

Forms Checklist for Employees Paid Through BDS Fiscal

Please return ALL of the forms listed below, including this checklist, and the required attachments to BDS Fiscal. Each form will have the heading 'Send to BDS' in the upper right corner and may be returned via mail, fax, or email. You cannot start and will not be paid until all paperwork is completed and processed. You are encouraged to make copies of anything you sign before mailing. If you need copies later, contact BDS Fiscal.

BDS Fiscal
c/o Broadscope Disability Services
6102 West Layton Avenue
Greenfield, WI 53220

Fax: 414-329-4510
Email: bdsfiscal@broadscope.org
*Scans or pictures of your documents
need to be clearly legible*

- Forms Checklist – page 3
- Wisconsin Background Information Disclosure (BID) – pages 5-6
- Disclosure Regarding and Acknowledgement & Authorization of Background Check – pages 7-8
***If applicable**
- Employment Eligibility Verification (Form I-9) – pages 10 & 12
- Form W-4, Employee's Withholding Allowance Certificate – page 14
- Form WT-4, Employee's Wisconsin Withholding Exemption Certificate – page 18
- BDS Fiscal New Employee Set Up Form – page 19
- Relationship Disclosure Form – page 20
- Fiscal Agent Statement of Understanding – page 22
- Fraud Notice – page 23
- Service Definitions – page 25
- Critical Incident Reporting Overview Agreement – page 27
- Authorization for Use & Disclosure of Health of Confidential Information – page 28
- BDS Fiscal Consent for the Release of Confidential Information – page 29
- Direct Deposit Authorization – page 30
***Attach a voided check OR letter from bank (not handwritten) confirming account number**
- Participant Specific Training Certification – page 31
- Additional Employment Interests (Optional) – page 35

My signature verifies that all the above forms are filled out completely and accurately and will be returned with attachments to BDS Fiscal via the contact information listed above. Additionally, by signing, I acknowledge that any convictions found in my background check will be shared with the Employer/Client.

EMPLOYEE NAME

EMPLOYEE SIGNATURE

DATE

EMAIL ADDRESS

PHONE NUMBER