

## Agency with Choice Support Worker Enrollment Packet Checklist and Instructions

Please read this checklist and instructions prior to completing the enclosed paperwork. Some of these forms must be completed by you, as the Managing Employer. Some of these forms must be completed by your support worker with your supervision. Initial the line in the "Completed" column as each item is finished and keep this checklist for your files. If you have questions please contact the PossAbilities Program Consultant at 507-281-6116.

Support Worker Name \_\_\_\_\_

Initial When  
Completed

- \_\_\_\_\_ 1. Agency with Choice Support Worker Information Form – to be completed by you. Fill in this form completely & obtain signatures – NO blank spaces. **Return form to PossAbilities.**
- \_\_\_\_\_ 2. Job Description – Review with support worker, have them sign and give them a copy. **Return form to PossAbilities.**
- \_\_\_\_\_ 3. After you have offered a position and it has been accepted, you should arrange a meeting with your new support worker. Tell them to bring the following items with them to this meeting.
- \_\_\_\_\_ A. Drivers license
- \_\_\_\_\_ B. Social security card
- \_\_\_\_\_ C. Any training the worker has completed that you want documented in their file
- Make copies of all of these. Return copies to PossAbilities.**
- \_\_\_\_\_ 4. I-9 Employment Eligibility Verification – both you and your support worker complete this form.
- A. Your new support worker completes Section 1, signs and dates on the "Employee's Signature" line.
- B. PossAbilities will fill in Section 2. The support worker should have brought a copy of his/her drivers license to you. Attach the document copies to the back of this form. Note: a drivers license and a social security card are the "easiest" documents to use for verification of eligibility, but see the back of the form for lists of other acceptable documents. **Return form to PossAbilities.**
- \_\_\_\_\_ 5. W-4 Employee's Withholding Certificate – to be completed by your support worker.
- At LEAST lines 1, 2, 3, and 5 must be completed – the rest of the form is a worksheet to help the worker determine their allowances. The support worker must sign and date the form. **Return form to PossAbilities.**

- \_\_\_\_\_ 6. Background Study Form – to be completed by your support worker. Fill this form in completely. **Return form to PossAbilities.**
- \_\_\_\_\_ 7. Direct Deposit Authorization – to be completed by your support worker.  
Your support worker will be paid every other Wednesday. The FIRST paycheck will be an actual check. After that, the paycheck will be directly deposited into the support worker's checking or savings account. In order for this to be set up, you must have your support worker sign this form AND attach the correct bank account information. If your support worker does not choose to have direct deposit they need to indicate this on this form. **Return the form with attachment to PossAbilities.**
- \_\_\_\_\_ 8. Time card – there are 5 blank time cards enclosed.  
You may keep one to make copies from or you may call PossAbilities to obtain more when needed. NOTE: You are responsible for obtaining a signed time card from your support worker at the end of every week. You must verify the hours and then sign the time card as well. Incomplete time cards will be returned for proper information and may delay payment of hours to your support worker. Time cards received late (after 4:00 PM on Thursday) WILL delay payment of hours to your support worker.
- \_\_\_\_\_ 9. Calendar of time card due dates and paydays – keep one for yourself and give one to your support worker.
- \_\_\_\_\_ 10. Agency with Choice Expense Report (if applicable) – keep to make copies of for Your support worker.
- \_\_\_\_\_ 11. Information for Support Workers – give this to your support worker.
- \_\_\_\_\_ 12. Training Packet - information on Data Privacy & HIPAA, Basic First Aid, Infection Control & Bloodborne Pathogens, Reporting Maltreatment of Vulnerable Adults and Reporting Maltreatment of Minors - give these to your support worker and assure they read and understand the information.
- \_\_\_\_\_ 13. Training Verification – both you and your support worker complete and sign this form. **Return the form to PossAbilities.**
- \_\_\_\_\_ 14. Driving Permission - If this support worker will be driving during their working hours, you must make a written request to PossAbilities for its permission and obtain a copy of your support worker's vehicle insurance card. PossAbilities will check the worker's DMV record and you will be notified in writing as to our decision. This can take anywhere from a day to a week after receiving your packet. **NO DRIVING DURING WORKING HOURS IS PERMITTED WITHOUT THIS! Return the form and vehicle insurance card to PossAbilities.**
- \_\_\_\_\_ 15. INDIVIDUAL Support Worker Enrollment Application and Provider Agreement. Support worker must sign and initial. Check both sides. Return to PossAbilities.