



CD-PASS Enrollment Paperwork Walkthrough

EMPLOYEE Paperwork





Employee Packet

(Employers should keep this folder for your records)

You will need to complete the following steps to hire an employee:

- Interview people that have applied and decide who you think would work out best for you.
- Have the person you decide to hire complete and send the following to Acumen:
 - ☐ Employment Application (optional)
 - ☐ I-9 Employment Eligibility Verification
 - Your employee fills out **Section I**.
 - As the Employer, you fill out **Section II**. Employers must write the date the employee started or will start work for pay on the I-9. If the actual date of hire (first date of providing services for pay) for the employee changes from the date entered, it is up to the employer to correct and re-send the form to Acumen within three (3) days of the actual date of hire.
 - To review Frequently Asked Questions about Form I-9, please visit www.acumenfiscalagent.com/Resources.
 - ☐ W-4 Employee's Withholding Allowance Certificate (for detailed instructions on how to complete this form go to www.irs.gov and type W-4 in the search box)
 - ☐ Form OK-W-4
 - ☐ Employee Information Form
 - ☐ Employee Agreement
 - ☐ Employee Rate Form (this form is completed with your case manager)
 - ☐ Pay Selection Agreement (include voided check or bank letter for direct deposit)

Program Requirement:

- ☐ Advantage Program CD-PASS Individual Provider Agreement

Note: Your employee has to clear a background check before they can work in this service option. Acumen will let the employer know when this process has been completed and the employee can start working. Acumen is not allowed to pay employees that have not passed a background check or have not had a background check completed.

Acumen will let you know when your employee can start working for payment through this service option. This notification is called 'Active with Acumen'. Acumen will **not** be able to pay your employee with CD-PASS money if your employee begins working before you are given the Active with Acumen date.

Examples of completed forms are in the back of the packet. Acumen suggests that you download the forms from our website, www.acumenfiscalagent.com, to make sure that you have the most recent forms. You may also contact our Customer Service Center at 877-594-0966 to be sure you have the most up to date forms or to ask for copies to be sent to you.

Email, Fax or mail the above completed forms to Acumen at:

4823 South Sheridan, Suite 310
Tulsa, OK 74145
Fax: 855-295-9075
AcumenOK@acumen2.net



USCIS Form I-9 Page 1



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 10/31/2022

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (If any)	
Address (Street Number and Name)		Apt. Number	City or Town		State	ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States
<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions)
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. (See Instructions)
Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.
1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____
QR Code - Section 1 Do Not Write in This Space

Signature of Employee	Today's Date (mm/dd/yyyy)
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Preparer and/or Translator Certification (check one):

☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

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

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



I attest, under penalty of perjury, that I am (check one of the following boxes):

<input checked="" type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States (See instructions)	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. (See instructions)	
<p>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee <i>Ashley Smith</i>	Today's Date (mm/dd/yyyy) <i>07/20/2022</i>
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Preparer and/or Translator Certification (check one):	
<input checked="" type="checkbox"/> I did not use a preparer or translator. <input type="checkbox"/> A preparer(s) and/or translator(s) assisted the employee in completing Section 1. (Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)	

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

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)	City or Town	State	ZIP Code

Complete this
section if you did
use a preparer
or translator



USCIS Form I-9 Page 2



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 10/31/2022

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
<div>List A Identity and Employment Authorization</div> <div>OR</div> <div>List B Identity</div> <div>AND</div> <div>List C Employment Authorization</div>				
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	Additional Information		QR Code - Sections 2 & 3 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)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

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

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

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative DOMESTIC EMPLOYER	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State ZIP Code

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	
C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.				
Document Title		Document Number	Expiration Date (if any) (mm/dd/yyyy)	
I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.				
Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative		

**EMPLOYER MUST FILL
OUT THIS PAGE**



USCIS Form I-9 Page 2

EMPLOYER MUST FILL OUT THIS PAGE



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 10/31/2022

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name) Smith	First Name (Given Name) Ashley	M.I. A	Citizenship/Immigration Status US Citizen
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization																								
<table><tr><td>Document Title</td><td>US PASSPORT</td></tr><tr><td>Issuing Authority</td><td>USA</td></tr><tr><td>Document Number</td><td>123456789</td></tr><tr><td>Expiration Date (if any) (mm/dd/yyyy)</td><td>01/09/2023</td></tr></table>	Document Title	US PASSPORT	Issuing Authority	USA	Document Number	123456789	Expiration Date (if any) (mm/dd/yyyy)	01/09/2023		<table><tr><td>Document Title</td><td>Driver's License</td></tr><tr><td>Issuing Authority</td><td>OK DPS</td></tr><tr><td>Document Number</td><td>B000012345</td></tr><tr><td>Expiration Date (if any) (mm/dd/yyyy)</td><td>05/31/2023</td></tr></table>	Document Title	Driver's License	Issuing Authority	OK DPS	Document Number	B000012345	Expiration Date (if any) (mm/dd/yyyy)	05/31/2023		<table><tr><td>Document Title</td><td>SSC</td></tr><tr><td>Issuing Authority</td><td>SSA</td></tr><tr><td>Document Number</td><td>987-65-4321</td></tr><tr><td>Expiration Date (if any) (mm/dd/yyyy)</td><td>N/A</td></tr></table>	Document Title	SSC	Issuing Authority	SSA	Document Number	987-65-4321	Expiration Date (if any) (mm/dd/yyyy)	N/A
Document Title	US PASSPORT																											
Issuing Authority	USA																											
Document Number	123456789																											
Expiration Date (if any) (mm/dd/yyyy)	01/09/2023																											
Document Title	Driver's License																											
Issuing Authority	OK DPS																											
Document Number	B000012345																											
Expiration Date (if any) (mm/dd/yyyy)	05/31/2023																											
Document Title	SSC																											
Issuing Authority	SSA																											
Document Number	987-65-4321																											
Expiration Date (if any) (mm/dd/yyyy)	N/A																											



USCIS Form I-9 Page 2

EMPLOYER MUST FILL OUT THIS PAGE

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): 07/20/2022 (See instructions for exemptions)

Signature of Employer or Authorized Representative <i>John Davis</i>		Today's Date (mm/dd/yyyy) <u>07/20/2022</u>		Title of Employer or Authorized Representative DOMESTIC EMPLOYER	
Last Name of Employer or Authorized Representative Davis		First Name of Employer or Authorized Representative John		Employer's Business or Organization Name John Davis	
Employer's Business or Organization Address (Street Number and Name) 123 South Main St			City or Town Tulsa	State OK	ZIP Code 74145

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

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

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative

LEAVE BLANK



OK W4

Form OK-W-4
Revised 3-2021

Oklahoma Tax Commission Employee's State Withholding Allowance Certificate

This certificate is for income tax withholding purposes only. Type or print.

NOTE: Do NOT mail to the Oklahoma Tax Commission.

Your First Name and Middle Initial [Redacted]	Last Name [Redacted]	Your Social Security Number [Redacted]
Home Address (Number and Street or Rural Route) [Redacted]	Filing Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate	
City or Town [Redacted]	State [Redacted]	ZIP Code [Redacted]

1. Allowance For Yourself: Enter 1 for yourself	1
2. Allowance For Your Spouse: Does your spouse work? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, enter 0. If no, enter 1 for your spouse...	2
3. Allowance For Dependents: Enter the number of dependents you will claim on your tax return. Do not claim yourself or your spouse or dependents that your spouse has already claimed on his or her Form OK-W-4.....	3
4. Additional Allowances: You may claim additional allowances if you itemize your deductions or have other state tax deductions or credits that lower your tax. Enter the number of additional allowances you would like to claim.....	4
5. Total Number of Allowances You Are Claiming: Add Lines 1 through 4 and enter total here	5
6. Additional Withholding: If you expect to have a balance due (as a result of interest income, dividends, income from a part-time job, etc.) on your tax return, you may request your employer to withhold an additional amount of tax from each pay period. To calculate the amount needed, divide the amount of the expected balance due by the number of pay periods in a year. Enter the additional amount to be withheld each pay period here	6 \$
7. Exempt Status: If you had a right to a refund of all of your Oklahoma income tax withheld last year because you had no tax liability and this year you expect a refund of all Oklahoma income tax withheld because you expect to have no tax liability, write "Exempt" on Line 7. See information below	7
8. If you meet the conditions set forth under the Servicemember Civil Relief Act, as amended by the Military Spouses Residency Relief Act and have no Oklahoma tax liability, write "Exempt" on line 8 and complete Form OW-9-MSE. See information below.....	8
9. If income earned as a member of any active duty component of the Armed Forces of the United States is eligible for the military income deduction write "exempt" on Line 9	9

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

Employee's Signature (Form is not valid unless you sign it)	Date (MM/DD/YYYY)
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Form OK-W-4 is completed so you can have as much "take-home pay" as possible without an income tax liability due to the state of Oklahoma when you file your return. Deductions and exemptions reduce the amount of your taxable income. If your income is less than the total of your personal exemption plus your standard deduction, you should mark "Exempt" on Line 7 above. The following amounts of your annual Oklahoma adjusted gross income will not be taxed by the state of Oklahoma when you file your individual income tax return.

Single	Married Filing Joint
\$1,000 - personal exemption	\$ 2,000 - personal exemption
\$6,350 - standard deduction	\$12,700 - standard deduction
\$7,350 - Total	\$14,700 - Total
+\$1,000 for each dependent	+\$1,000 for each dependent

Items to Remember:

- If your filing status is married filing joint and your spouse works, do not claim an exemption on Form OK-W-4 for your spouse.
- If you and your spouse have dependents, please be sure only one of you claim the dependents on your Form OK-W-4. If both spouses claim the dependents as an allowance on Form OK-W-4, it may cause you to owe additional Oklahoma income tax when you file your return.
- If you have more than one employer, you should claim a smaller number or no allowances on each Form OK-W-4 filed with employers other than your principal employer so the amount withheld will be closer to your amount of total tax.
- If you itemize your deductions, instead of using the standard deduction, the amount not taxed by Oklahoma may be a greater or lesser amount.
- If you are claiming an "Exempt" status due to the Military Spouses Residency Relief Act you must provide Form OW-9-MSE "Annual Withholding Tax Exemption Certification for Military Spouses".



OK W4

Form OK-W-4
Revised 3-2021

Oklahoma Tax Commission
Employee's State Withholding Allowance Certificate

This certificate is for income tax withholding purposes only. Type or print.

NOTE: Do NOT mail to the Oklahoma Tax Commission.

Your First Name and Middle Initial Ashley A	Last Name Smith	Your Social Security Number 987-65-4321
Home Address (Number and Street or Rural Route) 6789 East 86th St	Filing Status <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate	
City or Town Tulsa	State OK	ZIP Code 74145

1. Allowance For Yourself: Enter 1 for yourself	1	1
2. Allowance For Your Spouse: Does your spouse work? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, enter 0. If no, enter 1 for your spouse...	2	1
3. Allowance For Dependents: Enter the number of dependents you will claim on your tax return. Do not claim yourself or your spouse or dependents that your spouse has already claimed on his or her Form OK-W-4	3	0
4. Additional Allowances: You may claim additional allowances if you itemize your deductions or have other state tax deductions or credits that lower your tax. Enter the number of additional allowances you would like to claim	4	0
5. Total Number of Allowances You Are Claiming: Add Lines 1 through 4 and enter total here	5	2
6. Additional Withholding: If you expect to have a balance due (as a result of interest income, dividends, income from a part-time job, etc.) on your tax return, you may request your employer to withhold an additional amount of tax from each pay period. To calculate the amount needed, divide the amount of the expected balance due by the number of pay periods in a year. Enter the additional amount to be withheld each pay period here	6 \$	0
7. Exempt Status: If you had a right to a refund of all of your Oklahoma income tax withheld last year because you had no tax liability and this year you expect a refund of all Oklahoma income tax withheld because you expect to have no tax liability, write "Exempt" on Line 7. See information below	7	
8. If you meet the conditions set forth under the Servicemember Civil Relief Act, as amended by the Military Spouses Residency Relief Act and have no Oklahoma tax liability, write "Exempt" on line 8 and complete Form OW-9-MSE. See information below	8	
9. If income earned as a member of any active duty component of the Armed Forces of the United State is eligible for the military income deduction write "exempt" on Line 9	9	

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

Employee's Signature (Form is not valid unless you sign it) <i>Ashley Smith</i>	Date (MM/DD/YYYY) 07/20/2022
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Federal W-4

Form W-4		Employee's Withholding Certificate		OMB No. 1545-0074
Department of the Treasury Internal Revenue Service		2022		
▶ Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. ▶ Give Form W-4 to your employer. ▶ Your withholding is subject to review by the IRS.				
Step 1: Enter Personal Information Physical Address Required (No P.O. Box)	(a) First name and middle initial		Last name	(b) Social security number
	Address			
	City or town, state, and ZIP code			
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying widow(er) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)			
Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at www.irs.gov/W4App , and privacy.				
Step 2: Multiple Jobs or Spouse Works		Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs. Do only one of the following. (a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3-4); or (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; or (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld. <input type="checkbox"/>		
If applicable →		TIP: To be accurate, submit a 2022 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.		
Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)				
Step 3: Claim Dependents		If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ Multiply the number of other dependents by \$500 ▶ \$ Add the amounts above and enter the total here 3 \$		Required field even if "0".
Step 4 (optional): Other Adjustments Optional. Please refer to the instructions.		(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income 4(a) \$ (b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here 4(b) \$ (c) Extra withholding. Enter any additional tax you want withheld each pay period 4(c) \$		
		If filing exempt, leave Step 3 & 4 blank. Write EXEMPT here →		
Step 5: Sign Here		Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete. ▶ Employee's signature (This form is not valid unless you sign it.) ▶ Date		
Employers Only		Employer's name and address	First date of employment	Employer identification number (EIN)
For Privacy Act and Paperwork Reduction Act Notice, see page 3.		Cat. No. 1022DQ		Form W-4 (2022)

Employer Name & Address Required.



Federal W-4

Complete Steps 3–4(b) on Form W-4 for only **ONE** of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

545-0074

Form Depar Intern Ste Ent Per Info Ph Ad Re (No F	Step 3:	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		Required field even if "0".	22 / number 1321 match the al security ure you get igs, contact 13 or go to individual.)
	Claim Dependents	Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$			
		Multiply the number of other dependents by \$500 ▶ \$			
		Add the amounts above and enter the total here	3	\$ 0	
	Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$ 0	
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$ 0		
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$ 0		
	If filing exempt, leave Step 3 & 4 blank. Write EXEMPT here ---->				
Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.				
	▶ <i>Ashley Smith</i> Employee's signature (This form is not valid unless you sign it.)		▶ 07/20/2022 Date		
Employers Only	Employer's name and address John Davis 123 South Main St Tulsa, OK 74145		First date of employment	Employer identification number (EIN)	



Pay Rate Form



Oklahoma CD-PASS Employee Rate Form

To make sure employees are paid correctly, please give Acumen the following information so the employee is paid the correct rate for the service(s) provided. This is a request for Acumen to pay the following rate for the below employee.

Employee's Name (please print): _____

Employee's Social Security Number (last 4 digits): _____

Effective for Budget year dated: _____

Service Code	Description	Rate of Pay
PSA	Personal Services Assistant	\$ _____
APSA	Advanced Personal Services Assistant	\$ _____

Member's Name (please print): _____

Member/Employer Signature Date

If this form was completed by the case manager please complete the following:

Date the CM confirmed pay rate/s with Employer/Member: _____

Case Manager's name (please print): _____

Case Manager's Signature: _____ Date: _____

- Budget year date, CM name and signature (if applicable) must be completed
- Complete this form for each new employee
- Pay rate changes can only be made at the time of your annual service plan reassessment
- You must complete a new form for any employee that needs a rate of pay changed
- You must inform your employee of any rate changes

FAX: (855) 295-9075

Email: AcumenOK@acumen2.net

MAIL: 4823 South Sheridan, Suite 310
Tulsa, OK 74145



Pay Rate Form

Oklahoma CD-PASS Employee Rate Form

To make sure employees are paid correctly, please give Acumen the following information so the employee is paid the correct rate for the service(s) provided. This is a request for Acumen to pay the following rate for the below employee.

Employee's Name (please print): Ashley Smith

Employee's Social Security Number (last 4 digits): 4321

Effective for Budget year dated: 2022-2023

Service Code	Description	Rate of Pay
PSA	Personal Services Assistant	\$ <u>10.00</u>
APSA	Advanced Personal Services Assistant	\$ <u>10.50</u>

Member's Name (please print): John Davis

John Davis
Member/Employer Signature

07/20/2022
Date

Employer should
talk to Case
Manager about
what pay rate
they want to pay



Employee Information Form



Employee Information Form Relationship Disclosure

Employee Name: _____ SSN: _____
Physical Address: _____ City/State/Zip: _____
Mailing Address (if different): _____ City/State/Zip: _____
County of Physical Address: _____
Phone Number: _____ Email (optional): _____
Name of Member/Employer: _____

Instructions: There are some tax exemptions for certain domestic employer and employee relationships. Please check any of the below boxes if you, as the employee, and the employer have any of the relationships listed:

- ☐ *None*, no relation to employer
- ☐ **Spouse* of the employer,
- ☐ **Child* of the employer and under the age of 21
- ☐ **Parent* of the employer - if this option is marked, read below and check all that apply:
 - ☐ *You are employed by your son or daughter*
 - ☐ *Your son or daughter has a child or stepchild living in the home*
 - ☐ *Your son or daughter is a widower, divorced, or is living with a spouse who, because of a mental or physical condition, cannot care for the child or stepchild for at least 4 continuous weeks in a calendar quarter*
 - ☐ *Your son or daughter's child or stepchild is under the age of 18 and requires the personal care of an adult for at least 4 weeks in a row in a calendar quarter due to a mental or physical condition*

***Internal Use Only**

- If Parent (employee) selected all 4 parent conditions, parent/employee is FUTA and SUTA Exempt
- If Parent (employee) did NOT select all 4 parent conditions, parent/employee is FICA, FUTA, SUTA Exempt
- If Spouse or Child are selected, employee is FICA, FUTA, SUTA Exempt

The fine print - under IRS guidelines, Publication 15 (Circular E) Section 3, employees are not subject to Social Security, Medicare and federal unemployment tax (FUTA) if these relationships exist. The exemptions are as follows:

- A. Child employed by parents - Payments for work other than in a trade or business, such as domestic work in the parent's private home, are not subject to Social Security, Medicare, and FUTA tax until the child reaches age 21. (IRS Pub.15, Section 3, Paragraph 1)
- B. One spouse employed by another - Payments for services of one spouse employed by another in other than a trade or business, such as domestic service in a private home, are not subject to Social Security, Medicare, and FUTA tax. (IRS Pub.15, Section 3, Paragraph 2)
- C. Parent employed by child - Payments for the services of a parent employed by his or her child in other than a trade or business, such as domestic services, are not subject to Social Security, Medicare and FUTA tax as long as the above conditions apply. (IRS Pub.15, Section 3, Paragraph 4)

The State of Oklahoma follows the federal guidelines in applying liability for state unemployment tax (SUTA). If the employee falls into the category of Spouse or Child as outlined above, Social Security and Medicare tax will not be withheld from their checks. If the employee falls into the category of Parent and meets all 4 parent conditions, Social Security and Medicare tax will be withheld from their checks. If the employee is exempt from FUTA, SUTA, Social Security and Medicare, the employer will not be charged for their share of Social Security and Medicare or FUTA and SUTA withholdings.

Employee Signature: _____ Date: _____



Employee Information Form



Employee Information Form Relationship Disclosure

Employee Name: Ashley Smith SSN: 987-65-4321
Physical Address: 6789 East 86th St City/State/Zip: Tulsa, OK 74145
Mailing Address (if different): City/State/Zip:

The State of Oklahoma follows the federal guidelines in applying liability for state unemployment tax (SUTA). If the employee falls into the category of Spouse or Child as outlined above, Social Security and Medicare tax will not be withheld from their checks. If the employee falls into the category of Parent and meets all 4 parent conditions, Social Security and Medicare tax will be withheld from their checks. If the employee is exempt from FUTA, SUTA, Social Security and Medicare, the employer will not be charged for their share of Social Security and Medicare or FUTA and SUTA withholdings.

Employee Signature: Ashley Smith Date: 07/20/2022

- ☐ *Spouse of the employer,*
- ☐ **Child of the employer and under the age of 21*
- ☐ **Parent of the employer - if this option is marked, read below and check all that apply:*
 - ☐ *You are employed by your son or daughter*
 - ☐ *Your son or daughter has a child or stepchild living in the home*
 - ☐ *Your son or daughter is a widower, divorced, or is living with a spouse who, because of a mental or physical condition, cannot care for the child or stepchild for at least 4 continuous weeks in a calendar quarter*
 - ☐ *Your son or daughter's child or stepchild is under the age of 18 and requires the personal care of an adult for at least 4 weeks in a row in a calendar quarter due to a mental or physical condition*



Employee Agreement



Oklahoma Consumer Directed Personal Attendant Support Services (CD-PASS) service option

Employee Agreement

Name of Member (please print) _____

Name of Employee (please print) _____

Employee Phone _____ Employee Email _____

Does the employee live with the member? ☐ Yes ☐ No

Is the employee related to the member? ☐ Yes ☐ No

If yes, what relationship is the employee to the member (i.e. daughter, brother)? _____

Is the employee currently in the ADvantage program? Yes ☐ No ☐

The employee agrees to accept payment for services given to person served through the Oklahoma Consumer Directed Personal Attendant Support Services (CD-PASS) option. Financial Management Services are through Acumen Fiscal Agent, LLC (Acumen), which is not an Oklahoma government agency. By accepting the payment the employee agrees to the following:

1. I understand that the member is my employer. My employer is not Acumen or the Oklahoma Department of Human Services.
2. I will accept payment from Acumen as full payment for the services I worked. I cannot accept any additional pay for the hours I have worked.
3. I will provide only the services that have been approved by the member and authorized in the member's Service Plan and Budget.
4. I understand that working for the member depends on the member being in this service option.
5. I will notify any person the member has chosen right away of any medical emergency or illness of the member.
6. I understand that I am not allowed to work more than 40 hours per week or more than 8 hours per day in this service option. A work week is Sunday through Saturday.
7. I will join in any meetings about the member if the member asks me to.
8. I will complete all required paperwork given to me. I must be approved **before** I provide any services under this service option.
9. I understand that a copy of my background check report may be given to the employer and other program staff.
10. I understand if I try to get payment that is not owed to me by being untruthful I could be looked into for Fraud. Fraud is a crime and can lead to large fines and/or I could go to jail.
11. I agree that I have the needed skills, understanding and experience to work with the member. I have received enough training and direction to meet the needs of the member. I will let the member know if I feel I need more direction and/or training to do my job.



12. I know that payment of my wages are from State and Federal funds. Any untruthful requests, statements, documents, or hiding of material facts will be prosecuted under certain State and Federal laws. Untruthful information about time, services, people and/or other information may result in losing my job.
13. I have a current driver's license and vehicle insurance (if driving is something I'm expected to do for my job).
14. I understand that I can lose my job if I abuse, neglect or exploit the member.
15. I understand that I may have access to private information about the member. I am not allowed to tell this information to anyone other than the member or anyone the member says I can.
16. I understand and agree to comply with all terms and conditions of the SoonerCare Self-Directed Services and Support Individual Provider Agreement and any Special Provisions and/or Addendums. I attest that I have read the SoonerCare Provider Agreement, applicable Special Provisions, and applicable OHCA rules referenced in the Special Provisions.

By signing below, I agree that I have read this whole Employee Agreement. I understand that I have to sign and send this form back to be able to be hired in this service option. I understand that I cannot start working in the Oklahoma Consumer Directed Personal Attendant Support Services (CD-PASS) option until this form is completed and sent back to Acumen Fiscal Agent. I also agree by signing below, that I understand what is being required of me, and agree to accept its terms and conditions. I also understand and agree that not following any of the terms and/or conditions of this agreement may put an end to this agreement and payment for work with any member of this service option.

Employee signature

Date



Employee Agreement

Oklahoma Consumer Directed Personal Attendant Support Services (CD-PASS) service option

By signing below, I agree that I have read this whole Employee Agreement. I understand that I have to sign and send this form back to be able to be hired in this service option. I understand that I cannot start working in the Oklahoma Consumer Directed Personal Attendant Support Services (CD-PASS) option until this form is completed and sent back to Acumen Fiscal Agent. I also agree by signing below, that I understand what is being required of me, and agree to accept its terms and conditions. I also understand and agree that not following any of the terms and/or conditions of this agreement may put an end to this agreement and payment for work with any member of this service option.

Print name

Ashley Smith

Employee signature

07/20/2022

Date



OSBI Form

OKLAHOMA STATE BUREAU OF INVESTIGATION

Criminal History Record Information Request

6600 North Harvey Place

Oklahoma City, OK 73116

(405) 848-6724

(405) 879-2503 FAX

<https://osbi.ok.gov/>

Type Of Search Requested:

- ☐ Name Based - \$15.00
☐ Sex Offender - \$2.00
☐ Mary Rippey Violent Offender - \$2.00
☐ State Fingerprint-based - \$19.00
* Must provide fingerprint card.
* Includes name based search.

DATE _____

Request Submitted via:

☐ Fax ☐ Mail ☐ In Person

**REQUESTS WILL BE RETURNED
IN THE MANNER RECEIVED**

Mail requests should include postage-paid reply envelope.

Fax requests must include payment by credit card and a
dedicated Fax Phone Line for return of completed search.

ACCEPTABLE FORMS OF PAYMENT: ☒ CASH ☐ CASHIER'S CHECK / MONEY ORDER

☐ BUSINESS CHECK *No Personal Checks Accepted.* ☒ CREDIT CARD *For Visa, MasterCard and Discover, security code is 3 digits on back of card.
For Amex, security code is 4 digits on front. These are the only cards accepted.*

CREDIT CARD # _____ EXPIRATION DATE _____ SECURITY CODE _____

CARD HOLDER _____

Please print the name of the individual card holder as it appears on the credit card.

CARD HOLDER SIGNATURE (REQUIRED) _____

REQUESTOR INFORMATION: (Type or print clearly in blue or black ink) *Results will only be returned to the original requestor*

REQUESTOR'S

NAME _____ SIGNATURE OF REQUESTING PARTY _____

STREET ADDRESS _____

PHONE NUMBER _____ CITY _____ STATE _____ ZIP _____

E-MAIL ADDRESS _____

Requestors outside of the United States are strongly encouraged to provide an e-mail address for purposes of correspondence.

PURPOSE OF REQUEST _____

SUBJECT INFORMATION: (Type or print clearly in blue or black ink)

Form with corrections made with white out or by striking through the field; in this section will not be processed.

NAME _____

LAST FIRST MIDDLE

ALIAS/MAIDEN NAME(S) _____

MAXIMUM OF THREE ALIAS NAMES PER REQUEST

DATE OF BIRTH _____ (MM/DD/YYYY). *If date of birth is unavailable, include exact age of subject.*

RACE _____ SEX _____ SOCIAL SECURITY NUMBER _____

SEARCH RESULTS (Please do not write in the spaces below):

Oklahoma State Bureau of Investigation
Computerized Criminal History

Oklahoma Department of Corrections
Sex Offender

Oklahoma Department of Corrections
Violent Offender

Unless fingerprint cards are provided, record information is furnished solely on the basis of name or description similarity with the subject of your inquiry.

For questions on the Sex Offender / Violent Offender Registry, please contact the Oklahoma Department of Corrections.

OSBI CHRU 02/2019



OSBI Form

SUBJECT INFORMATION: (Type or print clearly in blue or black ink)

Forms with corrections made with white out or by striking through the fields in this section will not be processed.

NAME Smith Ashley Amy
LAST FIRST MIDDLE
ALIAS/MAIDEN NAME(S) Anderson
MAXIMUM OF THREE ALIAS NAMES PER REQUEST
DATE OF BIRTH 05/07/1995 (MM/DD/YYYY). *If date of birth is unavailable, include exact age of subject.*
RACE W SEX F SOCIAL SECURITY NUMBER 987-65-4321

SEARCH RESULTS (Please do not write in the spaces below)*



Background Check Notice Form



Background Check Notice

Applicant (print) _____

Date _____

As I apply for a job as an employee for an employee in the CD PASS self-direction program, I understand:

- Prior to hiring me, DHS is required by Oklahoma law to conduct a search of criminal history records with Oklahoma State Bureau of Investigation (OSBI); other background checks will be done including the following:
Oklahoma Department of Human Services (DHS) Community Services Worker Registry (Registry); Child Care registry, Community Service Worker Registry, Sex Offender Registry, Violent Offender Registry and the OK Nurses Aid Registry.
- A hit on any of these may prohibit me from working in this position.
- My employment may be terminated if my name appears in any of the registries, even though my name may not have been in the registry at the time of my application or my hiring and
- Giving false information may result in termination of my employment.
- The CD PASS employer is prohibited by Oklahoma law from hiring any person who has a convicted offense appearing on the following barrier list:

Barrier Offenses for the Non-Technical Services Worker

Title 63, Section 1-1950.1(C) 1. If the results of a criminal history background check reveal that the subject person has been convicted of, pled guilty or no contest to, or received a deferred sentence for, a felony or misdemeanor offense for any of the following offenses in any state or federal jurisdiction, the employer shall not hire or contract with the person:

- a. abuse, neglect or financial exploitation of any person entrusted to the care or possession of such person,
- b. rape, incest or sodomy, c. child abuse, d. murder or attempted murder, e. manslaughter, f. kidnapping,
- g. aggravated assault and battery, h. assault and battery with a dangerous weapon, or arson in the first degree.

OR If less than seven (7) years have elapsed since the completion of sentence, and the results of a criminal history check reveal that the subject person has been convicted of, or pled guilty or no contest to, a felony or misdemeanor offense for any of the following offenses, in any state or federal jurisdiction, the employer shall not hire or contract with the person:

- a. assault, b. battery, c. indecent exposure and indecent exhibition, except where such offense disqualifies the applicant as a registered sex offender, d. pandering, e. burglary in the first or second degree, f. robbery in the first or second degree, g. robbery or attempted robbery with a dangerous weapon, or imitation firearm, h. arson in the second degree, i. unlawful manufacture, distribution, prescription, or dispensing of a Schedule I through V drug as defined by the Uniform Controlled Dangerous Substances Act, j. grand larceny, or k. petit larceny or shoplifting.

I authorize Acumen Fiscal Agent to conduct the background checks necessary and required by OK DHS.

Applicant signature _____

Date _____

I would like to have any negative results sent to me at the following address:



Background Check Notice Form



Background Check Notice

Ashley Smith

07/20/2022

Applicant (print)

Date

I authorize Acumen Fiscal Agent to conduct the background checks necessary and required by OK DHS.

Ashley Smith

07/20/2022

Applicant signature

Date

I would like to have any negative results sent to me at the following address:



Pay Selection Form



I choose to receive my pay by (please check one box below):

Check ☐ Direct Deposit ☐ Pay Card ☐

FOR DIRECT DEPOSIT

MUST include a voided check or bank letter for direct deposit. To avoid processing delays, please do not staple your voided check or bank letter to this form. For savings accounts, please send a printout from your bank that gives the routing number and account information. Send any changes to your account(s) right away!

Primary Account 1 Account Type: <input type="checkbox"/> Checking (Include a voided check or bank letter) <input type="checkbox"/> Savings (Include routing & account information printout) <input type="checkbox"/> Flat Dollar Amount <input type="checkbox"/> Percentage	Secondary Account 2 (Mandatory for Flat dollar option) Account Type: <input type="checkbox"/> Checking (Include a voided check or bank letter) <input type="checkbox"/> Savings (Include routing & account information printout) <input type="checkbox"/> Remainder account. (Used if percentage is less than 100% or net pay exceeds the flat dollar amount listed for Primary Account 1)
Flat dollar amount or % of check to be deposited: _____	Financial Institution Name
Financial Institution Name	Financial Institution Address
Financial Institution Address	Routing Number
Routing Number	Account Number
Account Number	All remaining funds exceeding Primary Account 1 allocations will deposit into this account.

Is your name on the account(s) listed above? ☐ Yes ☐ No

If "no," what is the name of on the account? _____

If "no," employee agrees to have their funds deposited into this account. _____
Employee Signature

AUTHORIZATION FOR DIRECT DEPOSIT, PAY CARD or PAPER CHECK

I hereby authorize Acumen Fiscal Agent, LLC (herein after "Company") to deposit any amount owed to me for wages and/or reimbursements by initiation of credit entries to my account at the financial institution (hereinafter "Bank") handling my choice indicated above. Further, I authorize Bank to accept and credit any credit entries indicated by Company to my account. In the event that Company deposits funds erroneously into my account, I authorize Company to debit my account for an amount not to exceed the original amount of the erroneous credit. This authorization is to remain in full force and effect until Company receives written notice from me of its termination in such time and in such a manner as to afford a reasonable opportunity to act on it. If I selected Paper Check, I understand that Acumen will make every effort to ensure my check will arrive by payday; however, it is impossible to guarantee the date that my paper check will arrive. Acumen is not responsible for any delays or misdirected mail after checks have been submitted to the U.S. Postal Service. If my paper check does not arrive within 5 business days of payday, I can call Acumen to issue a stop payment and have a new check issued. I understand that if I request a stop payment, a processing fee of \$35.00 will be deducted from my new check. If I require that this fee be waived, I must sign up for direct deposit.

Print Name

Social Security Number

Date of Birth

Email Address for Paystub Delivery

Signature

Date

Employee Street Address/City/State/Zip: _____

Return completed form by email AcumenOK@acumen2.net, fax (855) 295-9075 or mail to 4823 South Sheridan Suite 310 Tulsa, OK 74145



Pay Selection Form

I choose to receive my pay by (please check one box below):

Check ☐

Direct Deposit ☒

Pay Card ☐

FOR DIRECT DEPOSIT

MUST include a voided check or bank letter for direct deposit. To avoid processing delays, please do not staple your voided check or bank letter to this form. For savings accounts, please send a printout from your bank that gives the routing number and account information. Send any changes to your account(s) right away!

AUTHORIZATION FOR DIRECT DEPOSIT, PAY CARD or PAPER CHECK

I hereby authorize Acumen Fiscal Agent, LLC (herein after "Company") to deposit any amount owed to me for wages and/or reimbursements by initiation of credit entries to my account at the financial institution (hereinafter "Bank") handling my choice indicated above. Further, I authorize Bank to accept and credit any credit entries indicated by Company to my account. In the event that Company deposits funds erroneously into my account, I authorize Company to debit my account for an amount not to exceed the original amount of the erroneous credit. This authorization is to remain in full force and effect until Company receives written notice from me of its termination in such time and in such a manner as to afford a reasonable opportunity to act on it. If I selected Paper Check, I understand that Acumen will make every effort to ensure my check will arrive by payday; however, it is impossible to guarantee the date that my paper check will arrive. Acumen is not responsible for any delays or misdirected mail after checks have been submitted to the U.S. Postal Service. If my paper check does not arrive within 5 business days of payday, I can call Acumen to issue a stop payment and have a new check issued. I understand that if I request a stop payment, a processing fee of \$35.00 will be deducted from my new check. If I require that this fee be waived, I must sign up for direct deposit.

Ashley Smith

Print Name

987-65-4321

Social Security Number

05/07/1995

Date of Birth

smith123@email.com

Email Address for Paystub Delivery

Ashley Smith

Signature

07/20/2022

Date

If "no," what is the name of on the account? _____

If "no," employee agrees to have their funds deposited into this account. _____

Employee Signature

Must provide
voided check
or bank letter
when choosing
direct deposit



General Reminders

- Need to submit copies of document(s) used on I-9 form
- The IRS is particular!
 - NO white out allowed
 - NO cross-outs allowed
 - In other words, it has to be a clean copy
- If sending any Federal or State form as an attachment, it is very important that it does not look like picture of the document taken by a phone
- It must be a clean, non-blurred, non-shadowed imaged that looks as much like a scan as possible
- **KEEP THE ORIGINALS!** If mailing documents, make copies. Employers should maintain original copies for their records
- Finally, it's best practice not to send things piecemeal. Please, as much as possible, submit everything together.



We're here to help!

Submit forms via:

Email: AcumenOK@acumen2.net

Fax: (855) 295-9075

Mail: 4823 South Sheridan Suite 310

Tulsa, OK 74145

Contact Information:

Call your personal Acumen Agent

Or Customer Service – (877) 594-0966

