

BDS FISCAL

associated with

broadscope
DISABILITY SERVICES

Employee Handbook

Employee Handbook Instructions

Employee & Employer Forms (pages 4-12)

It is best to complete this section side by side with the parent. The forms on pages 4-11 require the signatures of both you (the employee) and the parent/employer and reviewing the information together will ensure mutual understanding.

Employees are required to complete training with the employer before beginning work with a client (page 11).

Page 12, BDS Fiscal Consent for the Release of Confidential Information, is a consent form to allow you and BDS Fiscal to share information about the Employer. Fill in the name of the child and your name in the appropriate blanks. The parent will then print and sign their name. The parent may check additional boxes or add information to the form to alter its constraints if desired (not required).

Background Check (pages 13-17)

The Wisconsin Caregiver Law requires employers of individuals involved in the home or personal care of others to conduct an extensive caregiver criminal background check of those considered for employment. To complete this, fill out pages 14-15. Information about and instructions for this disclosure are on page 13.

Additionally, if you have lived outside of Wisconsin during the last three years, an out-of-state background check is required. To complete this, fill out and sign pages 16-17. To review your rights under the Fair Credit Reporting Act, visit <https://www.consumer.ftc.gov/articles/pdf-0096-fair-credit-reporting-act.pdf> (BDS Fiscal will not check your credit).

I-9, W-4, WT-4 (pages 18-27)

Full I-9 instructions are available at <https://www.uscis.gov/i-9> and a sample is included. If you are unable to access these instructions electronically and need a printed copy, please contact BDS Fiscal. You will complete Section 1 on Page 1 of the I-9 as the employee. If a preparer or translator helps you complete Section 1, page 3 of the I-9 must be completed by that person and returned.

Section 2 on Page 1 of the I-9 will be completed by the parent/employer after you present them with your documents (the physical items – not copies or pictures). It can also be completed by BDS Fiscal if you bring your documents to our office for us to inspect. See the List of Acceptable Documents on page 2 of the I-9 for what may be used for this process.

W-4 and WT-4 instructions are provided on the forms. All of these documents are required for employment in the state of Wisconsin.

Additional Employee Forms (pages 28-32)

Direct deposit is required for all employees. BDS Fiscal does not distribute payroll via paper checks. Complete page 28 and attach the necessary bank information as described. If you do not have a bank account and need assistance setting one up, visit www.consumerfinance.gov/consumer-tools/bank-accounts for resources and guidance.

The payroll schedule for BDS Fiscal, a sample timesheet, and a blank timesheet are provided on pages 29-31. Contact BDS if you have questions on how to properly fill out your timesheets.

As a new employee, you will submit a paper timesheet for your 1st payroll. Once that 1st direct deposit goes through, you will receive information from us by email on how to do electronic worksheets for your time.

Optional: submit page 32, Additional Employment Interests, if you would like to work with more families.

Reference the Forms Checklist (page 3) to ensure all necessary forms and attachments are included with your employee paperwork. Then submit to BDS Fiscal as directed on the Checklist.

BDS Fiscal Contact Information

Broadscope Disability Services, 6102 W Layton Avenue, Greenfield, WI 53220 ♦ www.broadscope.org
Phone: 414-329-4500 ♦ Fax: 414-329-4510 ♦ Email for documents/scans: bdsfiscal@broadscope.org

Employee Forms Checklist

Please return ALL of the forms listed below 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

- ☐ BDS Fiscal New Employee & Relationship Form – page 4
- ☐ Signature Page for Checklist, Fraud, Incident, & Understanding forms - page 8
- ☐ Service Definitions – page 10
- ☐ Participant Specific Training Certification – page 11
- ☐ BDS Fiscal Consent for the Release of Confidential Information – page 12
- ☐ Wisconsin Background Information Disclosure (BID) – pages 14-15
- ☐ Disclosure Regarding and Acknowledgment & Authorization of Background Check – pages 16-17 **If applicable**
- ☐ Employment Eligibility Verification (Form I-9) – page 19 (& pages 21 & 22 **if applicable**)
- ☐ Form W-4, Employee's Withholding Allowance Certificate – page 23
- ☐ Form WT-4, Employee's Wisconsin Withholding Exemption Certificate – page 27
- ☐ Direct Deposit Authorization – page 28
***Attach a voided check OR letter from bank (not handwritten) confirming account number**
- ☐ Additional Employment Interests (Optional) – page 32

BDS Fiscal New Employee & Relationship Disclosure

New Employee Section (print clearly)

Employee name: _____

Street Address: _____

City: _____ State: _____ Zip code: _____

Phone Number: (_____) _____ - _____ ☐ Male ☐ Female ☐ Other

Birthdate: ____/____/____ Social Security Number: ____ - ____ - ____

Email address: _____

THIS EMAIL WILL BE USED TO COMMUNICATE YOUR PAYSTUB & W-2 INFORMATION

Relationship Disclosure

Check one box to indicate your legal relationship to the Employer/Client. For example, if the Employer/Client is your grandchild, you are the Employer/Client's grandparent.

Relative

- ☐ Grandparent **see below**
- ☐ Sibling
- ☐ Uncle / Aunt
- ☐ Nephew / Niece
- ☐ Cousin

- ☐ Step Sibling
- ☐ Parent-in-Law
- ☐ Sibling-in-Law
- ☐ Other _____

Non-Related Relationships

- ☐ Friend
- ☐ Neighbor
- ☐ Worker

**Grandparent:* Due to your relationship with the Employer/Client and current legislation, you are exempt from payroll taxes for unemployment insurance (SUTA). If your employment with the Employer/Client is terminated, you will not receive unemployment benefits.

Residency Disclosure

Does the Employer/Client receiving nonmedical care live in the Employee's home? ☐ Yes ☐ No

Note: It is the Employee's responsibility to notify BDS Fiscal should their living situation change.

Employer/Client Section

Child receiving services (employer/participant): _____

Employer Representative/Parent/Guardian: _____

By signing below, I agree that the information on this form is accurate.

Parent/Employer Signature

Employee Signature

Date

Print form to add signatures

Fraud Notice

Misuse of Children's Long Term Support (CLTS) funding is fraud. Due to being a Medicaid funded program, this would be **Medicaid fraud**, which is a federal offense. The following information is provided with the intent of educating and informing parents and providers regarding the use of these funds, and to ensure understanding and compliance with their intended use.

- ❖ CLTS monies are to be used only for the benefit of the child who has qualified for services. Any use or acceptance of money for anything other than goods or services to the eligible child is considered fraud.

- ❖ Timesheets for in-home workers should reflect the number of service hours actually provided to the eligible child. Any alteration of the timesheet to inflate or misrepresent the number of hours provided to that child is considered fraud.

- ❖ Families cannot benefit financially from providers other than by the direct benefit of the service that their eligible child receives. A provider giving a "kickback" to a parent is considered fraud.

- ❖ CLTS funds can only be used for allowable services that are pre-approved by the child's Service Coordinator. Misrepresentation of a service that you provide or receive in order to claim reimbursement for non-allowable services is considered fraud.

- ❖ If you are aware or become aware of a situation involving misuse of CLTS Waiver funds, please contact the Service Coordinator assigned to the case immediately. In the interest of good stewardship of public funds; and to maintain public trust, program continuation, and adherence to program objectives, the County Waiver Agency will aggressively follow up on any such report if sufficient information is offered. If the initial review suggests intentionality, the County would be obligated to report such suspicion to law enforcement for further investigation.

Children's Incident Reporting for Providers

WI Dept of Health Services P-02613 (02/2022)

As part of the Children's Long-Term Support (CLTS) Waiver Program, **you must report incidents to the county waiver agency (CWA) as soon as possible.** This is done by reporting the incident **directly to the contact person identified by the CWA.**

What is an incident?

- Actual or alleged abuse, neglect, or exploitation involving the participant including:
 - Physical, verbal, and emotional abuse
 - Sexual abuse or exploitation
 - Neglect constituted by failure to seek medical attention, lack of food or nutrition, dangerous living situation, or lack of supervision
 - Financial exploitation constituted by misappropriation of the participant's funds or property
- Hospitalization, including:
 - Hospitalization due to an error in medical or medication management that results in an adverse reaction
 - Psychiatric hospitalization
- Law enforcement contact or investigation involving the participant.
 - Incident reports are required only for a participant's contact with law enforcement that is associated with risk to the health and safety of a participant or others
 - Incident reports are required for a participant's law enforcement contacts that are part of the participant's crisis or behavior intervention plan
- Unapproved use of a restrictive measure including:
 - Misuse of mechanical restraint or protective equipment
 - Use of manual restraint
 - Use of isolation or seclusion
- Death of the participant

If any of these incidents occur please contact your Support & Service Coordinator. The following link will take you to a chart of county contacts. When it opens, scroll down to find the chart.

<https://www.dhs.wisconsin.gov/clts/contact.htm>

What must be reported?

Report to the CWA any event or situation involving a participant that you have directly observed, or have information about, that meets the definition of an incident as listed above.

How do I report an incident?

You must report incidents and risks to a participant's safety using the process outlined by the CWA. The CWA will inform you of its specific incident reporting requirements, including their contact information for submitting the report.

What happens after an incident is reported?

Once you have reported an incident, the CWA is required to:

1. Refer allegations of child abuse and neglect to the county child protective services agency or the local law enforcement agency for further investigation, if applicable.
2. Work closely with you and the family to reduce further risk to the participant and prevent other children from being harmed.
3. Review the participant's service plan to identify possible changes to supports, services, or assigned providers to help prevent further incidents.
4. Implement changes identified in the service plan review.
5. Report incidents to the Wisconsin Department of Health Services.
6. Any instances of substantiated findings or criminal conviction of a paid caregiver (provider) for abuse, neglect, or exploitation of a participant will result in barring the provider from working as a caregiver and having direct access to a participant enrolled in the Children's Long-Term Support Waiver Program or Children's Community Options Program.

If a critical incident occurs, families and providers should seek all necessary care and assistance from medical or emergency personnel as appropriate. This reporting procedure does not provide an immediate response or replace other mandatory reporting expected of agency personnel.

Choosing a Fiscal Agent: Statement of Understanding

Using the Fiscal Agent method of employing one or more individuals to work with a child receiving CLTS Waiver services makes the child the employer. BDS Fiscal does **not** have any authority over the job performance of any such employee – nor does the county authorizing the child's CLTS services (hereafter known as the CLTS Waiver Agency). That means the child's parent/guardian will act as the employer representative and must voluntarily accept the responsibilities that an employer would have. Those include:

- ❖ Recruiting, interviewing, and hiring the employee.
- ❖ Providing initial and ongoing training regarding the care needs of the child and their job-related responsibilities.
- ❖ Providing training regarding confidentiality concerns and expectations.
- ❖ Setting the employee's wage (within the limits of what the waiver will reimburse for the particular service the employee performs and with the approval of BDS Fiscal and the CLTS Waiver Agency), realizing that wages will be withheld if employee and parent/employer representative are not compliant with BDS Fiscal and CLTS guidelines and timelines.
- ❖ Supervising employee performance, providing feedback as appropriate.
- ❖ Setting and enforcing expectations with regard to professionalism in the home, scheduling changes or conflicts, types of acceptable communication, amount of notice requested for vacating the position, etc.
- ❖ Preparing a back-up plan in the event that the scheduled employee is not able to meet the needs of the child/family.
- ❖ **Ensuring that the employee does NOT work over 40 hours/week.** (*unless employee is authorized to provide full day respite at day rate*)
- ❖ Disciplining and terminating the employee, if parent/employer feels that to be appropriate and necessary.
- ❖ Considering insurance coverage/implications in the event that the employee is injured while providing care. Employees will be eligible for Worker's Compensation under BDS Fiscal.
- ❖ Ensuring that all paperwork (both employer's and employee's) is submitted to BDS Fiscal and approved by BDS Fiscal prior to the employee's first date of service to the child.

****No services provided prior to BDS Fiscal's approval date will be paid****

Please be clear that neither BDS Fiscal nor the CLTS Waiver Agency is the employer. In many cases, BDS Fiscal and the CLTS Waiver agency do not even know these prospective privately retained service providers. BDS Fiscal and the CLTS Waiver agency do not hire, train, supervise, discipline, or terminate these individuals; nor do they verify the employment history or check references of these individuals. It is up to the family hiring the individual to ask for references (personal and professional) and to verify those references prior to employment.

Parent/guardian: If BDS Fiscal or your CLTS Service Coordinator provides you with names of people who are willing to work in your community, it remains your responsibility to interview them and make your own judgment as to their appropriateness to work in your home with your child. Neither BDS Fiscal nor your Service Coordinator are endorsing or recommending these people for employment. Rather, they are merely putting you in touch with individuals who have expressed a willingness to work with children with disabilities.

BDS Fiscal's role is limited to completing the employee's criminal background check, ensuring the employee's ongoing training is completed, processing the employee's payroll, and completing end of year federal tax processes for the employee. The CLTS Service Coordinator's role is to determine the authorized number of hours for the child.

Employers are not able to offer benefits such as vacation, sick time, etc. The waiver can only reimburse for hours actually provided to the recipient. Additionally, the employer is responsible for the final approval of hours worked by the employee to be paid through BDS Fiscal. Employers should verify hours worked as listed on the timesheet before signing it. **The employee cannot work more than 40 hours for the same employer/child in a work week (Sunday-Saturday).**

Parent/guardian and service provider: If you have any questions about any of these responsibilities, or about using BDS Fiscal, please contact BDS Fiscal or the CLTS Service Coordinator. If you have any questions that are of a legal nature about the employer/employee relationship, you are encouraged to seek the advice of an attorney.

Signature Page for: Checklist, Fraud, Incident, and Understanding forms

Employee Forms Checklist:

All of the forms listed on the Employee Forms Checklist are filled out completely and accurately and will be returned with attachments to BDS Fiscal via the contact information listed on that form. Additionally, by signing, I acknowledge that any convictions found in my background check will be shared with the Employer/Client.

Fraud Notice:

I have read and understand the statements made on the Fraud Notice. If I have any questions about those statements, I know that I can contact my CLTS Service Coordinator directly.

Children's Incident Reporting for Providers:

Employee:

I have received a copy of the Children's Long Term Support (CLTS) Waiver Children's Incident Reporting for Providers and have reviewed the information it contains. I understand that as a service provider, if an incident occurs when I am providing a CLTS Waiver-funded service to a child, I must follow the incident reporting procedure and contact the child's CLTS Support and Service Coordinator. I also understand that I should seek all necessary care and assistance from medical or emergency personnel as appropriate, including mandated reporting. If I have questions about incident reporting, I can contact the child's Support and Service Coordinator.

If I do not have contact information for the child's Support and Service Coordinator, I understand that I can find contact information at: <https://www.dhs.wisconsin.gov/clts/contact.htm>

I also understand that as a service provider, I am a mandated reporter and I must report known or suspected abuse or neglect of a child under the age of 18 immediately to either child protection services or law enforcement (for more information, see Chapter 48.981(2) of the Wisconsin State Statutes).

Employer:

I have received a copy of the Children's Long Term Support (CLTS) Waiver Children's Incident Reporting for Providers and have reviewed the information it contains. I understand that if an incident occurs while my child is receiving a CLTS Waiver-funded service, the employee/provider must follow the incident reporting procedure and contact my child's CLTS Support and Service Coordinator. If I have questions about incident reporting, I can contact my child's Support and Service Coordinator.

Choosing a Fiscal Agent: Statement of Understanding:

****As an employer-representative** of a fiscal agent worker, I understand the stated information and accept responsibility. I understand that all employee paperwork including the 'Participant Specific Training Certification' must be completed and received by BDS Fiscal PRIOR to working with the client.

****As an employee**, I understand the role of my employer and the CLTS Waiver requirements.

My signature verifies that I have read and agree to all of the above forms/statements.

Employee (please print)

Employee Signature

Date

Name of child receiving services (print)

Parent/Employer Signature

Date

Print form to add signatures

Service Definitions

Service definitions apply to independent workers paid through BDS Fiscal. This document is intended to describe the employee's responsibilities/tasks for CLTS Waiver purposes. Please refer to the current CLTS Waiver Manual or contact your CLTS Service Coordinator for full definitions & exclusions of each service.

Requirements to provide these services include showing proof of at least two years of experience working with children with disabilities and child specific training.

Please note: **Employees are not allowed to work over 40 hours in a work week (Sunday-Saturday).**

- **Child Care** - Child care services ensure the child or youth's exceptional physical, emotional, behavioral, or personal care needs are met during times when their family members are working, pursuing education or employment goals, or participating in training to strengthen the family's capacity to care for their child.

Children under 12 years of age: this service includes the supplemental cost of child care to meet the child's exceptional care needs. This includes staffing necessary to meet the child's care needs above and beyond the cost of basic child care that all families with young children may incur. The basic cost of child care is the rate charged by and paid to a child care provider for children who do not have special needs. The basic cost of child care does not include the provision of supplementary staffing, which may be covered by this service.

Children 12 years of age and older: the total cost of child care may be included. The total cost of child care is available when the child has aged out of their traditional child care settings (typically available up to age 12), but due to a disability the child continues to require care or supervision.

- **Daily Living Skills Training** – Daily living skills training (DLST) services provide education and skill development or training to support the child or youth's ability to independently perform routine daily activities and effectively use community resources. These instructional services, provided by qualified professionals, focus on skill development and include personal hygiene, food preparation, home upkeep, money management, and accessing & using community resources.

DLST does NOT include activities recreational in nature, social skill training, educational related services, behavior modification, or substitute task performance. An initial goal setting report is required at the start of services with progress reports every six months.

- **Mentoring** - Mentoring services improve the child or youth's ability to interact in their community in socially advantageous ways. The mentor provides the child or youth with experiences in peer interaction, social and/or recreational activities, and employability skill-building opportunities during spontaneous and real-life situations, rather than in a segregated or classroom-type environment. The mentor implements learning opportunities by guiding and shadowing the child or youth in the community while practicing and modeling interaction skills.

Providers must develop a written plan documenting the objectives for the child and the objectives for the mentor. A written summary of the progress toward and changes to the objectives for the child or youth and their mentor is required every three months. At a minimum, team review meetings are held quarterly.

- **Respite Care** – Respite care services maintain and strengthen the child or youth's natural supports by easing the daily stress and care demands for their family, or other primary caregiver(s), on a short-term basis. These services provide a level of care and supervision appropriate to the child or youth's needs while their family or other primary caregiver(s) are temporarily relieved from daily caregiving demands.

Home-based respite may be used for overnight stays or partial day stays for the child or youth, in their primary residence or at the home of a caregiver. The provider is required to receive training specific for the child or youth's support and care needs.

Respite care group rates may apply if respite is being provided for more than one child at the same time.

- Personal Support (PS)** – PS directly and indirectly assists the participant with daily living activities and personal needs, to promote improved functioning and safety in their home and community. PS may be provided in the participant's home or in a community setting. PS is related to assistance with functional skills and may help a child who has difficulties with these types of skills accomplish tasks including but not limited to:
 - Appropriate social behaviors (such as checking out library books, ordering food from a menu, and paying for tickets to events)
 - Communication skills (such as assistance with communication)
 - Medication and health management (such as appropriate self-administration of medications)
 - Mobility (such as arranging and using transportation)
 - Money management (such as bill paying and other aspects of money management)
 PS includes supervision necessary to increase the participant's independence while ensuring safety at home and in the community, including supervision as the participant engages in other activities. Supervision may include a provider assisting the child or youth to utilize technology. This service may include working with the child or youth to better understand and comprehend cause and effect and the correlation between behaviors and consequences. It may also take the form of repetitive directions and staying on task.
- Transportation** – Transportation maintains or improves the child's mobility and increases their inclusion, independence, and participation in the community. This service funds the child's or youth's nonmedical, nonemergency transportation needs related to engaging with their community—with the people, places, and resources that are meaningful for their self-determination—and to meet their goals and daily needs. If needed, transportation charges for an attendant (including parent/guardian) to accompany the child or youth when accessing the community are included.

Providers are required to have a current driver's license issued by the Department of Transportation and current insurance and must provide copies of both to BDS Fiscal. Vehicles used to provide transportation must be insured and in good repair, with all operating and safety systems functioning.

Please check all authorized service(s) the employee will provide for the employer/participant:

	Service Type	Pay Rate
	Child Care	
	Daily Living Skills Training	
	Mentoring	
	Respite Care	
	Respite Care Group	
	Personal Support	
	Transportation	

By signing below, I demonstrate that I understand and accept the above responsibilities. Both parties understand that we may not charge in excess of the amount authorized on the Child/Participant's plan. After the Employee has performed the services per this agreement, timesheets are due to BDS Fiscal according to the Payment Schedule. Both signers agree to only submit timesheets within the hours authorized. Without prior approval, excess hours claimed above authorization may be rejected for payment.

Parent/Employer Signature

Employee Signature

Date

Print form to add signatures

Name of child receiving services

This is a fillable form

Participant Specific Training Certification

SEND TO BDS

This form is completed for those who provide in-home services such as Child Care, Daily Living Skills, Mentoring, and/or Respite. The Parent/Employer is to train the Employee/Provider on the below topics.

Based on experience, education, and/or training, _____ (**employee**) meets the knowledge and skill level required for direct services through a fiscal agent to enable them to competently work with the Participant to meet the objectives and goals.

Please check the boxes below to indicate the training completed. Any box/skill left blank must result in training before employment may start.

	Knowledge/skill level required
<u>Yes</u>	Policies, procedures, and expectations of the employer, including training on participant and provider rights and responsibilities; record keeping and reporting; and other information deemed necessary and appropriate.
<u>Yes</u>	Information specific to disabilities, abilities, needs, functional deficits, and strengths of the population to be served. This training should be person-specific for the child or youth to be served and generally focused.
<u>Yes</u>	Recognizing and appropriately responding to all conditions that might adversely affect the person's health and safety including how to respond to emergencies and critical incidents.
<u>Yes</u>	Developing interpersonal and communications skills that are appropriate and effective for working with the population to be served. These skills include understanding the principles of person-centered services; person rights; respect for age; cultural, linguistic, and ethnic differences; active listening, responding with emotional support and empathy; ethics in dealings with people including: family and other providers; conflict resolution skills; ability to deal with death and dying; and other topics relevant to the specific population to be served.
<u>Yes</u>	Understanding of all confidentiality and privacy laws and rules.
<u>Yes</u>	Understanding of procedures for handling complaints.
<u>Yes</u>	Understanding of the person who needs support, including personal hygiene needs, preferences, and techniques for assisting with activities of daily living including, where relevant, bathing, grooming, skin care, transfer, ambulation, exercise, feeding, dressing, and use of adaptive aids and equipment.
<u>Yes</u>	Understanding the personal health and wellness-related needs of the person needing supports including nutrition, dietary needs, exercise needs, and weight monitoring and control.
List relevant training & two years' experience (attach additional sheet if needed):	

We the Employer and Employee agree that the above training has been completed.

Parent/Employer Signature

Employee Signature

Date

Print form to add signatures

Name of child receiving services (please print)

This is a fillable form

SEND TO BDS

BDS Fiscal Consent for the Release of Confidential Information

As the Parent/Guardian and Employer Representative for _____,
name of Employer/Client (child)

I authorize BDS Fiscal to disclose to _____ the following information:
name of Employee/Provider

- ☒ The above Employee's pay rates, hours, and payment amounts
- ☐ My budget details, including pay rates and services
- ☐ All details regarding my Employer/Client-directed services from BDS Fiscal
- ☐ Other information as described in detail:

I understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically as follows:

- ☒ Upon my termination from receiving Employer/Client-directed services from BDS Fiscal
- ☒ Upon the termination of my relationship with the person/agency written above
- ☐ Upon other circumstances as described in detail:

Employer's Representative/*Parent Name – Printed*

Employer's Representative/*Parent Signature*
Print form to add signature

Date

BACKGROUND INFORMATION DISCLOSURE (BID) FOR ENTITY EMPLOYEES AND CONTRACTORS: INSTRUCTIONS

PURPOSE

- The *Background Information Disclosure for Employees and Contractors* ([form F-82064](#)) gathers information required by Wis. Stat. § 50.065 and Wis. Admin. Code ch. DHS 12 for entities to conduct [caregiver background checks](#) for prospective and existing employees and contractors. This form may also be used by entities to conduct background checks for students and volunteers that are expected to have regular and direct contact with clients.
 - **NOTE:** Form F-82064 should not be used by applicants for *entity operator approval* or by entities requesting approval for an individual to reside in entity facilities as a *non-client resident*. Applicants for *entity operator approval* or for a *non-client resident* background check must request an [entity background check](#) from the Division of Quality Assurance.
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CAREGIVER BACKGROUND CHECK LAW

[Entities](#) must conduct background checks to verify initial and renewal eligibility of employees and contractors to serve as [caregivers](#). Pursuant to Wis. Stat. § 50.065 and Wis. Admin. Code ch. DHS 12, an entity may not employ or contract with an individual to serve as a “caregiver,” if the individual has certain governmental findings or criminal convictions affecting eligibility. See [Offenses Affecting Eligibility for Employment or Contract in Roles with Client Contact](#).

APPLICATION

Caregiver Background Checks are required for prospective and existing employees and contractors of entities. The term [entity](#) includes, but is not limited to:

- Adult Day Care Centers
 - Adult Family Homes
 - Alcohol and Other Drug Abuse Treatment Programs
 - Ambulance Service Providers
 - AODA Services
 - Community Based-Residential Facilities
 - Community Mental Health Programs
 - Community Support Programs
 - Comprehensive Community Services
 - Corporate Guardianships
 - Facilities Serving People with Developmental Disabilities
 - Emergency Mental Health Service Programs
 - Home Health Agencies
 - Hospices
 - Hospitals
 - Mental Health Day Treatment Services for Children
 - Nursing Homes
 - Outpatient Mental Health Clinics
 - Personal Care Agencies
 - Residential Care Apartment Complexes
 - Rural Medical Centers
 - Youth Crisis Stabilization Facilities
 - Programs regulated by ch. DHS 75
-

FAIR EMPLOYMENT ACT & ELIGIBILITY REQUIREMENTS

Wisconsin Stat. §§ 111.31 – 111.395, prohibits discrimination because of a criminal record or pending charge. However, it is not discrimination to decline to hire or license a person based on the person’s arrest or conviction record if the arrest or conviction is substantially related to the circumstances of the particular job or licensed activity. In addition, Wisconsin law establishes conditions of eligibility for employment or contract to work in roles with regular and direct client/patient contact.

Wis. Stat. § 50.065(4m)(b) reads:

Notwithstanding s. 111.335, and except as provided in sub. (5), an entity may not employ or contract with a caregiver or permit to reside at the entity a nonclient resident, if the entity knows or should have known any of the following:

1. That the person has been convicted of a serious crime.
2. That a unit of government or a state agency, as defined in s. 16.61 (2) (d), has made a finding that the person has abused or neglected any client or misappropriated the property of any client.
3. That a final determination has been made under s. 48.981 (3) (c) 5m. or, if a contested case hearing is held on such a determination, a final decision has been made under s. 48.981 (3) (c) 5p. that the person has abused or neglected a child.
4. That, in the case of a position for which the person must be credentialed by the department of safety and professional services, the person’s credential is not current or is limited so as to restrict the person from providing adequate care to a client.

See [Offenses Affecting Eligibility](#) for guidance.

BACKGROUND INFORMATION DISCLOSURE (BID) FOR ENTITY EMPLOYEES AND CONTRACTORS

SEND TO BDS

- PENALTY:** A person who provides false information on this form may be subject to forfeiture and sanctions, as provided in Wis. Stat. § 50.065(6)(c) and Wis. Admin Code § DHS 12.05(4).
- Completion of this form to verify your eligibility for employment/service as a “caregiver” is required by Wis. Stat. § 50.065 and Wis. Admin Code ch. DHS 12. Failure to complete this form may result in denial or termination of your employment, contract or service agreement.

Refer to DQA form [F-82064A, Instructions](#), for additional information.

Check the box that applies to you.

- | | |
|--|---|
| ☐ Applicant / Employee
☐ Contractor | ☐ Student / Volunteer
☐ Other – Specify: |
|--|---|

NOTE: This form should NOT be used by applicants for *entity operator approval* (license, certification, registration or other DHS approval) or by entities requesting approval for an individual to reside in entity facilities as a *non-client resident*. Applicants for *entity operator approval* or for a *non-client resident* background check must request an [entity background check](#) from the Division of Quality Assurance.

Full Legal Name – <i>First</i>	<i>Middle</i>	<i>Last</i>
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Other Names (including prior to marriage)

Position Title (applied for or existing)	Birth Date (<i>MM/DD/YYYY</i>)	Sex ☐ Male ☐ Female
---	----------------------------------	--

Home Address	City	State	Zip Code
--------------	------	-------	----------

Business Name and Address – Employer (Entity)

Answering “NO” to all questions does not guarantee employment, a contract, or service agreement.

If more space is required, attach additional documentation to this form and indicate “see attached” in your answer.

SECTION A – DISCLOSURES

- Do you have any criminal charges pending against you, including in federal, state, local, military, and tribal courts?
 If **Yes**, list each charge, when it occurred or the date of the charge, and the city and state where the court is located.
 You may be asked to supply additional information, including a copy of the criminal complaint or any other relevant court or police documents.

Yes	No
☐	☐
- Were you ever convicted of any crime anywhere, including in federal, state, local, military, and tribal courts?
 If **Yes**, list each crime, when it occurred or the date of the conviction, and the city and state where the court is located.
 You may be asked to supply additional information including a certified copy of the judgment of conviction, a copy of the criminal complaint, or any other relevant court or police documents.

Yes	No
☐	☐
- Please note that Wis. Stat. § 48.981, *Abused or neglected children and abused unborn children*, may apply to information concerning findings of child abuse and neglect.
 Has any government or regulatory agency (other than the police) ever found that you committed **child** abuse or neglect?
 Provide an explanation below, including when and where the incident(s) occurred.

Yes	No
☐	☐
- Has any government or regulatory agency (other than the police) ever found that you abused or neglected **any person or client**?
 If **Yes**, explain, including when and where it happened.

Yes	No
☐	☐

- | | | |
|--|---------------------------------|--------------------------------|
| 5. Has any government or regulatory agency (other than the police) ever found that you misappropriated (improperly took or used) the property of a person or client?
If Yes , explain, including when and where it happened. | Yes
☐ | No
☐ |
| <hr/> | | |
| 6. Has any government or regulatory agency (other than the police) ever found that you abused an elderly person ?
If Yes , explain, including when and where it happened. | Yes
☐ | No
☐ |
| <hr/> | | |
| 7. Do you have a government issued credential that is not current or is limited so as to restrict you from providing care to clients?
If Yes , explain, including credential name, limitations or restrictions, and time period. | Yes
☐ | No
☐ |

SECTION B – OTHER REQUIRED INFORMATION

- | | | |
|--|---------------------------------|--------------------------------|
| 1. Has any government or regulatory agency ever limited, denied, or revoked your license, certification, or registration to provide care, treatment, or educational services?
If Yes , explain, including when and where it happened. | Yes
☐ | No
☐ |
| <hr/> | | |
| 2. Has any government or regulatory agency ever denied you permission or restricted your ability to live on the premises of a care providing facility?
If Yes , explain, including when and where it happened and the reason. | Yes
☐ | No
☐ |
| <hr/> | | |
| 3. Have you been discharged from a branch of the US Armed Forces, including any reserve component?
If Yes , indicate the year of discharge:
Attach a copy of your DD214, if you were discharged within the last three (3) years. | Yes
☐ | No
☐ |
| <hr/> | | |
| 4. Have you resided outside of Wisconsin in the last three (3) years?
If Yes , list each state and the dates you resided there. | Yes
☐ | No
☐ |
| <hr/> | | |
| 5. If you are employed by or applying for the State of Wisconsin, have you resided outside of Wisconsin in the last seven (7) years?
If Yes , list each state and the dates you resided there. | Yes
☐ | No
☐ |
| <hr/> | | |
| 6. Have you had a caregiver background check done within the last four (4) years?
If Yes , list the date of each check, and the name, address, and phone number of the person, facility, or government agency that conducted each check. | Yes
☐ | No
☐ |
| <hr/> | | |
| 7. Have you ever requested a rehabilitation review with the Wisconsin Department of Health Services, a county department, a private child placing agency, school board, or DHS-designated tribe?
If Yes , list the review date and the review result. You may be asked to provide a copy of the review decision. | Yes
☐ | No
☐ |

Read and initial the following statement.

I have completed and reviewed this form (F-82064, BID) and affirm that the information is true and correct as of today's date.

NAME – Person Completing This Form

Date Submitted

ATTENTION: Broadscope Disability Services, Inc. is obtaining your background information on behalf of the family(s) for whom you will be working. By submitting this form, you acknowledge any convictions or pending charges found in your criminal history will be shared with the parent/guardian(s).

Disclosure Regarding Background Investigation

Broadscope Disability Services, Inc. may obtain information about you from a third party consumer reporting agency for employment purposes. Thus, you may be the subject of a “consumer report” which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain information regarding your criminal history, social security verification, motor vehicle records (“driving records”), verification of your education or employment history, or other background checks. Broadscope Disability Services, Inc. will obtain this information on behalf of and share this information with the family for whom you will be working.

These searches will be conducted by InCheck, Inc., 7500 W State Street, Suite 200, Wauwatosa, WI 53213, 414-727-1718 / 866-265-9426, www.inchecksolutions.com.

Please provide the following information in full:

First Name	Middle Name (FULL)	Last Name
Social Security Number		Date of Birth

Print all home addresses resided in **outside the state of Wisconsin** in the past three years. Include any other names/aliases by which you were LEGALLY known during that time:

Street Address		City	State
Zip Code	Dates resided	Name(s) by which you were known	

Street Address		City	State
Zip Code	Dates resided	Name(s) by which you were known	

Street Address		City	State
Zip Code	Dates resided	Name(s) by which you were known	

Street Address		City	State
Zip Code	Dates resided	Name(s) by which you were known	

Acknowledgment and Authorization for Background Check

I acknowledge receipt of the separate documents entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" by Broadscope Disability Services, Inc. at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by InCheck, Inc., 7500 W State Street, Suite 200, Wauwatosa, WI 53213, telephone number (866) 265-9426, www.inchecksolutions.com and/or Broadscope Disability Services, Inc. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

If signing electronically, I agree my electronic signature is the legal equivalent of my manual signature on this Authorization.

Residents of California, Minnesota, New York, Oklahoma, and Washington state: You have the right to receive a copy of any report furnished by InCheck, Inc., 7500 W State Street, Suite 200, Wauwatosa, WI 53213, 414-727-1718/866-265-9426, www.inchecksolutions.com/privacy-policy to Broadscope Disability Services, Inc. pursuant to your authorization. Check this box if you would like to receive a copy: ☐

Signature: _____

Date: _____

**SAMPLE****Employment Eligibility Verification****Department of Homeland Security**
U.S. Citizenship and Immigration Services**USCIS****Form I-9**

OMB No. 1615-0047

Expires 07/31/2026

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

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) Doe		First Name (Given Name) John		Middle Initial (if any) J	Other Last Names Used (if any) -	
Address (Street Number and Name) 123 Main St.		Apt. Number (if any) -	City or Town Milwaukee		State WI	ZIP Code 53000
Date of Birth (mm/dd/yyyy) 01/02/2000	U.S. Social Security Number 000 000 0000	Employee's Email Address John@email.com			Employee's Telephone Number 414-000-0000	
I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):				
		☒ 1. A citizen of the United States				
		☐ 2. A noncitizen national of the United States (Instructions)				
		☐ 3. A lawful permanent resident (Enter USCIS A-Number)				
		☐ 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)				
		If you check Item Number 4., enter one of the following:				
		USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance
Signature of Employee John Doe		Today's Date (mm/dd/yyyy) 09/01/2023				

If a preparer and/or translator assisted you in completing Section 1, that person **MUST** complete the **Preparer and/or Translator Certification** on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign Section 2 within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

List A		OR	List B	AND	List C
Document Title 1			Driver's License		Social Security card
Issuing Authority			state of WI		Soc. Sec. Administration
Document Number (if any)			B123-4567-8900-00		000-00-0000
Expiration Date (if any)			01/02/2027		n/a
Document Title 2 (if any)		Additional Information			
Issuing Authority		SAMPLE EMPLOYER COMPLETES			
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority		☐ Check here if you used an alternative procedure authorized by DHS to examine documents.			
Document Number (if any)					
Expiration Date (if any)					

Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears 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.

First Day of Employment (mm/dd/yyyy):
09/05/2023

Last Name, First Name and Title of Employer or Authorized Representative Smith, Jane Employer		Signature of Employer or Authorized Representative Jane Smith	Today's Date (mm/dd/yyyy) 09/01/2023
Employer's Business or Organization Name		Employer's Business or Organization Address, City or Town, State, ZIP Code 456 Main St. Milwaukee, WI 53000	

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.



Employment Eligibility Verification

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

SEND TO BDS

USCIS
Form I-9

OMB No.1615-0047

Expires 07/31/2026

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

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 (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number 		Employee's Email Address			Employee's Telephone Number
I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):				
		☐ 1. A citizen of the United States				
		☐ 2. A noncitizen national of the United States (See Instructions.)				
		☐ 3. A lawful permanent resident (Enter USCIS or A-Number.)				
		☐ 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)				
		If you check Item Number 4. , enter one of these:				
		USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance
Signature of Employee					Today's Date (mm/dd/yyyy)	

If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the Preparer and/or Translator Certification on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

List A		OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)		Additional Information			
Issuing Authority		Check here if you used an alternative procedure authorized by DHS to examine documents.			
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears 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.			First Day of Employment (mm/dd/yyyy):		
Last Name, First Name and Title of Employer or Authorized Representative			Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name		Employer's Business or Organization Address, City or Town, State, ZIP Code			

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

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

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
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 an individual temporarily authorized to work for a specific employer because of his or her status or parole: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the individual's status or parole 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		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 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		1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central. The Form I-766, Employment Authorization Document, is a List A, Item Number 4. document, not a List C document.
Acceptable Receipts May be presented in lieu of a document listed above for a temporary period. For receipt validity dates, see the M-274.				
• Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with "RE" notation or refugee stamp issued to a refugee.	OR	Receipt for a replacement of a lost, stolen, or damaged List B document.		Receipt for a replacement of a lost, stolen, or damaged List C document.

*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.



Supplement A, Preparer and/or Translator Certification for Section 1

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

SEND TO BDS
(if used)

USCIS
Form I-9
Supplement A
OMB No. 1615-0047
Expires 07/31/2026

Last Name (<i>Family Name</i>) from Section 1 .	First Name (<i>Given Name</i>) from Section 1 .	Middle initial (if any) from Section 1 .
--	--	---

Instructions: This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

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		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

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		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

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		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

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		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code



Supplement B,
Reverification and Rehire (formerly Section 3)

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

SEND TO BDS
(if used)

USCIS
Form I-9
Supplement B
OMB No. 1615-0047
Expires 07/31/2026

Last Name (Family Name) from Section 1.	First Name (Given Name) from Section 1.	Middle initial (if any) from Section 1.
---	---	---

Instructions: This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](#)

Date of Rehire (if applicable)		New Name (if applicable)	
Date (mm/dd/yyyy)	Last Name (Family Name)	First Name (Given Name)	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	
Additional Information (Initial and date each notation.)		Check here if you used an alternative procedure authorized by DHS to examine documents.	

Date of Rehire (if applicable)		New Name (if applicable)	
Date (mm/dd/yyyy)	Last Name (Family Name)	First Name (Given Name)	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	
Additional Information (Initial and date each notation.)		Check here if you used an alternative procedure authorized by DHS to examine documents.	

Date of Rehire (if applicable)		New Name (if applicable)	
Date (mm/dd/yyyy)	Last Name (Family Name)	First Name (Given Name)	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	
Additional Information (Initial and date each notation.)		Check here if you used an alternative procedure authorized by DHS to examine documents.	

Employee's Withholding Certificate

OMB No. 1545-0074

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.

SEND TO BDS**2025****Step 1:**
Enter
Personal
Information

(a) First name and middle initial	Last name	(b) Social security number
Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
City or town, state, and ZIP code		
(c) ☐ Single or Married filing separately ☐ Married filing jointly or Qualifying surviving spouse ☐ 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.)		

TIP: Consider using the estimator at www.irs.gov/W4App to determine the most accurate withholding for the rest of the year if: you are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

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, and when to use the estimator at www.irs.gov/W4App.

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 the most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **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 generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate ☐

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 Dependent and Other Credits	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 for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here	3	\$
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)	\$
	(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)	\$

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)

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2025 if you meet both of the following conditions: you had no federal income tax liability in 2024 **and** you expect to have no federal income tax liability in 2025. You had no federal income tax liability in 2024 if (1) your total tax on line 24 on your 2024 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2025 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 17, 2026.

Your privacy. Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Are submitting this form after the beginning of the year;
2. Expect to work only part of the year;
3. Have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), or number of dependents, or changes in your deductions or credits;
4. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
5. Prefer the most accurate withholding for multiple job situations.

TIP: Have your most recent pay stub(s) from this year available when using the estimator to account for federal income tax that has already been withheld this year. At the beginning of next year, use the estimator again to recheck your withholding.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work. Submit a separate Form W-4 for each job.

Option **(a)** most accurately calculates the additional tax you need to have withheld, while option **(b)** does so with a little less accuracy.

Instead, if you (and your spouse) have a total of only two jobs, you may check the box in option **(c)**. The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2025 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b)—Multiple Jobs Worksheet (Keep for your records.)

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 **1** \$ _____
- 2 Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
 - a** Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a **2a** \$ _____
 - b** Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b **2b** \$ _____
 - c** Add the amounts from lines 2a and 2b and enter the result on line 2c **2c** \$ _____
- 3** Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. **3** _____
- 4 Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) **4** \$ _____

Step 4(b)—Deductions Worksheet (Keep for your records.)

- 1** Enter an estimate of your 2025 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income **1** \$ _____
- 2** Enter: $\left\{ \begin{array}{l} \bullet \$30,000 \text{ if you're married filing jointly or a qualifying surviving spouse} \\ \bullet \$22,500 \text{ if you're head of household} \\ \bullet \$15,000 \text{ if you're single or married filing separately} \end{array} \right\}$ **2** \$ _____
- 3** If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" **3** \$ _____
- 4** Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information **4** \$ _____
- 5 Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 **5** \$ _____

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Married Filing Jointly or Qualifying Surviving Spouse

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$0	\$700	\$850	\$910	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020
\$10,000 - 19,999	0	700	1,700	1,910	2,110	2,220	2,220	2,220	2,220	2,220	2,220	3,220
\$20,000 - 29,999	700	1,700	2,760	3,110	3,310	3,420	3,420	3,420	3,420	3,420	4,420	5,420
\$30,000 - 39,999	850	1,910	3,110	3,460	3,660	3,770	3,770	3,770	3,770	4,770	5,770	6,770
\$40,000 - 49,999	910	2,110	3,310	3,660	3,860	3,970	3,970	3,970	4,970	5,970	6,970	7,970
\$50,000 - 59,999	1,020	2,220	3,420	3,770	3,970	4,080	4,080	5,080	6,080	7,080	8,080	9,080
\$60,000 - 69,999	1,020	2,220	3,420	3,770	3,970	4,080	5,080	6,080	7,080	8,080	9,080	10,080
\$70,000 - 79,999	1,020	2,220	3,420	3,770	3,970	5,080	6,080	7,080	8,080	9,080	10,080	11,080
\$80,000 - 99,999	1,020	2,220	3,420	4,620	5,820	6,930	7,930	8,930	9,930	10,930	11,930	12,930
\$100,000 - 149,999	1,870	4,070	6,270	7,620	8,820	9,930	10,930	11,930	12,930	14,010	15,210	16,410
\$150,000 - 239,999	1,870	4,240	6,640	8,190	9,590	10,890	12,090	13,290	14,490	15,690	16,890	18,090
\$240,000 - 259,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
\$260,000 - 279,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
\$280,000 - 299,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
\$300,000 - 319,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,170	19,170
\$320,000 - 364,999	2,040	4,440	6,840	8,390	9,790	11,100	12,470	14,470	16,470	18,470	20,470	22,470
\$365,000 - 524,999	2,790	6,290	9,790	12,440	14,940	17,350	19,650	21,950	24,250	26,550	28,850	31,150
\$525,000 and over	3,140	6,840	10,540	13,390	16,090	18,700	21,200	23,700	26,200	28,700	31,200	33,700

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$200	\$850	\$1,020	\$1,020	\$1,020	\$1,370	\$1,870	\$1,870	\$1,870	\$1,870	\$1,870	\$2,040
\$10,000 - 19,999	850	1,700	1,870	1,870	2,220	3,220	3,720	3,720	3,720	3,720	3,890	4,090
\$20,000 - 29,999	1,020	1,870	2,040	2,390	3,390	4,390	4,890	4,890	4,890	5,060	5,260	5,460
\$30,000 - 39,999	1,020	1,870	2,390	3,390	4,390	5,390	5,890	5,890	6,060	6,260	6,460	6,660
\$40,000 - 59,999	1,220	3,070	4,240	5,240	6,240	7,240	7,880	8,080	8,280	8,480	8,680	8,880
\$60,000 - 79,999	1,870	3,720	4,890	5,890	7,030	8,230	8,930	9,130	9,330	9,530	9,730	9,930
\$80,000 - 99,999	1,870	3,720	5,030	6,230	7,430	8,630	9,330	9,530	9,730	9,930	10,130	10,580
\$100,000 - 124,999	2,040	4,090	5,460	6,660	7,860	9,060	9,760	9,960	10,160	10,950	11,950	12,950
\$125,000 - 149,999	2,040	4,090	5,460	6,660	7,860	9,060	9,950	10,950	11,950	12,950	13,950	14,950
\$150,000 - 174,999	2,040	4,090	5,460	6,660	8,450	10,450	11,950	12,950	13,950	15,080	16,380	17,680
\$175,000 - 199,999	2,040	4,290	6,450	8,450	10,450	12,450	13,950	15,230	16,530	17,830	19,130	20,430
\$200,000 - 249,999	2,720	5,570	7,900	10,200	12,500	14,800	16,600	17,900	19,200	20,500	21,800	23,100
\$250,000 - 399,999	2,970	6,120	8,590	10,890	13,190	15,490	17,290	18,590	19,890	21,190	22,490	23,790
\$400,000 - 449,999	2,970	6,120	8,590	10,890	13,190	15,490	17,290	18,590	19,890	21,190	22,490	23,790
\$450,000 and over	3,140	6,490	9,160	11,660	14,160	16,660	18,660	20,160	21,660	23,160	24,660	26,160

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$450	\$850	\$1,000	\$1,020	\$1,020	\$1,020	\$1,020	\$1,870	\$1,870	\$1,870	\$1,890
\$10,000 - 19,999	450	1,450	2,000	2,200	2,220	2,220	2,220	3,180	4,070	4,070	4,090	4,290
\$20,000 - 29,999	850	2,000	2,600	2,800	2,820	2,820	3,780	4,780	5,670	5,690	5,890	6,090
\$30,000 - 39,999	1,000	2,200	2,800	3,000	3,020	3,980	4,980	5,980	6,890	7,090	7,290	7,490
\$40,000 - 59,999	1,020	2,220	2,820	3,830	4,850	5,850	6,850	8,050	9,130	9,330	9,530	9,730
\$60,000 - 79,999	1,020	3,030	4,630	5,830	6,850	8,050	9,250	10,450	11,530	11,730	11,930	12,130
\$80,000 - 99,999	1,870	4,070	5,670	7,060	8,280	9,480	10,680	11,880	12,970	13,170	13,370	13,570
\$100,000 - 124,999	1,950	4,350	6,150	7,550	8,770	9,970	11,170	12,370	13,450	13,650	14,650	15,650
\$125,000 - 149,999	2,040	4,440	6,240	7,640	8,860	10,060	11,260	12,860	14,740	15,740	16,740	17,740
\$150,000 - 174,999	2,040	4,440	6,240	7,640	8,860	10,860	12,860	14,860	16,740	17,740	18,940	20,240
\$175,000 - 199,999	2,040	4,440	6,640	8,840	10,860	12,860	14,860	16,910	19,090	20,390	21,690	22,990
\$200,000 - 249,999	2,720	5,920	8,520	10,960	13,280	15,580	17,880	20,180	22,360	23,660	24,960	26,260
\$250,000 - 449,999	2,970	6,470	9,370	11,870	14,190	16,490	18,790	21,090	23,280	24,580	25,880	27,180
\$450,000 and over	3,140	6,840	9,940	12,640	15,160	17,660	20,160	22,660	25,050	26,550	28,050	29,550

Employee's Wisconsin Withholding Exemption Certificate/New Hire Reporting

WT-4

SEND TO BDS

Employee's Section (Print clearly)

Employee's legal name (first name, middle initial, last name)		Social security number	☐ Single ☐ Married ☐ Married, but withhold at higher Single rate. Note: If married, but legally separated, check the Single box.
Employee's address (number and street)		Date of birth	
City	State	Zip code	

FIGURE YOUR TOTAL WITHHOLDING EXEMPTIONS BELOW

Complete Lines 1 through 3

- (a) Exemption for yourself – enter 1

(b) Exemption for your spouse – enter 1

(c) Exemption(s) for dependent(s) – you are entitled to claim an exemption for each dependent

(d) Total – add lines (a) through (c)
- Additional amount per pay period you want deducted (if your employer agrees)
- I claim complete exemption from withholding (see instructions). Enter "Exempt"

I CERTIFY that the number of withholding exemptions claimed on this certificate does not exceed the number to which I am entitled. If claiming complete exemption from withholding, I certify that I incurred no liability for Wisconsin income tax for last year and that I anticipate that I will incur no liability for Wisconsin income tax for this year.

Signature _____

Date Signed _____

EMPLOYEE INSTRUCTIONS:

• WHO MUST COMPLETE:

Effective on or after January 1, 2020, every newly-hired employee is required to provide a completed Form WT-4 to each of their employers. Form WT-4 will be used by your employer to determine the amount of Wisconsin income tax to be withheld from your paychecks. If you have more than one employer, you should claim a smaller number or no exemptions on each Form WT-4 provided to employers other than your principal employer so that the total amount withheld will be closer to your actual income tax liability.

You must complete and provide your employer a new Form WT-4 within 10 days if the number of exemptions previously claimed DECREASES.

You may complete and provide to your employer a new Form WT-4 at any time if the number of your exemptions INCREASES.

Your employer may also require you to complete this form to report your hiring to the Department of Workforce Development.

• UNDER WITHHOLDING:

If sufficient tax is not withheld from your wages, you may incur additional interest charges under the tax laws. In general, 90% of the net tax shown on your income tax return should be withheld.

• OVER WITHHOLDING:

If you are using Form WT-4 to claim the maximum number of exemptions to which you are entitled and your withholding exceeds your expected income tax liability, you may use Form WT-4A to minimize the over withholding.

WT-4 Instructions – Provide your information in the employee section.

• LINE 1:

(a)-(c) Number of exemptions – Do not claim more than the correct number of exemptions. If you expect to owe more income tax for the year than will

be withheld if you claim every exemption to which you are entitled, you may increase your withholding by claiming a smaller number of exemptions on lines 1(a)-(c) or you may enter into an agreement with your employer to have additional amounts withheld (see instruction for line 2).

(c) Dependents – Those persons who qualify as your dependents for federal income tax purposes may also be claimed as dependents for Wisconsin purposes. The term "dependents" does not include you or your spouse. Indicate the number of dependents that you are claiming in the space provided.

• LINE 2:

Additional withholding – If you have claimed "zero" exemptions on line 1, but still expect to have a balance due on your tax return for the year, you may wish to request your employer to withhold an additional amount of tax for each pay period. If your employer agrees to this additional withholding, enter the additional amount you want deducted from each of your paychecks on line 2.

• LINE 3:

Exemption from withholding – You may claim exemption from withholding of Wisconsin income tax if you had no liability for income tax for last year, and you expect to incur no liability for income tax for this year. You may not claim exemption if your return shows tax liability before the allowance of any credit for income tax withheld. If you are exempt, your employer will not withhold Wisconsin income tax from your wages.

You must revoke this exemption (1) within 10 days from the time you expect to incur income tax liability for the year or (2) on or before December 1 if you expect to incur Wisconsin income tax liabilities for the next year. If you want to stop or are required to revoke this exemption, you must complete and provide a new Form WT-4 to your employer showing the number of withholding exemptions you are entitled to claim. This certificate for exemption from withholding will expire on April 30 of next year unless a new Form WT-4 is completed and provided to your employer before that date.

Employer's Section

Employer's name		Federal Employer ID Number	
Employer's payroll address (number and street)		City	State
			Zip code
Completed by	Title	Phone number ()	Email

EMPLOYER INSTRUCTIONS for Department of Revenue:

- If you do not have a Federal Employer Identification Number (FEIN), contact the Internal Revenue Service to obtain a FEIN.
- If the employee has claimed more than 10 exemptions OR has claimed complete exemption from withholding and earns more than \$200.00 a week or is believed to have claimed more exemptions than they are entitled to, mail a copy of this certificate to: Wisconsin Department of Revenue, Audit Bureau, PO Box 8906, Madison WI 53708 or fax (608) 267-0834.
- Keep a copy of this certificate with your records. If you have questions about the Department of Revenue requirements, call (608) 266-2772 or (608) 266-2776.

EMPLOYER INSTRUCTIONS for New Hire Reporting:

- This report contains the required information for reporting a New Hire to Wisconsin. If you are reporting new hires electronically, you do not need to forward a copy of this report to the Department of Workforce Development. Visit <https://dwd.wi.gov/uinh/> to report new hires.
- If you do not report new hires electronically, mail the original form to the Department of Workforce Development, New Hire Reporting, PO Box 14431, Madison WI 53708-0431 or fax toll free to 1-800-277-8075.
- If you have questions about New Hire requirements, call toll free (888) 300-HIRE (888-300-4473). Visit dwd.wi.gov/uinh/ for more information.

This is a fillable form
Direct Deposit Authorization

SEND TO BDS

In order to receive payment through BDS Fiscal, you must enroll in direct deposit. BDS Fiscal does not distribute payroll via paper checks or any method other than direct deposit. For guidance about opening and managing a bank account, visit www.consumerfinance.gov/consumer-tools/bank-accounts.

To set up your direct deposit, complete this form and attach the required documents. Please note that funds will be deposited into your account and can be identified by the letters CO and then a 4 digit number followed by the last name of the child you work for.

ATTENTION: Your first paystub will not be mailed. You will receive an initial set-up email from us with your Employee Self Serve password and directions to set up access to your paystubs and W2's.

Paystubs and W-2s are available online only. Your W-2 will not be mailed to you.

Employee name (print): _____

Street Address: _____

City: _____ State: _____ Zip code: _____

Name of Financial Institution: _____

Type of Account: Checking Savings

Required Documents

Attach either a voided check or a letter/form from your bank with the account and routing numbers for verification of your account information.

- Deposit tickets or starter checks **may not** be used.
- Handwritten information will not be accepted.
- Bank letters must be printed on bank letterhead and state the account number, routing number, type of account (checking or savings), and account holder's name.
- The employee's name must be listed on the account.

I hereby authorize Broadscope Disability Services, Inc., hereafter known as BDS Fiscal, to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries in error to my bank account at the financial institution noted above. This authorization will remain in effect until BDS Fiscal receives written notice from me of its modification or termination, in such time and manner as to allow BDS Fiscal and the financial institution a reasonable opportunity to act on it.

Employee Signature _____

Print form to add signature

_____ Date

Employer/Child Name

BDS Fiscal 2025 Payroll Payment Schedule

Pay Period Dates 12:00am start date thru 11:59pm end date			DEADLINE: Supervisor APPROVED	Pay Date Will be paid on:
P1:	12/16/2024	- 12/31/2024	1/3/2025	1/15/2025
P2:	1/1/2025	- 1/15/2025	1/17/2025	1/31/2025
P3:	1/16/2025	- 1/31/2025	2/3/2025	2/14/2025
P4:	2/1/2025	- 2/15/2025	2/17/2025	2/28/2025
P5:	2/16/2025	- 2/28/2025	3/3/2025	3/14/2025
P6:	3/1/2025	- 3/15/2025	3/17/2025	3/31/2025
P7:	3/16/2025	- 3/31/2025	4/3/2025	4/15/2025
P8:	4/1/2025	- 4/15/2025	4/17/2025	4/30/2025
P9:	4/16/2025	- 4/30/2025	5/3/2025	5/15/2025
P10:	5/1/2025	- 5/15/2025	5/17/2025	5/30/2025
P11:	5/16/2025	- 5/31/2025	6/3/2025	6/13/2025
P12:	6/1/2025	- 6/15/2025	6/17/2025	6/30/2025
P13:	6/16/2025	- 6/30/2025	7/3/2025	7/15/2025
P14:	7/1/2025	- 7/15/2025	7/17/2025	7/31/2025
P15:	7/16/2025	- 7/31/2025	8/3/2025	8/15/2025
P16:	8/1/2025	- 8/15/2025	8/17/2025	8/29/2025
P17:	8/16/2025	- 8/31/2025	9/3/2025	9/15/2025
P18:	9/1/2025	- 9/15/2025	9/17/2025	9/30/2025
P19:	9/16/2025	- 9/30/2025	10/3/2025	10/15/2025
P20:	10/1/2025	- 10/15/2025	10/17/2025	10/31/2025
P21:	10/16/2025	- 10/31/2025	11/3/2025	11/14/2025
P22:	11/1/2025	- 11/15/2025	11/17/2025	11/28/2025
P23:	11/16/2025	- 11/30/2025	12/3/2025	12/15/2025
P24:	12/1/2025	- 12/15/2025	12/17/2025	12/31/2025

- **PAY PERIODS:** the 1st–15th and the 16th–last day of each month from 12:00am (midnight) to 11:59pm.
- **DEADLINE:** timesheets must be approved by parent/ guardian by due date in order to be paid on time (no exceptions).
- **PAY DATES:** the 15th/last day of the month, or the business day before if falling on a weekend or holiday.

SAMPLE



This is a fillable form.

Fiscal Agent Employee Timesheet

Mary Smith

Tommy Jones

Employee/Provider Name (one per timesheet)

Employer/Service Recipient Name (child's name)

Pay Period: 01/01/25 to 01/15/25

Waukesha County

Employer/Service Recipient County of Residence

ATTENTION

- BDS Fiscal will email the worker and the parent/supervisor log-in credentials to be used for all future timesheets, which will be electronic. That email will be sent after the worker's first pay date.
- One pay period per timesheet.
- Round to nearest 15-minute increment for hour totals (15min = .25 30min = .5 45min = .75).
- Must have active authorization from county before we can process payroll.
- Hours that exceed 40 per week (Sun-Sat), or hours that exceed the amount authorized will NOT be paid.

Date	Service		Start		End		# of Hours	Full Day
01/02/2025	CC	☒ Hourly ☐ Daily	5:00	☒ AM ☐ PM	10:00	☒ AM ☐ PM	5.00	☐
01/07/2025	RD	☐ Hourly ☒ Daily		☐ AM ☒ PM		☐ AM ☒ PM		☒
01/13/2025	CCG	☒ Hourly ☐ Daily	11:00	☐ AM ☒ PM	1:00	☐ AM ☒ PM	2.00	☐
		☐ Hourly ☐ Daily		☐ AM ☐ PM		☐ AM ☐ PM		☐
		☐ Hourly ☐ Daily		☐ AM ☐ PM		☐ AM ☐ PM		☐
		☐ Hourly ☐ Daily		☐ AM ☐ PM		☐ AM ☐ PM		☐
		☐ Hourly ☐ Daily		☐ AM ☐ PM		☐ AM ☐ PM		☐
		☐ Hourly ☐ Daily		☐ AM ☐ PM		☐ AM ☐ PM		☐
		☐ Hourly ☐ Daily		☐ AM ☐ PM		☐ AM ☐ PM		☐
		☐ Hourly ☐ Daily		☐ AM ☐ PM		☐ AM ☐ PM		☐
		☐ Hourly ☐ Daily		☐ AM ☐ PM		☐ AM ☐ PM		☐
Service types: Child Care Hrs - Individual = CC Child Care Hrs - Group = CCG Child Care Day = CCD Child Care Day - Group = CCDG Daily Living Skills = DLS Mentoring = M		Personal Support = PS Personal Support - Group = PSG Respite Care Hrs - Individual = R Respite Care Hrs - Group = RG Respite Day = RD Respite Day - Group = RDG		Totals:		7.00	1	

I/We certify that the information provided on this form is a true and accurate statement of the services provided, that the services were provided in accordance with the care plan, and that the Client/Service Recipient was not hospitalized during the time services were provided. I/We understand that payment for services provided are subject to payroll taxes and that falsification of this timesheet is considered Medicaid fraud and may result in dismissal from employment and/or criminal prosecution.

Mary Smith
Employee/Provider Signature

01/16/2025
Date

Sally Jones
Employer Representative/Parent Signature

01/17/2025
Date

Print form to add signatures

Timesheets must be submitted to BDS Fiscal within 30 days of service.

Mail: 6102 W Layton Avenue, Greenfield, WI 53220 • Fax: 414-329-4510

Email: bdsfiscal@broadscope.org • Text: 262-373-9870

Refer to current payroll schedule for pay dates. BDS Fiscal is associated with Broadscope Disability Services, Inc.

Employee/Provider Name (one per timesheet)

Employer/Service Recipient Name (child's name)

Pay Period: _____ to _____

Employer/Service Recipient County of Residence

ATTENTION

- BDS Fiscal will email the worker and the parent/supervisor log-in credentials to be used for all future timesheets, which will be electronic. That email will be sent after the worker's first pay date.
- One pay period per timesheet.
- Round to nearest 15-minute increment for hour totals (15min = .25 30min = .5 45min = .75).
- Must have active authorization from county before we can process payroll.
- Hours that exceed 40 per week (Sun-Sat), or hours that exceed the amount authorized will NOT be paid.

[illegible]

I/We certify that the information provided on this form is a true and accurate statement of the services provided, that the services were provided in accordance with the care plan, and that the Client/Service Recipient was not hospitalized during the time services were provided. I/We understand that payment for services provided are subject to payroll taxes and that falsification of this timesheet is considered Medicaid fraud and may result in dismissal from employment and/or criminal prosecution.

Employee/Provider Signature

Date _____

Employer Representative/Parent Signature

Date _____

Print form to add signatures

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Refer to current payroll schedule for pay dates. BDS Fiscal is associated with Broadscope Disability Services, Inc.

This is a fillable form

Additional Employment Interests

SEND TO BDS (Optional)

Please complete the following if you are interested in having your name included on a list of providers that will be shared with other parents in the CLTS Waiver program. If you sign this, your contact information will be given to the parents seeking providers. The list will be maintained by BDS Fiscal.

Name: _____ Phone: (_____) _____ - _____

Email: _____ Current child: _____

Services I can provide:

- ☐ Child Care
- ☐ Daily Living Skills Training
- ☐ Mentoring
- ☐ Respite Care

I am willing to work with

- ☐ Children age 0-12
- ☐ Teens age 13-18
- ☐ Siblings

I am available on short notice

- ☐ Yes
- ☐ No
- ☐ Possibly

I am trained in

- ☐ CPR
- ☐ First Aid
- ☐ Sign language
- ☐ Handling special cares (*e.g. diapers, G-tubes, seizures*)

I am willing to work

- ☐ Mon-Fri days
- ☐ Mon-Fri evenings
- ☐ Sat-Sun days
- ☐ Sat-Sun evenings
- ☐ Overnight
- ☐ Holidays

Comments on training or availability:

Enter the County(s) and/or Cities/Towns you are willing to drive to and work within:

I give permission to put my name on the list of available care providers maintained by BDS Fiscal. I understand my name and contact information will be released to parents/guardians seeking providers in the counties/cities I indicated above, and they may call or email me. I understand that this release will remain valid until I contact BDS Fiscal and request my name be removed from the list.

Employee Signature

Print form to add signature

Date