

INSTRUCTIONS FOR Personal Support Worker PACKET

Application for Employment as Personal Support Worker:

Print personal information at top, READ and confirm QUALIFICATIONS, include references as necessary and sign at bottom.

Form W4

Fill out sections 1 –7 at bottom and SIGN Form

Form IL W4

Fill out personal information, including Social Security # at bottom of form. Answer lines 1 –3, and SIGN form at bottom

Employment Eligibility Form

Fill out Section 1 with Personal Support Worker information, SIGN and Date Section 1.

Provide Documents as required in section 2. (Supply copies to ACES\$ as necessary). And have Participant/Employer sign and date section 2 after reviewing document.

Personal Support Worker Acknowledgement of Employer

Line 1; Fill in name of Personal Support Worker

Line 2: Fill in name of Participant/Employer

Both parties must READ and SIGN this form

Agreement between Participant and Personal Support Worker

Line 1: Fill in name of Participant

Line 2: Fill in name of Personal Support Worker

Both Parties must READ and SIGN this form at bottom of Page 2.

Certification of Participant/Personal Support Worker

Relationship.

Both parties must READ and SIGN this agreement certifying the Excluded relationships do NOT exist.

New Hire Reporting Form.

Fill in Participant/Employer information on Top half of form.

For Employer Address for Child Support Wage Withholding –Please leave blank.

Fill in Personal Support Worker information in NEW EMPLOYEE NAME AND ADDRESS Section of Form

NOTE: There is Room for (2) Employees on each Form (If Necessary)

2

Illinois Compiled Statutes –Abuse and Neglect Policy.

Both parties must READ and SIGN at bottom of page 3.

Authorization Agreement for Automatic Deposits

Fill in Personal Support Worker information allowing for Direct Deposit of Payroll funds into PSW Account. Sign and date bottom of form.

IL-W5-NR (IF APPLICABLE)

Fill out and SIGN only if Applicable

Authorization for background check (CANTS – Child abuse and neglect)

Fill in all information at the top of the form. In the middle section, list any or all of your previous addresses for the past 5 (five) years. In the bottom section, list any other names by which you have been known. Sign and

date on the line at the bottom.

IL Criminal Background Check

Please fill in PSW full name, date of birth, sex, race, Social Security number, drivers license and state of issue. The \$16 fee is not required.

Waiver Program Provider form

Page 1: On the top line, put PSW name and PSW Social Security number on the line below.

Page 2: At the bottom of the form, sign, re-write your Social Security number, and date.

Page 3: Section A only – please fill in the following boxes:

Box 1-mark “new enrollment”

Box 2-Please enter only one of the following: 91 for adult consumers
94 for child consumers

Box 3-Enter PSW name

Boxes 4-8-Enter PSW address

Box 9-enter PSW phone

Box 12-enter PSW Social Security number

Page 4: At the bottom of the page, PSW must sign and date and print name.

FOR YOUR INFORMATION:

IRS Notice 797 –Earned Income Credit

Payroll Schedule