version of Form I-9 at the time of reverification, you must complete Section 3 of that version of the form.

What Is the Filing Fee?

There is no fee for completing Form I-9. This form is not filed with USCIS or any government agency. Form I-9 must be retained by the employer and made available for inspection by U.S. Government officials as specified in the "USCIS Privacy Act Statement" below.

USCIS Forms and Information

For more detailed information about completing Form I-9, employers and employees should refer to the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)*.

You can also obtain information about Form I-9 from the USCIS Web site at www.uscis.gov/I-9Central, by e-mailing USCIS at I-9Central@dhs.gov, or by calling 1-888-464-4218. For TDD (hearing impaired), call 1-877-875-6028.

To obtain USCIS forms or the *Handbook for Employers*, you can download them from the USCIS Web site at www.uscis.gov/forms. You may order USCIS forms by calling our toll-free number at 1-800-870-3676. You may also obtain forms and information by contacting the USCIS National Customer Service Center at 1-800-375-5283. For TDD (hearing impaired), call 1-800-767-1833.

Information about E-Verify, a free and voluntary program that allows participating employers to electronically verify the employment eligibility of their newly hired employees, can be obtained from the USCIS Web site at www.dhs.gov/E-Verify, by e-mailing USCIS at E-Verify@dhs.gov or by calling 1-888-464-4218. For TDD (hearing impaired), call 1-877-875-6028.

Employees with questions about Form I-9 and/or E-Verify can reach the USCIS employee hotline by calling 1-888-897-7781. For TDD (hearing impaired), call 1-877-875-6028.

Photocopying and Retaining Form I-9

A blank Form I-9 may be reproduced, provided all sides are copied. The instructions and Lists of Acceptable Documents must be available to all employees completing this form. Employers must retain each employee's completed Form I-9 for as long as the individual works for the employer. Employers are required to retain the pages of the form on which the employee and employer enter data. If copies of documentation presented by the employee are made, those copies must also be kept with the form. Once the individual's employment ends, the employer must retain this form for either 3 years after the date of hire or 1 year after the date employment ended, whichever is later.

Form I-9 may be signed and retained electronically, in compliance with Department of Homeland Security regulations at 8 CFR 274a.2.

USCIS Privacy Act Statement

AUTHORITIES: The authority for collecting this information is the Immigration Reform and Control Act of 1986, Public Law 99-603 (8 USC 1324a).

PURPOSE: This information is collected by employers to comply with the requirements of the Immigration Reform and Control Act of 1986. This law requires that employers verify the identity and employment authorization of individuals they hire for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

DISCLOSURE: Submission of the information required in this form is voluntary. However, failure of the employer to ensure proper completion of this form for each employee may result in the imposition of civil or criminal penalties. In addition, employing individuals knowing that they are unauthorized to work in the United States may subject the employer to civil and/or criminal penalties.

ROUTINE USES: This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The employer will keep this form and make it available for inspection by authorized officials of the Department of Homeland Security, Department of Labor, and Office of Special Counsel for Immigration-Related Unfair Employment Practices.

Paperwork Reduction Act

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 35 minutes per response, including the time for reviewing instructions and completing and retaining the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Coordination Division, Office of Policy and Strategy, 20 Massachusetts Avenue NW, Washington, DC 20529-2140; OMB No. 1615-0047. **Do not mail your completed Form I-9 to this address.**



Employment Eligibility Verification

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

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶ START HERE. Read instructions carefully before completing this form. The instructions must be available during completion of this form.
ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation <i>(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.)</i>						
Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other 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	E-mail Address			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):

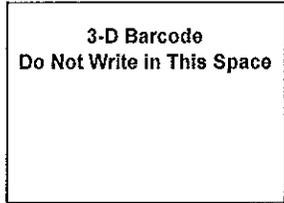
- A citizen of the United States
- A noncitizen national of the United States *(See instructions)*
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. *(See instructions)*

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____



If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. *(See instructions)*

Signature of Employee:	Date (mm/dd/yyyy):
------------------------	--------------------

Preparer and/or Translator Certification *(To be completed and signed if Section 1 is prepared by a person other than the employee.)*

I attest, under penalty of perjury, that I have assisted in the completion 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)	
Address (Street Number and Name)		City or Town	State	Zip Code



Employer Completes Next Page



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 examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

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:				3-D Barcode Do Not Write In This Space
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

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

Signature of Employer or Authorized Representative		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name (Family Name)		First Name (Given Name)	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) Last Name (Family Name) First Name (Given Name) Middle Initial	B. Date of Rehire (if applicable) (mm/dd/yyyy):
--	---

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):
-----------------	------------------	---------------------------------------

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:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
---	--------------------	--

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 	OR	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<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 Birth Abroad issued by the Department of State (Form FS-545) 3. Certification of Report of Birth issued by the Department of State (Form DS-1350) 4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 5. Native American tribal document 6. U.S. Citizen ID Card (Form I-197) 7. Identification Card for Use of Resident Citizen in the United States (Form I-179) 8. Employment authorization document issued by the Department of Homeland Security

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.