New Hire Packet

Individualized Home Supports (IHS)

Submit completed forms to PICS Human Resources via email, mail, or fax:

Email hr@picsmn.org
Mail 1605 Eustis St, St. Paul, MN 55108
Fax 651-967-5061

Once employment requirements are completed, PICS Human Resources will email or mail Date of Hire notice to Representative and Worker. Please note that any hours worked prior to this date cannot be paid.

PICS	Worker	Participant	Representative
Employer	Provides Direct Support	Receives Services	Supervisor

Worker Name: _____

Participant Name: _____

Representative Name: _____

Completed	Forms for Worker
☐	Contact Information Form
☐	Background Study Authorization *(Must include copy of photo ID)*
☐	Employment Application
☐	Personnel File Notification
☐	Federal W-4 Form
☐	State W-4 Form
☐	Payment Options Form *(Must include bank document for direct deposit)*
☐	Policy Acknowledgement Form
☐	Self-Identification Form *(Voluntary)*
→	245d Orientation Training *(Provided upon "date of hire" notice)*

Completed	Forms for Worker and Representative
☐	I-9 Form *(Must be original – Cannot be faxed or emailed)*
☐	Job Description
☐	Employment Agreement
☐	Mandatory Reporting Practices
☐	Review of Client Specific Support Plan

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Contact Information Form

PRIMARY CONTACT INFORMATION			
ROLE (select all that apply): ☐ Representative ☐ Worker			
FULL NAME	HOME PHONE		
EMAIL	CELL PHONE		
ADDRESS	CITY	STATE	ZIP CODE

I prefer to receive communications the following way: (select one)

☐ I prefer to receive **electronic communications** from PICS. I allow PICS to communicate with me via email.

☐ I prefer to receive **U.S. mail communications** from PICS. *Please keep in mind there may be delays outside of PICS control when receiving documents and communications via mail.*

PICS offers SMS or text messaging for certain communications. If you would like to opt in to receiving text or SMS messages from PICS please check below:

☐ I consent to receive Short Messages Service (SMS) from PICS. Message and data rates may apply. I may opt out by responding "STOP" at any time.

Acknowledgements

- I acknowledge that if changes or updates to my contact information need to be made, I will notify PICS and will complete a Status Change Form.

_____ _____

Worker Signature *Date*

Questions? Contact us.
hr@picsmn.org or 651.967.5064

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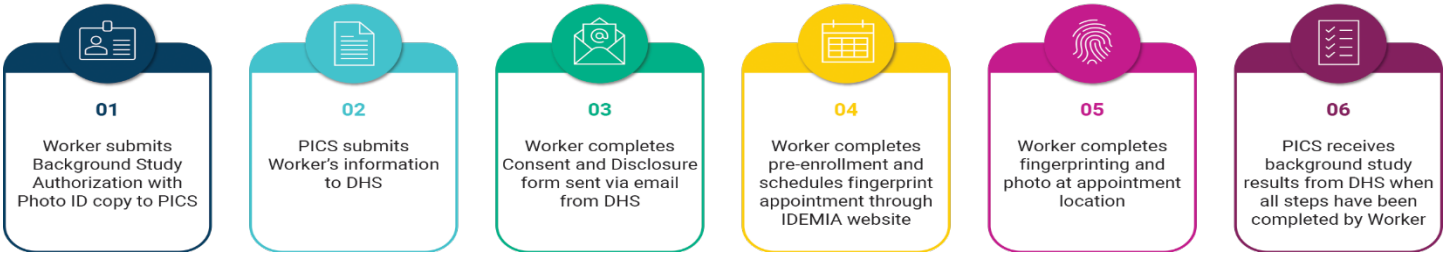
Background Study Authorization

***Please Note**:*

- *Background study results must be complete and in accordance with Minnesota Statute 245c.14 before providing direct support.*
- *Personal Supports/CDCS program – Processed through MN Department of Human Services and fingerpringing is required.*

Background Study Instructions



Worker Information *(submit form with copy of photo ID)*

FIRST NAME	MIDDLE NAME (FULL)	LAST NAME (LEGAL)		
DATE OF BIRTH	GENDER	DRIVER'S LICENSE/STATE ID #		
STREET ADDRESS	CITY	STATE	ZIP CODE	COUNTY
PHONE NUMBER		EMAIL (Required)		
RACE		PLACE OF BIRTH (STATE or COUNTRY)		
SOCIAL SECURITY NUMBER		PRIOR NAMES AND ALIASES USED		

Required if you have outside of Minnesota in the last 5 years.		
CITY	STATE	YEAR – YEAR AT ADDRESS

Required If photo ID doesn't include eye color, hair color, height, and weight.			
EYE COLOR	HAIR COLOR	HEIGHT	WEIGHT

I authorize PICS to conduct a background study for the purpose of evaluating my potential employment with PICS. I verify that all the above information is correct to the best of my knowledge.

_____ _____

Worker Signature *Date*

www.picsmn.org | hr@picsmn.org | Phone: 651-967-5060 | Fax: 651-967-5061 | 1605 Eustis Street, St. Paul, MN 55108

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Acceptable Forms of Identification
For DHS Background Studies

Entities that initiate background studies are required by law to verify the background study subject's identity in NETStudy 2.0. This is a summary of acceptable forms of identification to be used for DHS background studies.

Primary Identification Document
When a background study subject has a valid* picture identification listed below use this document for identity verification:

- State-Issued Driver's License – the issuing authority must be a US state or territory
- State-Issued Identification Card – the issuing authority must be a US state or territory
- US Passport or US Passport Card

***Valid Documentation:** Only unexpired, original documentation is acceptable, except when a background study subject presents an acceptable receipt for a primary or secondary identification document. There are three types of acceptable receipts:

- A receipt showing that the subject has applied to replace the primary or secondary identification document;
- The arrival portion of Form I-94/I-94A with a temporary I-551 stamp and photograph of the individual;
- The departure portion of Form I-94/I-94A with a refugee admission stamp.

Secondary Identification Document
If a background study subject does not have a valid picture identification listed above, the following secondary identification documents (consistent with federal employment requirements and the I9 form) may be used for identity verification:

- School ID card that includes a photograph
- Voter's registration card
- US military card or draft record
- Military dependent's ID card
- US Coast Guard Merchant Mariners Document (MMD) Card
- Native American tribal document
- Driver's License issued by a Canadian government authority
- Permanent Resident Card or Alien Registration Receipt Card (Form I-551)
- Foreign passport containing temporary I-551 stamp/printed notation on a machine-readable immigrant visa (MRIV)
- Employment Authorization Document (Card) that contains a photograph (Form I-766)
- Foreign passport with Form I-94/I-94A, Arrival/Departure Report bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status that authorizes such alien to work for a specific employer incident to this status. This document may only be used if the period of endorsement has not yet expired.
- Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94/I-94A showing nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI.
- Foreign passport with special documents issued by the Commonwealth of Northern Mariana Islands (CNMI)
- Foreign passport that contains a temporary I-551 stamp/printed notation on a machine-readable immigrant visa (MRIV)

Exceptions – People Under Age 18
People under 18 who are unable to present a picture identification document listed in the Primary Identification Document section may present the following acceptable secondary identification documents:

- School report or report card
- Clinic, doctor, or hospital record
- Day-care, or nursery school record

Legal References

- Information required to be provided by background study subjects; See Minnesota Statutes, section 245C.05, subd. 1.
- Information required to be verified by the entity initiating the background study; See Minnesota – the issuing authority must be a US state or territory; See Minnesota Statutes, section 245C.05, subd. 2 (a).

www.picsmn.org | hr@picsmn.org | Phone: 651-967-5060 | Fax: 651-967-5061 | 1605 Eustis Street, St. Paul, MN 55108

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Minnesota Department of **Human Services**

BACKGROUND STUDY NOTICE OF PRIVACY PRACTICES

Because the Department of Human Services (DHS) is asking you to provide private information, you have privacy rights under the Minnesota Government Data Practices Act. This law protects your privacy, but also allows DHS to give information about you to others when the law requires it. This notice describes how your private information may be used and disclosed, and how you may access your information.

Why is DHS asking me for my private information?

A background study from the Department of Human Services (DHS) is required for your job or position. The private information is needed to conduct the background study.

How will I be notified that a background study was submitted on me?

DHS will mail you a notice within three working days after a request for a background study is submitted on you. The notice will contain the background study result or let you know that more time is needed to complete the background study. The notice will also identify the entity that submitted the background study request.

What information must I provide to complete the background study?

You are required to provide enough information to ensure an accurate and complete background study. This includes your:

- first, middle, and last name and all names you have ever been known by or used;
- current home address, city, zip code, and state of residence;
- previous home addresses, city, county, and states of residence for the last five years;
- sex and date of birth;
- driver's license or other identification number, and;
- fingerprints and a photograph.

How will the information that I give be used?

The information will be used to perform a background study that will include a check to determine whether you have any criminal records and/or have been found responsible for substantiated maltreatment of a vulnerable adult or child. Background study data is classified as "private data" and cannot be shared without your consent except as explained in this notice.

What may happen if I provide the information?

You could be disqualified from positions that require a DHS background study if you are found to have committed certain crimes, been determined responsible for maltreatment of a vulnerable adult or child, or have other records that require a disqualification. If you do not have a disqualifying record, you will be cleared to work.

What if I refuse to provide the information?

You will be disqualified if you refuse to provide information to complete an accurate background study. You will not be able to work in a position that requires a DHS background study.

Who will DHS give my information to?

DHS will only share information about you as needed and as allowed or required by law. The identifying information you provide will be shared with the Minnesota Bureau of Criminal Apprehension and in some cases the Federal Bureau of Investigation (FBI). If there is reasonable cause to believe that other agencies may have information related to a disqualification, your identifying information may also be shared with:

- county attorneys, sheriffs, and agencies;
- courts and juvenile courts;
- local police;
- the Office of the Attorney General, and;
- agencies with criminal record information systems in other states.

What information will DHS share with the entity that requested my background study?

The entity that requested the background study will be notified of your background study determination.

If you are disqualified**,** the entity will not be told the reason unless you were disqualified for refusing to cooperate with the background study or for substantiated maltreatment of a minor or vulnerable adult.

What other entities might DHS share information with?

Information about your Background study may be shared with:

- the Minnesota Department of Health;
- the Minnesota Department of Corrections;
- the Office of the Attorney General, and;
- health-related licensing boards.

What if my disqualification is set aside?

If you request reconsideration of your disqualification and your disqualification is set aside, the entity that requested the background study will be informed of the reason(s) for your disqualification unless the law states otherwise. DHS will provide information about the decision to set aside your disqualification if the entity requests it.

Unless prohibited by law, your name and the reason(s) for your disqualification will become public data if your set aside is for:

- a child care center or a family child care provider licensed under chapter 245A, or;
- an offense identified in section 245C.15, subdivision 2.

For future background studies submitted by entities that provide the same type of services as the services you were set aside for, the set aside will apply unless:

- you were disqualified for an offense in section 245C.15, subdivision 1 or 2, or;
- DHS receives additional information indicating that you pose a risk of harm, or;
- your set aside was limited to a specific person receiving services.

In addition, those entities will be informed of the reason(s) for your disqualification unless prohibited by law.

Will my fingerprints be kept?

DHS and the Bureau of Criminal Apprehension will not keep your fingerprints. However, if an FBI check is required for your background study, the Federal Bureau of Investigation (FBI) will keep your fingerprints and may use them for other purposes.

What information can the fingerprint and photo site view and keep?

The fingerprint and photo site can view identifying information to verify your identify. The fingerprint and photo site will not keep your fingerprints, photo, or most other information. The fingerprint and photo site can keep your name and the date and time your fingerprints were recorded and sent, for auditing and billing purposes.

Who can see my photo?

Your photo will be kept by DHS. If you provide your social security number to allow your background study to be transferable to future entities, your photo will be available to those entities to verify your identity.

What are my rights about the information you have about me?

- You may ask if we have information about you and request in writing to get copies. You may have to pay for copies.
- You may give other people permission to see and have copies of private information about you.
- You may ask in writing a report that lists the entities that submitted a background study request on you.
- You may ask in writing that the information used to complete your background study be destroyed. The information will be destroyed if you have:

  (1) not been affiliated with any entity for the previous two years, and;
  (2) no current disqualifying characteristic(s).

Please send all written requests to:

Minnesota Department of Human Services
Background Studies Division
NETStudy 2.0 Coordinator
PO Box 64242
St. Paul, MN 55164-0242

How long will DHS keep my background study information?

DHS will destroy:

- your photo when you have not been affiliated with an entity for two years.
- any background data collected on a you after two years following your death or 90 years after your date of birth, except when readily available data indicates that you are still living.

What is the legal authority for DHS to conduct background studies?

Background studies are completed by DHS according to the requirements in Minnesota Statutes, chapter 245C. Background studies are authorized under Minnesota Statutes, sections 256B.0943, subdivision 5a; 256B.0659, subdivision 11(a)(3); 241.021, subdivision 6(a);144.057, subdivision 1; 518.165, subdivision 4, and 524.5-118;

What if I think my privacy rights have been violated?

You may report a complaint if you believe your privacy rights have been violated. If you think that the Minnesota Department of Human Services violated your privacy rights, you may send a written complaint to the Minnesota Department of Human Services, Privacy Official at:

Minnesota Department of Human Services
Privacy Official
PO Box 64998
St. Paul, MN 55164-0998

Updated: 02/12/2015

Employment Application

Personal Information	
Worker Name:	Street Address:
Email:	City/State/Zip:
Phone:	Primary Language:
Years of Related Experience to Direct Support: ☐ Less than 5 ☐ 5 or more	Emergency Contact Name: Emergency Phone Number:

Education and Training			
School Level	**Name and Location**	**Graduated?**	**Degree Received**
High School		Yes ☐ No ☐	
College		Yes ☐ No ☐	
Other		Yes ☐ No ☐	

Relevant License or Certification	
Title	**Effective Dates**

Employment History	
Company Name:	Title:
Dates of Employment:	Reason for Leaving:
Ending Salary or Hourly Rate: $	Supervisor Name:
May we contact your supervisor? Yes ☐ No ☐	Supervisor Phone Number:
Company Name:	Title:
Dates of Employment:	Reason for Leaving:
Ending Salary or Hourly Rate: $	Supervisor Name:
May we contact your supervisor? Yes ☐ No ☐	Supervisor Phone Number:

Professional References		
Name:	Relation:	Phone Number:
Name:	Relation:	Phone Number:

I certify that the information on this application is true and accurate. I realize that any false or incomplete information may result in rejection of this application, refusal to hire, or immediate discharge. I understand that Partners in Community Supports (PICS) is an Equal Opportunity Employer. I understand that this application is not a contract for employment I may resign at any time for any reason and PICS may terminate my employment at any time for any legal reason.

_____ _____

Worker Signature *Date*

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Personnel File Notification

Workers' rights and remedies regarding review of personnel file under PICS policies and in compliance with Minnesota state law.

Worker Name: _____

A. Review of Personnel File

How: Workers may make a written request to the Human Resources Department to review their personnel file; however, such requests may be limited to no more than once every six months and may be denied if we determined that the request was not made in good faith. Upon separation from employment a former worker may make such a written request once each year after separation for as long as the personnel record is maintained.

When: Upon receipt of a written request from a worker or former worker to review their personnel file it is our practice to comply no later than 7 working days.

What: Arrangements will be made for current workers to inspect their personnel record during normal business hours. An accurate copy of the personnel file may be used or simply provided; a copy will be mailed to any former worker at an address disclosed in a written request and onsite inspections will not be allowed for former workers.

B. Removal or Revision of Personnel File Information

If a worker disputes any of the specific information contained in their personnel file, there are three different courses of action that may be taken:

1. Worker may do nothing about the disagreement;
2. Worker may seek management's agreement to revise/remove disputed information, which may or may not be granted; and
3. If no agreement is reached to revise or remove the disputed information, the worker may submit a written statement specifically identifying the disputed information and explaining their position on the information in question. This position statement may be no longer than 5 written pages and will be included with worker's personnel file with the disputed information, for as long as the disputed information is contained in the record.

C. Worker Records

Our employment records also require that contract and other information be maintained current and updated as needed. Workers are responsible for notifying the Human Resource Generalist promptly and accurately in writing of any changes relating to personal information, such as home address, telephone number, marital status, and/or number of dependents.

D. Remedies/Retaliation Prohibited

In addition to other remedies provided by law, if any, worker may bring a civil action in an attempt to compel compliance with these provisions regarding their right to inspect his or her personnel file and potentially seeking the following relief:

1. Actual damages only, plus costs, under Minn. Stats. 181.960 to 181.963; and
2. Actual damages, back pay, and reinstatement or other make-whole equitable relief, plus reasonable attorney's fees, under Minn. Stat. 181.964.

Any worker who in good faith exercises their rights and remedies regarding review of the personnel record under these provisions may not be retaliated against.

Acknowledgement of Receipt

I hereby acknowledge that I have received a copy of the foregoing Personnel File Notification and I understand that I am obligated to read and familiarize myself with its terms.

_____ _____

Worker Signature *Date*

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Form **W-4**

Department of the Treasury
Internal Revenue Service

Employee's Withholding Certificate

► **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.**

OMB No. 1545-0074

2022

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 widow(er)**
☐ **Head of household** (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at *www.irs.gov/W4App*, and privacy.

Step 2: Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at *www.irs.gov/W4App* for most accurate withholding for this step (and Steps 3–4); **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . ► ☐

TIP: To be accurate, submit a 2022 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

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

Step 3: Claim Dependents

If your total income will be $200,000 or less ($400,000 or less if married filing jointly):

Multiply the number of qualifying children under age 17 by $2,000 ► $ _____

Multiply the number of other dependents by $500 . . . . ► $ _____

Add the amounts above and enter the total here . . . . . **3** $

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.

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 2022 if you meet both of the following conditions: you had no federal income tax liability in 2021 **and** you expect to have no federal income tax liability in 2022. You had no federal income tax liability in 2021 if (1) your total tax on line 24 on your 2021 Form 1040 or 1040-SR is zero (or less than the sum of lines 27a, 28, 29, and 30), 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 2022 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 15, 2023.

Your privacy. If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

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

1. Expect to work only part of the year;

2. Have dividend or capital gain income, or are subject to additional taxes, such as Additional Medicare Tax;

3. Have self-employment income (see below); or

4. Prefer the most accurate withholding for multiple job situations.

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.

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

If you (and your spouse) have a total of only two jobs, you may instead 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 roughly 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 2022 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.

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 2022 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:
- $25,900 if you're married filing jointly or qualifying widow(er)
- $19,400 if you're head of household
- $12,950 if you're single or married filing separately

. . . . . **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 possessions 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 Widow(er)

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	$110	$850	$860	$1,020	$1,020	$1,020	$1,020	$1,020	$1,020	$1,770	$1,870
$10,000 - 19,999	110	1,110	1,860	2,060	2,220	2,220	2,220	2,220	2,220	2,970	3,970	4,070
$20,000 - 29,999	850	1,860	2,800	3,000	3,160	3,160	3,160	3,160	3,910	4,910	5,910	6,010
$30,000 - 39,999	860	2,060	3,000	3,200	3,360	3,360	3,360	4,110	5,110	6,110	7,110	7,210
$40,000 - 49,999	1,020	2,220	3,160	3,360	3,520	3,520	4,270	5,270	6,270	7,270	8,270	8,370
$50,000 - 59,999	1,020	2,220	3,160	3,360	3,520	4,270	5,270	6,270	7,270	8,270	9,270	9,370
$60,000 - 69,999	1,020	2,220	3,160	3,360	4,270	5,270	6,270	7,270	8,270	9,270	10,270	10,370
$70,000 - 79,999	1,020	2,220	3,160	4,110	5,270	6,270	7,270	8,270	9,270	10,270	11,270	11,370
$80,000 - 99,999	1,020	2,820	4,760	5,960	7,120	8,120	9,120	10,120	11,120	12,120	13,150	13,450
$100,000 - 149,999	1,870	4,070	6,010	7,210	8,370	9,370	10,510	11,710	12,910	14,110	15,310	15,600
$150,000 - 239,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	15,340	16,540	16,830
$240,000 - 259,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	15,340	16,540	17,590
$260,000 - 279,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	16,100	18,100	19,190
$280,000 - 299,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	13,700	15,700	17,700	19,700	20,790
$300,000 - 319,999	2,040	4,440	6,580	7,980	9,340	11,300	13,300	15,300	17,300	19,300	21,300	22,390
$320,000 - 364,999	2,100	5,300	8,240	10,440	12,600	14,600	16,600	18,600	20,600	22,600	24,870	26,260
$365,000 - 524,999	2,970	6,470	9,710	12,210	14,670	16,970	19,270	21,570	23,870	26,170	28,470	29,870
$525,000 and over	3,140	6,840	10,280	12,980	15,640	18,140	20,640	23,140	25,640	28,140	30,640	32,240

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	$400	$930	$1,020	$1,020	$1,250	$1,870	$1,870	$1,870	$1,870	$1,970	$2,040	$2,040
$10,000 - 19,999	930	1,570	1,660	1,890	2,890	3,510	3,510	3,510	3,610	3,810	3,880	3,880
$20,000 - 29,999	1,020	1,660	1,990	2,990	3,990	4,610	4,610	4,710	4,910	5,110	5,180	5,180
$30,000 - 39,999	1,020	1,890	2,990	3,990	4,990	5,610	5,710	5,910	6,110	6,310	6,380	6,380
$40,000 - 59,999	1,870	3,510	4,610	5,610	6,680	7,500	7,700	7,900	8,100	8,300	8,370	8,370
$60,000 - 79,999	1,870	3,510	4,680	5,880	7,080	7,900	8,100	8,300	8,500	8,700	8,970	9,770
$80,000 - 99,999	1,940	3,780	5,080	6,280	7,480	8,300	8,500	8,700	9,100	10,100	10,970	11,770
$100,000 - 124,999	2,040	3,880	5,180	6,380	7,580	8,400	9,140	10,140	11,140	12,140	13,040	14,140
$125,000 - 149,999	2,040	3,880	5,180	6,520	8,520	10,140	11,140	12,140	13,320	14,620	15,790	16,890
$150,000 - 174,999	2,040	4,420	6,520	8,520	10,520	12,170	13,470	14,770	16,070	17,370	18,540	19,640
$175,000 - 199,999	2,720	5,360	7,460	9,630	11,930	13,860	15,160	16,460	17,760	19,060	20,230	21,330
$200,000 - 249,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,310
$250,000 - 399,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,310
$400,000 - 449,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,470
$450,000 and over	3,140	6,290	8,880	11,380	13,880	16,010	17,510	19,010	20,510	22,010	23,380	24,680

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	$760	$910	$1,020	$1,020	$1,020	$1,190	$1,870	$1,870	$1,870	$2,040	$2,040
$10,000 - 19,999	760	1,820	2,110	2,220	2,220	2,390	3,390	4,070	4,070	4,240	4,440	4,440
$20,000 - 29,999	910	2,110	2,400	2,510	2,680	3,680	4,680	5,360	5,530	5,730	5,930	5,930
$30,000 - 39,999	1,020	2,220	2,510	2,790	3,790	4,790	5,790	6,640	6,840	7,040	7,240	7,240
$40,000 - 59,999	1,020	2,240	3,530	4,640	5,640	6,780	7,980	8,860	9,060	9,260	9,460	9,460
$60,000 - 79,999	1,870	4,070	5,360	6,610	7,810	9,010	10,210	11,090	11,290	11,490	11,690	12,170
$80,000 - 99,999	1,870	4,210	5,700	7,010	8,210	9,410	10,610	11,490	11,690	12,380	13,370	14,170
$100,000 - 124,999	2,040	4,440	5,930	7,240	8,440	9,640	10,860	12,540	13,540	14,540	15,540	16,480
$125,000 - 149,999	2,040	4,440	5,930	7,240	8,860	10,860	12,860	14,540	15,540	16,830	18,130	19,230
$150,000 - 174,999	2,040	4,460	6,750	8,860	10,860	12,860	15,000	16,980	18,280	19,580	20,880	21,980
$175,000 - 199,999	2,720	5,920	8,210	10,320	12,600	14,900	17,200	19,180	20,480	21,780	23,080	24,180
$200,000 - 449,999	2,970	6,470	9,060	11,480	13,780	16,080	18,380	20,360	21,660	22,960	24,250	25,360
$450,000 and over	3,140	6,840	9,630	12,250	14,750	17,250	19,750	21,930	23,430	24,930	26,420	27,730

DEPARTMENT OF REVENUE

2022 W-4MN, Minnesota Withholding Allowance/Exemption Certificate

Employees

Complete Form W-4MN so that your employer can withhold the correct Minnesota income tax from your pay. Consider completing a new Form W-4MN each year and when your personal or financial situation changes.

First Name and Initial | Last Name | Social Security Number

Permanent Address

City | State | ZIP Code

Marital Status *(Check one):*

- ☐ Single; Married, but legally separated; or Spouse is a nonresident alien
- ☐ Married
- ☐ Married, but withhold at higher Single rate

Complete Section 1 OR Section 2, then sign the bottom and give the completed form to your employer.

☐ Section 1 — Determining Minnesota Allowances

A Enter "1" if no one else can claim you as a dependent . . . . . **A** _____

B Enter "1" if any of the following apply: . . . . . **B** _____

- You are single and have only one job
- You are married, have only one job, and your spouse does not work
- Your wages from a second job or your spouse's wages are $1500 or less

C Enter "1" if you are married. Or choose to enter "0" if you are married and have either a working spouse or more than one job. *(Entering "0" may help you avoid having too little tax withheld.)* . **C** _____

D Enter the number of dependents (other than your spouse or yourself) you will claim on your tax return. . . . . **D** _____

E Enter "1" if you will use the filing status Head of Household *(see instructions)*. . . . . **E** _____

F Add steps A through E. If you plan to itemize deductions on your 2022 Minnesota income tax return, you may also complete the Itemized Deductions and Additional Income Worksheet. . . . . **F** _____

1 Minnesota Allowances. Enter Step F from Section 1 above or Step 10 of the Itemized Deductions Worksheet . . . . . **1** _____

2 Additional Minnesota withholding you want deducted for each pay period *(see instructions)* . . . . . **2** $_____

☐ Section 2 — Exemption From Minnesota Withholding

Complete Section 2 if you claim to be exempt from Minnesota income tax withholding *(see Section 2 instructions for qualifications)*. If applicable, check one box below to indicate why you believe you are exempt:

☐ **A** I meet the requirements and claim exempt from both federal and Minnesota income tax withholding

☐ **B** Even though I did not claim exempt from federal withholding, I claim exempt from Minnesota withholding, because:

- I had no Minnesota income tax liability last year
- I received a refund of all Minnesota income tax withheld
- I expect to have no Minnesota income tax liability this year

☐ **C** All of these apply:

- My spouse is a military service member assigned to a military location in Minnesota
- My domicile (legal residence) is in another state
- I am in Minnesota solely to be with my spouse. My state of domicile is _____

☐ **D** I am an American Indian that resides and works on a reservation.

Enter the reservation name: _____

Enter your Certificate of Degree of Indian Blood (CDIB)/Enrollment number: _____

☐ **E** I am a member of the Minnesota National Guard or an active duty U.S. military member and claim exempt from Minnesota withholding on my military pay

☐ **F** I receive a military pension or other military retirement pay as calculated under U.S. Code, title 10, sections 1401 through 1414, 1447 through 1455, and 12733, and I claim exempt from Minnesota withholding on this retirement pay

I certify that all information provided in Section 1 ***OR*** *Section 2 is correct. I understand there is a $500 penalty for filing a false Form W-4MN.*

Employee's Signature | Date | Daytime Phone Number

Employees: Give the completed form to your employer.

Employers

See the employer instructions to determine if you must send a copy of this form to the Minnesota Department of Revenue. If required, enter your information below and mail this form to the address in the instructions. (Incomplete forms are considered invalid.) We may assess a $50 penalty for each required Form W-4MN not filed with us. Keep a copy for your records.

Name of Employer | Minnesota Tax ID Number | Federal Employer ID Number (FEIN)

Address | City | State | ZIP Code

DEPARTMENT OF REVENUE

Form W-4MN Instructions for Employees and Pension/Annuity Recipients

Complete this form for your employer to calculate the amount of Minnesota income tax to be withheld from your pay.

When should I complete Form W-4MN?

Complete Form W-4MN if any of these apply:

- You begin employment
- You change your filing status
- You reasonably expect to change your filing status in the next calendar year
- Your personal or financial situation changes
- You claim exempt from Minnesota withholding (see Section 2 instructions for qualifications)
- You receive distributions from an annuity or pension

If you have not had sufficient Minnesota income tax withheld from your wages, we may assess penalty and interest when you file your state income tax return.

Note: Your employer may be required to submit a copy of your Form W-4MN to the Minnesota Department of Revenue. You may be subject to a $500 penalty if you provide a false Form W-4MN.

You must enter your Social Security Number for this Form W-4MN to be valid.

What if I have completed federal Form W-4?

If you completed a 2022 Form W-4, you must complete Form W-4MN to determine your Minnesota withholding allowances.

What if I am exempt from Minnesota withholding?

If you claim exempt from Minnesota withholding, complete only Section 2 of Form W-4MN and sign and date the form to validate it. If you complete Section 2, you must complete a new Form W-4MN by February 15 in each following year in which you claim an exemption from Minnesota withholding.

You cannot claim exempt from withholding if all of these apply:

- Another person can claim you as a dependent on their federal tax return
- Your annual income exceeds $1,100
- Your annual income includes more than $350 of unearned income

What if I am a nonresident alien for U.S. income taxes?

If you are a nonresident alien, you are not allowed to claim exempt from withholding. You will check the single box for marital status regardless of your actual marital status and may enter one personal allowance on Step A. Enter zero on steps B, C, and E.

If you are resident of Canada, Mexico, South Korea, or India, and are allowed to claim dependents, you may enter the number of dependents on Step D.

Section 1 — Minnesota Allowances Worksheet

Complete Section 1 to find your allowances for Minnesota withholding tax. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

If you expect to owe more income tax for the year than will be withheld, you can claim fewer allowances or request additional Minnesota withholding from your wages. Enter the amount of additional Minnesota income tax you want withheld on line 2 of Section 1.

Nonwage Income

Consider making estimated payments if you have a large amount of "nonwage income." Nonwage income (other than tax-exempt income) includes interest, dividends, net rental income, unemployment compensation, gambling winnings, prizes and awards, hobby income, capital gains, royalties, and partnership income.

Two Earners or Multiple Jobs

If your spouse works or you have more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4MN. Usually, your withholding will be more accurate when all allowances are claimed on the Form W-4MN for the highest paying job and zero allowances are claimed on the others.

Head of Household Filing Status

You may claim Head of Household as your filing status if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself, your dependents, and other qualifying individuals. Enter "1" on Step E if you may claim Head of Household as your filing status on your tax return.

What if I itemize deductions on my Minnesota return or have other nonwage income?

Use the Itemized Deductions and Additional Income Worksheet to find your Minnesota withholding allowances. Complete Section 1 on page 1, then follow the steps in the worksheet on the next page to find additional allowances.

Continued

Itemized Deductions and Additional Income Worksheet

1 Enter an estimate of your 2022 Minnesota itemized deductions. For 2022, you may have to reduce your itemized deductions if your income is over $206,050 ($103,025 for Married Filing Separately). . . . . _____

2 Enter one of the following based on your filing status: . . . . . _____
a. $25,800 if Married Filing Jointly
b. $19,400 if Head of Household
c. $12,900 if Single or Married Filing Separately

3 Subtract step 2 from step 1. If zero or less, enter 0 . . . . . _____

4 Enter an estimate of your 2022 additional standard deduction (from page 11 of the Form M1 instructions) . . . . . _____

5 Add steps 3 and 4 . . . . . _____

6 Enter an estimate of your 2022 taxable nonwage income . . . . . _____

7 Subtract step 6 from step 5. If zero, enter 0. If less than zero, enter the amount in parentheses. . . . . _____

8 Divide the amount on step 7 by $4,450. If a negative amount, enter in parentheses. Do not include fractions . . . . . _____

9 Enter the number on step F of Section 1 on page 1 . . . . . _____

10 Add step 8 and 9 and enter the total here. If zero or less, enter 0. Enter this amount on line 1 of page 1. . . . . _____

Section 2 — Minnesota Exemption

Your employer will not withhold Minnesota taxes from your pay if you are exempt from Minnesota withholding. You cannot claim exempt from withholding if all of these apply:

- Another person can claim you as a dependent on their federal tax return
- Your annual income exceeds $1,100
- Your annual income includes more than $350 of unearned income

Box A

Check box A of Section 2 to claim exempt if all of these apply:

- You meet the requirements to be exempt from federal withholding
- You had no Minnesota income tax liability in the prior year and received a full refund of Minnesota tax withheld
- You expect to have no Minnesota income tax liability for the current year

Box B

Check box B of Section 2 if you are not claiming exempt from federal withholding, but meet the second and third requirements for box A.

Box C

Check box C in Section 2 to claim exempt if all of these apply:

- You are the spouse of a military member assigned to duty in Minnesota
- You and your spouse are domiciled in another state
- You are in Minnesota solely to be with your active duty military spouse member

Boxes D-G

If you receive income from the following sources, it is exempt from Minnesota withholding. Your employer will not withhold Minnesota tax from that income when you check the appropriate box in Section 2.

- **Box D:** You receive wages as a member of an American Indian tribe living and working on the reservation of which you are an enrolled member. Enter the name of your reservation and your Certificate of Degree of Indian or Alaskan Blood (CDIB) number.
- **Box E:** You receive wages for Minnesota National Guard (MNG) pay or for active duty U.S. military pay. MNG and active duty U.S. military members can claim exempt from Minnesota withholding on these wages, even if they are taxable federally. For more information, see Income Tax Fact Sheet 5, Military Personnel.
- **Box F:** You receive a military pension or other military retirement pay calculated under U.S. Code title 10, sections 1401 through 1414, 1447 through 1455, and 12733. You may claim exempt from Minnesota withholding on this income even if it is taxable federally.

Note: You may not want to claim exempt if you (or your spouse if filing a joint return) expect to have other forms of income subject to Minnesota tax and you want to avoid owing tax at the end of the year.

If you complete Section 2, you must complete a new Form W-4MN by February 15 in each following year.

Nonresident Alien

If you are a nonresident alien for federal tax purposes, do not complete Section 2.

Line 2 — Additional Minnesota Withholding

If you would like an additional amount of tax to be deducted per payment period, enter the amount on line 2. Do not enter a percentage of the payment you want to be deducted.

Use of Information

All information on Form W-4MN is private by state law. It cannot be given to others without your consent, except to the Internal Revenue Service, to other states that guarantee the same privacy, or by court order. Your name, address, and Social Security Number are required for identification. Information about your allowances is required to determine your correct tax. We ask for your phone number so we can call if we have a question.

Questions?

- Website: www.revenue.state.mn.us
- Email: withholding.tax@state.mn.us
- Phone: 651-282-9999 or 1-800-657-3594 (toll-free)

Employer instructions are on the next page.

Form W-4MN Employer Instructions

Form W-4MN Requirement

Federal Form W-4 will not determine withholding allowances used to determine the amount of Minnesota withholding. Employees completing a 2022 Form W-4 will need to complete 2022 Form W-4MN to determine the appropriate amount of Minnesota withholding.

Lock-In Letters

Internal Revenue Service (IRS) Letter 2800C tells you when the IRS believes your employee may have filed an incorrect federal Form W-4. If you receive this letter, you must provide the Minnesota Department of Revenue with a copy of the employee's Form W-4MN. We will verify the number of allowances that the employee may claim for Minnesota purposes. Continue using the Form W-4MN you were using at the time you received Letter 2800C from the IRS, until we notify you to change the amount of allowances on the employee's Form W-4MN. If the employee has not completed a Form W-4MN, have them complete the form and use the allowances calculated on that form until notified by the department.

Use the amount on line 1 of page 1 for calculating the withholding tax for your employees.

When does an employee complete Form W-4MN?

Employees complete Form W-4MN when they begin employment or when their personal or financial situation changes.

How should I determine Minnesota withholding for an employee that does not complete Form W-4MN?

If an employee does not complete Form W-4MN and they have a federal Form W-4 (from 2019 or prior years) on file, use the allowances on their federal Form W-4. Otherwise, withhold Minnesota tax as if the employee is single with zero withholding allowances.

What if my employee claims to be exempt from Minnesota withholding?

If your employee claims exempt from Minnesota withholding, they must complete Section 2 of Form W-4MN. They must provide you with a new Form W-4MN by February 15 of each year. If you are paying an employee for wages that are exempt from withholding, such as Medicaid Waiver Payments or wages to H-2A visa workers, do not send us Form W-4MN.

When do I need to submit copies of a Form W-4MN to the department?

You must send copies of Form W-4MN to us if any of these apply:

- The employee claims more than 10 Minnesota withholding allowances
- The employee checked box A or B under Section 2, and you reasonably expect the employee's wages to exceed $200 per week
- You believe the employee is not entitled to the number of allowances claimed

You do not need to submit Form W-4MN to us if the employee is asking to have additional Minnesota withholding deducted from their pay.

We may assess a $50 penalty for each Form W-4MN you do not file with us when required.

Mail Forms W-4MN to:

Minnesota Department of Revenue
Mail Station 6501
600 N. Robert St.
St. Paul, MN 55146-6501

What if my employee is a resident of a state that has a reciprocity agreement with Minnesota?

If your employee is a resident of North Dakota or Michigan and they do not want you to withhold Minnesota tax from their wages, they must complete Form MWR, *Reciprocity Exemption/Affidavit of Residency*. They must complete a Form MWR by February 28 of each year, or within 30 days after they begin working or change their permanent residence. See Withholding Fact Sheet 20, *Reciprocity - Employee Withholding,* for more information.

What is an invalid Form W-4MN?

A Form W-4MN is considered invalid if any of these apply:

- There is any unauthorized change or addition to the form, including any change to the language certifying the form is correct
- The employee indicates in any way the form is false by the date they provide you with the form
- The form is incomplete or lacks the necessary signatures
- Both Section 1 and Section 2 were completed
- The employer information is incomplete

What if I receive an invalid form?

Do not use the invalid form to calculate Minnesota income tax withholding. Have the employee complete and submit a new Form W-4MN. If the employee does not give you a valid form, and you have an earlier Form W-4MN from them, use the earlier form to calculate their withholding.

If a valid Form W-4MN is not completed by the employee, withhold taxes as if the employee is single and claiming zero withholding allowances.

What if my employee is a nonresident alien of the United States?

If the wages to this employee are subject to income tax withholding, you will use Table 1 and the procedure under **Withholding Adjustment for Nonresident Alien Employees** in IRS Publication 15-T to determine the correct Minnesota withholding tax. Do not use this procedure for nonresident alien students from India and business apprentices from India. See IRS Notice 1392 for special instructions and withholding exceptions.

Payment Options Form

Partners in Community Supports (PICS) requires electronic payment for payroll.
Important Note: *Option 2 below will be issued if form is not completed prior to submitting your first timesheet.*

Choose one option: ☒ New Authorization ☐ Change Authorization ☐ Cancel Authorization *(default to Option 2)*

FULL NAME	EMAIL	
FULL MAILING ADDRESS		
PHONE NUMBER	DATE OF BIRTH	SSN (LAST 4 DIGITS)

Choose payment type below:

☐ **OPTION 1 - Direct Deposit**

Bank Document is Required for Direct Deposit - Bank document must show your typed name, bank name, full routing, and full account number. You can submit a voided check, bank statement, or typed bank letter. See back page for Terms of Agreement.

BANK NAME	2nd BANK NAME *(optional)*
ROUTING NUMBER	ROUTING NUMBER
ACCOUNT NUMBER	ACCOUNT NUMBER
ACCOUNT TYPE ☐ CHECKING ☐ SAVINGS	ACCOUNT TYPE ☐ CHECKING ☐ SAVINGS
AMOUNT TO DEPOSIT $_____ *or* ☐ Entire Check	AMOUNT TO DEPOSIT $_____ *or* ☐ Remaining Amount

☐ **OPTION 2 - Payroll Debit Card**

PICS will issue and mail a payroll debit card to you. Your NET pay will be deposited into the TotalPay Card and Money Network Check Program account on payday. Card is the default payment option if no form is received. See back page for Terms of Agreement.

I certify the information provided is correct. I authorize Partners in Community Supports (PICS) to withhold the indicated amount(s), if available, from my pay, and deposit directly into the account(s) shown above. All deposits will be made on each payday. In the event that funds are transmitted in error to my account, I authorize PICS to reverse the deposit or debit the funds from my account. I understand that if a reversal of funds is necessary, I will be advised by PICS in advance. I understand failure to complete a Payment Options Form, will result in being assigned the default pay method for PICS, a TotalPay Money Network pay card. At any time, I may request PICS to cancel my pay card and choose Direct Deposit. Upon receipt to cancel or change your payment options as listed above, the change will become effective the following pay period. This authorization will remain in effect until I have cancelled it in writing or until termination.

_____ _____

Signature *Date*

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Additional Information for Payment Options

OPTION 1 *- Direct Deposit*

Complete the form with your account information and return it to PICS along with a bank document that includes:

- Your typed name
- Bank's typed name
- Full routing number
- Full account number

This bank document must come directly from the bank and must be computer-generated (not handwritten). It can be a:

- Voided check
- Bank statement
- Typed letter from the bank

Deposit slips and handwritten documents are *NOT* accepted.

Terms of Agreement for Direct Deposit: *To cancel my direct deposit, I understand that it must be done by providing written notice to PICS at least 10 business days before the next pay date. If I change or close my bank account, I understand that it is solely my responsibility to notify Payroll immediately of any changes that affect my direct deposit.*

OPTION 2 *- Payroll Debit Card*

ADP TotalPay® Visa® Debit Card and Money Network™ Checks

To receive a TotalPay Debit Card, complete form on the front side and return to PICS. PICS will issue and mail the debit card to you before your first pay check. Upon receipt, you will activate the card and begin to use the benefits of the TotalPay Debit Card.

The TotalPay® Card and Money Network™ Checks offer you a complete and convenient package of services you can use to access and manage your money instantly. Your pay will be deposited into the TotalPay® Card and Money Network™ Check Program Account ("Account") every payday so you have immediate access to your money.

Advantages to TotalPay®

- Check account balance for free online or by phone
- Pay bills online with TotalPay® Card
- Manage account online or by phone
- Get cash at an ATM
- Use a Money Network™ Check
- Make purchases

Terms of Agreement for Pay Card*: If I choose the TotalPay Money Network pay card option, I hereby authorize PICS to assign me a TotalPay Money Network pay card. By accepting and using the pay card, I agree to be bound by the terms and conditions outlined in the cardholder agreement, including but not limited to the cardholder fees summary.*

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IHS Personnel Policy Acknowledgement Form

Worker Name: _____ **Participant Name**: _____

Individualized Home Supports (IHS) policies and employment summaries are listed below. Complete policy information and IHS employment handbook can be found at https://www.lssmn.org/pics/workers/training, by clicking on the *Orientation Training Manual***.**

Policy	Policy Summary
Drug and Alcohol Use	The purpose of this policy is to establish determination guidelines and notification procedures for alcohol and drug use.
Emergency Use of Manual Restraints	The purpose of this policy is to establish determination guidelines and notification procedures for emergency use of manual restraints.
Grievances	The purpose of this policy is to establish determination guidelines and notification procedures for grievances.
Maltreatment of Minors Reporting and Internal Review	The purpose of this policy is to establish guidelines for the reporting and internal review of maltreatment of minors (children) in care.
Service Termination	The purpose of this policy is to establish determination guidelines and notification procedures for service termination.
Temporary Service Suspension	The purpose of this policy is to establish determination guidelines and notification procedures for temporary service suspension.
Vulnerable Adults Maltreatment Reporting and Internal Review	The purpose of this policy is to establish guidelines for the external and internal reporting and the internal review of maltreatment of vulnerable adults.
Data Privacy (HIPPA)	The purpose of this policy is to establish determination guidelines and notification procedures for data privacy (Health Insurance Portability and Accountability Act).
Rights of Persons Served	Partners in Community Support is licensed under Minnesota Statutes, Chapter 245D. This policy is intended to provide you with information that helps protect the rights identified in the statutes for the person served.
Anti-Fraud Practices	The purpose of this policy is to provide information regarding the prevention, elimination, monitoring, and reporting of fraud, abuse, and improper activities of government funding in order to obtain and maintain integrity of public funds.
First Aid	The purpose of this policy is intended to provide a brief overview of basic first aid and safety.
Incident Response and Reporting Review	The purpose of this policy is to establish determination guidelines and notification procedures for incident response, reporting and review.
Safe Transportation	The purpose of this policy is to establish determination guidelines and notification procedures for safe transportation.
Universal Precautions and Sanitary Practices	The purpose of this policy is to establish determination guidelines and notification procedures for universal precautions and sanitary practices.
Employment Handbook	The purpose of the Employment Handbook is to provide information and guidelines for workers employed in the Individualized Home Supports Program.

I acknowledge that the policies and handbook outlined above are neither a contract of employment nor a legal document. Upon being issued a date of hire, I will receive via email (or mail if requested) a copy of the employment handbook. I will review all policies during Orientation Training, and every year thereafter during Annual Training. I understand that it is my responsibility to read and comply with all policies. I understand that a copy of this acknowledgement form will be held in my Employment Record as evidence of my receipt and knowledge of all personnel policies.

_____ _____

Worker Signature ***Date***

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Voluntary Self-Identification Form

Please read carefully (voluntary disclosure): In an effort to monitor our outreach and diversity efforts, we provide Participants, Representatives, and Workers an opportunity to voluntarily provide certain demographic information. If you choose not to provide some or all of this information, you will not be subject to any negative or adverse treatment. The information you provide is completely voluntary and will only be used to monitor our outreach and diversity efforts.

Please answer the following questions:

I am a *(please select all that apply)***:**

- ☐ Participant
- ☐ Worker
- ☐ Representative
- ☐ Vendor

Gender *(please check all that apply):*

- ☐ Female
- ☐ Male
- ☐ Nonbinary
- ☐ Transgender
- ☐ My gender is not listed above: _____
- ☐ I do not wish to disclose this information

Pronouns

- ☐ She/her/hers
- ☐ He/him/his
- ☐ They/them/their
- ☐ My pronouns are: _____

Race/Ethnicity *(please check one):*

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Hispanic or Latino
- ☐ Native Hawaiian or other Pacific Islander
- ☐ White or Caucasian
- ☐ Two or more races
- ☐ I do not wish to disclose this information

Veteran Status *(please check one)***:**

- ☐ I am a veteran
- ☐ I am not a veteran
- ☐ I do not wish to disclose this information

Primary Language *(please check one):*

- ☐ English
- ☐ Spanish / Español
- ☐ Hmong / Hmoob
- ☐ Somali / Soomaali
- ☐ Arabic / اللغة العربية
- ☐ Karen / ကညီ
- ☐ Russian / Русский
- ☐ Amharic / አማርኛ
- ☐ Vietnamese / Tiếng Việt
- ☐ American Sign Language
- ☐ Other: _____

Need Interpreter *(please check one):*

- ☐ Yes
- ☐ No

Special accommodations needed (ie large print, braille):

_____

_____ _____

Name *(print full name)* ***Today's Date***

It is PICS policy to provide equal opportunity to all in accordance with all applicable Equal Employment Opportunity and Affirmative Action laws, directives and regulations of federal, state and local governing bodies or agencies. We use the self-identified information provided to monitor our compliance.

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I-9 Form Sample (IHS)

If the I-9 Form does not meet Homeland Security requirements, it is considered invalid. Human Resources will request the completion of a new form if invalid. The Federal instructions are available on our website.

Front Page: Worker will complete steps 1 – 9. Please note that you **cannot use an electronic signature** on the I-9 form.

Worker (steps 1 – 9)

① Print your full legal name: Last, First and Middle Initial. Provide any other names you've used (such as maiden name). Enter "N/A" if you have never used any other name.

② Print your physical address. Entering a PO Box is not allowed. Enter "N/A" if you have no apartment number.

③ Print your Date of Birth (mm/dd/yyyy).

④ Print your Social Security number.

⑤ Print your email address or print "N/A" if you choose not to provide it.

⑥ Print your telephone number or print "N/A" if you choose not to provide it.

⑦ Check the one box that best describes your citizenship or immigration status in the United States.

⑧ Sign and print the date you completed the form. **No later than first day of work for pay.**

⑨ Check the box that indicates whether or not you were assisted by a preparer or translator.

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

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

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

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

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

Last Name *(Family Name)*	First Name *(Given Name)*	Middle Initial	Other Last Names Used *(if any)*
① SMITH	JANE	A	DOE

Address *(Street Number and Name)*	Apt. Number	City or Town	State	ZIP Code
② 123 MAIN STREET	B	ANYTOWN	MN	12345

Date of Birth *(mm/dd/yyyy)*	U.S. Social Security Number	Employee's E-mail Address	Employee's Telephone Number
③ 01/01/1960	④ 123-45-6789	⑤ JSMITH@EMAIL.COM	⑥ 123-456-7890

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

⑦ **I attest, under penalty of perjury, that I am (check one of the following boxes):**

☐ 1. A citizen of the United States
☐ 2. A noncitizen national of the United States *(See instructions)*
☐ 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____
☐ 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): Some aliens may write "N/A" in the expiration date field. *(See instructions)*

Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.

1. Alien Registration Number/USCIS Number: _____
OR
2. Form I-94 Admission Number: _____
OR
3. Foreign Passport Number: _____
Country of Issuance: _____

QR Code - Section 1 Do Not Write In This Space

⑧ Signature of Employee	Today's Date *(mm/dd/yyyy)*
Jane Smith	05/25/2021

⑨ **Preparer and/or Translator Certification (check one):**
☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

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

Signature of Preparer or Translator	Today's Date *(mm/dd/yyyy)*

Last Name *(Family Name)*	First Name *(Given Name)*

Address *(Street Number and Name)*	City or Town	State	ZIP Code

SAMPLE

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Back Page: Representative or Authorized Representative will complete steps 1 - 9 on the back page. The Authorized Representative can be a non-relative or notary. The Employer Business Name will be the FEIN Holder's Name and the Employer's Business Address will be the FEIN Holder's home address. Please note that you **cannot use an electronic signature** on the I-9 form.

The Worker **CANNOT complete the back page of their own I-9 form.**

Authorized Representative (steps 1 – 9)

① Print Worker's name from Section 1: Last, First, and Middle Initial.

② Print the Worker's citizenship status as selected in Section 1.

③ Examine each document and note the details in the appropriate List column.

One document from List A

OR

One from List B *and* one from List C

Only unexpired, original documents (no photocopies) are acceptable.

④ Sign the form.

⑤ Print the date you signed the form. **Must be completed and signed within 3 days of Worker's first day of employment.**

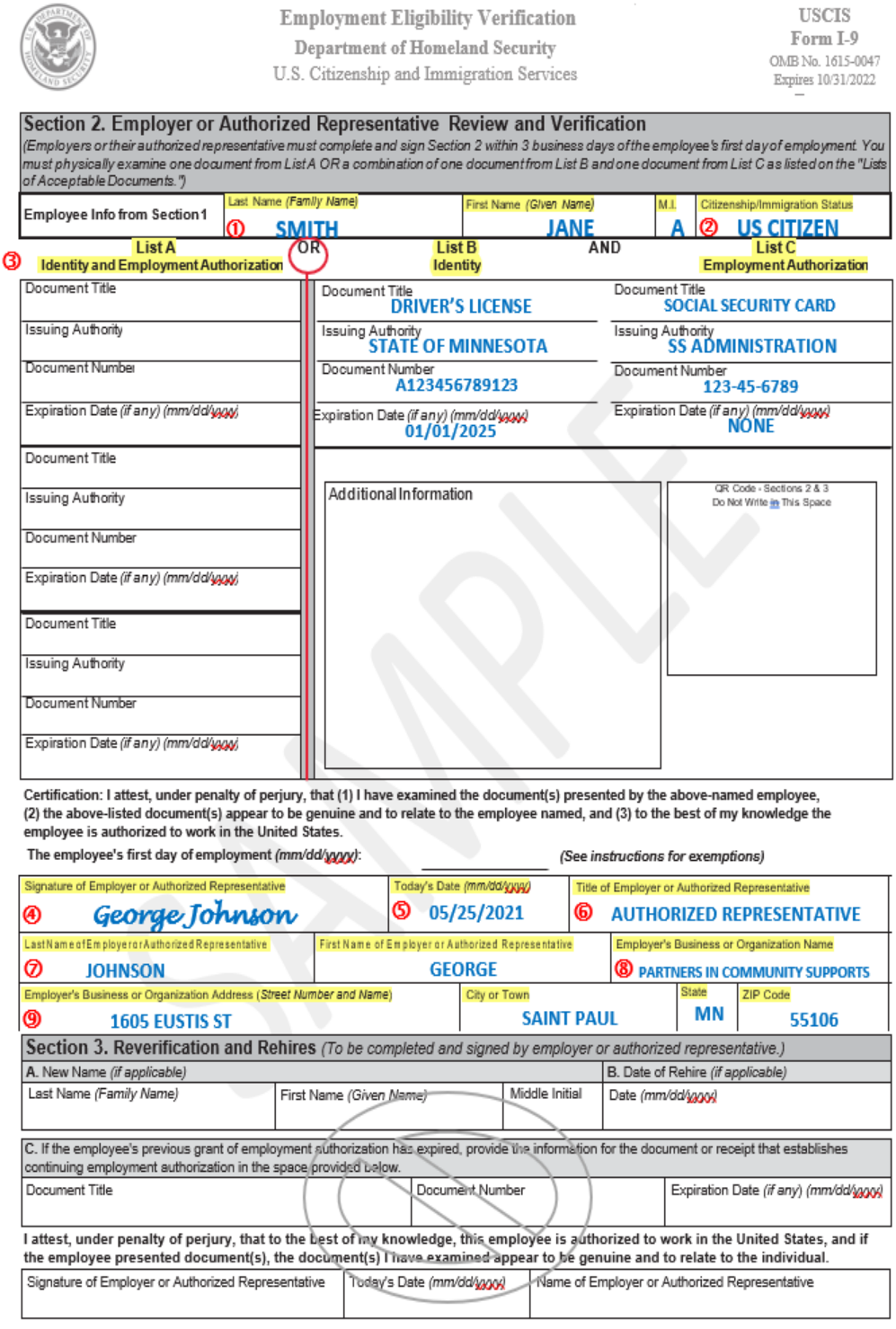
⑥ Print your title as "Authorized Representative."

⑦ Print your last then first name.

⑧ Print "Partners in Community Supports."

⑨ Print address of Partners in Community Supports.

****Do not complete Section 3 of this page. Doing so makes this form invalid.***



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

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

Section 2. Employer or Authorized Representative Review and Verification

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

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
	① SMITH	JANE	A	② US CITIZEN

③ List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title: DRIVER'S LICENSE		Document Title: SOCIAL SECURITY CARD
Issuing Authority		Issuing Authority: STATE OF MINNESOTA		Issuing Authority: SS ADMINISTRATION
Document Number		Document Number: A123456789123		Document Number: 123-45-6789
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy): 01/01/2025		Expiration Date (if any) (mm/dd/yyyy): NONE
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

Additional Information

2D Code - Sections 2 & 3
Do Not Write in This Space

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

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

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative
④ George Johnson	⑤ 05/25/2021	⑥ AUTHORIZED REPRESENTATIVE

Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name
⑦ JOHNSON	GEORGE	⑧ PARTNERS IN COMMUNITY SUPPORTS

Employer's Business or Organization Address (Street Number and Name)	City or Town	State	ZIP Code
⑨ 1605 EUSTIS ST	SAINT PAUL	MN	55106

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

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

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

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

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

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

SAMPLE

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Employment Eligibility Verification

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

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

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

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

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

Last Name *(Family Name)*	First Name *(Given Name)*	Middle Initial	Other Last Names Used *(if any)*

Address *(Street Number and Name)*	Apt. Number	City or Town	State	ZIP Code

Date of Birth *(mm/dd/yyyy)*	U.S. Social Security Number	Employee's E-mail Address	Employee's Telephone Number
	☐☐☐ - ☐☐ - ☐☐☐☐		

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

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

☐ 1. A citizen of the United States

☐ 2. A noncitizen national of the United States *(See instructions)*

☐ 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____

☐ 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____
Some aliens may write "N/A" in the expiration date field. *(See instructions)*

Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.

1. Alien Registration Number/USCIS Number: _____
OR
2. Form I-94 Admission Number: _____
OR
3. Foreign Passport Number: _____
Country of Issuance: _____

QR Code - Section 1
Do Not Write In This Space

Signature of Employee	Today's Date *(mm/dd/yyyy)*

Preparer and/or Translator Certification (check one):

☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.

(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

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

Signature of Preparer or Translator	Today's Date *(mm/dd/yyyy)*

Last Name *(Family Name)*	First Name *(Given Name)*

Address *(Street Number and Name)*	City or Town	State	ZIP Code

STOP *Employer Completes Next Page* STOP

Employment Eligibility Verification

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

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

Section 2. Employer or Authorized Representative Review and Verification

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

Employee Info from Section 1	Last Name *(Family Name)*	First Name *(Given Name)*	M.I.	Citizenship/Immigration Status

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date *(if any) (mm/dd/yyyy)*		Expiration Date *(if any) (mm/dd/yyyy)*		Expiration Date *(if any) (mm/dd/yyyy)*
Document Title				
Issuing Authority				
Document Number				
Expiration Date *(if any) (mm/dd/yyyy)*				
Document Title				
Issuing Authority				
Document Number				
Expiration Date *(if any) (mm/dd/yyyy)*				

Additional Information

QR Code - Sections 2 & 3
Do Not Write In This Space

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

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

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

Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name
		Partners in Community Supports

Employer's Business or Organization Address (*Street Number and Name*)	City or Town	State	ZIP Code
1605 Eustis Street	**Saint Paul**	**MN**	**55108**

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

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

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

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

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

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

LISTS OF ACCEPTABLE DOCUMENTS
All documents must be UNEXPIRED

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

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		**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		**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. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		**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		**2.** Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		**3.** School ID card with a photograph		**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. Employment Authorization Document that contains a photograph (Form I-766)		**4.** Voter's registration card		**4.** Native American tribal document
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: **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 alien's nonimmigrant status 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.		**5.** U.S. Military card or draft record		**5.** U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card		**6.** Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card		**7.** Employment authorization document issued by the Department of Homeland Security
		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:		
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		**10.** School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		

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

Refer to the instructions for more information about acceptable receipts.

Job Description

Individualized Home Supports

Partners in Community Supports (PICS) is a DHS Licensed Provider providing *Basic Support Services* for individuals receiving assistance through Traditional Waivers.

Basic Support Services offer the level of assistance, supervision, and care necessary to ensure the health and safety of the individual in their home or in the community. Direct support employees assist these individuals in achieving increased independence, productivity and inclusion in the community.

Basic Support Services **do not include** training, treatment, medication administration, medical services, habilitation or rehabilitation.

Client Specific Support Plan
Staffing supports duties must relate to outcomes identified in the Coordinated Service and Support Plan when teaching and training is not necessary to attain these outcomes. Employees must become acquainted with this plan and demonstrate understanding by completing the related quiz in the Training Packet

Person Centered Training
Staffing supports must be provided in a manner that supports the person's preferences, daily needs, activities, personal goals and service outcome objectives. Employees must become acquainted with the individual's goals and demonstrate understanding by completing the related quiz in the Training Packet.

Worker Name: _____ Participant Name: _____

Job Title: ☐ Direct Support Professional ☐ Homemaker

Work Schedule: ☐ Part-Time (*29 hours or less per week)* ☐ Full-Time *(30 hours or more per week)*

I have reviewed and agree to the responsibilities of the job.

_____ _____

Worker Signature *Date*

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IHS Program Employment Agreement

Worker Name:	**Date of Agreement:**
Representative Name:	**Participant Name:**

Relationship to Participant: ***(check all that apply)***
☐ Parent of Minor – **STOP!** You are not allowed to be employed in this program.
☐ Parent of Adult* ☐ Spouse* ☐ Sibling ☐ Non-Parental Legal Guardian/Conservator ☐ No Relation
☐ Other: _____

****If I am the Parent of Adult or Spouse of the Participant, I understand that by entering employment with PICS, I am:***

- *Agreeing that no overtime will be worked by/paid to me.*
- *Agreeing that only hours conforming to the approved work schedule will be paid.*

Primary Caregiver Designation: *(check only if this applies)*
☐ I am the **Primary Caregiver**

- *I am the person principally responsible for the care and supervision of the Participant.*
- *I understand that I am NOT eligible to provide Respite Care to the Participant.*

Compensation

Worker is paid on a bi-weekly basis. Payment is issued following the submission of accurate time records, signed by the Representative and Worker, by 12 p.m. on Monday of each payroll week. Pay period dates, timesheet due dates, and pay dates are listed on the Payroll Schedule.

a. PICS agrees to pay Worker:

$_____ Per hour as compensation for personal support services rendered, as described in the job description.

Additional per hour rates for:
$_____ **Respite:** *Responsible for providing short-term care services to the Participant when their Primary Caregiver is absent or needs relief.* (Must not be *Primary Care Giver)*
$_____ **Housekeeping/Homemaker**
$_____ O**ther**: _____ services rendered, as described in job description.

$_____ per hour (applicable minimum wage) for **Training.**

b. Worker position is classified as a non-exempt position according to federal wage-hour law, meaning worker will be eligible for overtime pay. Overtime must be approved in advanced by PICS. If approved, Worker will receive overtime pay for any hours worked in excess of 40 in a work week. Overtime pay that includes both normal and respite hours will be calculated at a weighted average hourly rate.

c. Any of the above listed pay rates may be changed at the discretion of the Representative provided such rates are within the approved budget and services plan for the Participant. Pay changes will only be effective after written notification has been received by PICS from the Representative. A confirmation of any pay rate change will be communicated in writing to the Worker by PICS.

Employment Agreement

As the Worker, I acknowledge that my employment is dependent upon the Participant's enrollment in a qualified program with Partners in Community Supports (PICS). PICS has agreed to provide administrative, including payroll and human resources support to the Representative by

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being the employer of record for the Worker. If the Participant is no longer eligible for this program, I will no longer be employed by PICS. In order to acknowledge the terms of my employment, I agree to the following:

1. I acknowledge that my employment is dependent upon the Participant's enrollment in a qualified program administered by PICS. If the Participant is no longer eligible or no longer utilizing PICS' services, I will no longer be employed.

2. I acknowledge my employment is dependent on successful completion of a Minnesota Department of Human Services (DHS) criminal background check. I understand the results of my background check will be made available to PICS and Representative.

3. Job Assignment. PICS shall employ the Worker to assist the Representative by performing the duties specified in this Agreement. The Representative is responsible for training, managing and supervising the Worker and controlling workplace activities. The Worker accepts such employment in accordance with the terms and conditions of this Agreement.
   a. Representative has developed a written job description, and provided a copy to the Worker. Worker agrees to perform his or her duties in accordance with the terms of the job description. The job description may be amended periodically by the Representative and any revised job description will be provided to the Worker.

   b. Specific job duties, working conditions and location of work will be established by the Representative, based on the needs of the Participant, and communicated to the Worker.

   c. The Worker is required to perform his or her duties in an ethical manner, preserving and respecting the rights and dignity of the Participant, in compliance with the Minnesota Vulnerable Adults and Maltreatment of Minors Acts.

   d. Hours of work may vary from week to week and will be established by Representative. Worker is not authorized and agrees not to work in excess of 40 hours per week (or a lesser number established by Representative) without prior written permission from both PICS and the Representative.

   e. The Worker will utilize all appropriate safeguards and universal health precautions, assuming at all times the possible presence of communicable disease.

   f. Worker represents and warrants that he or she is able to perform the essential functions of the job with or without reasonable accommodation and that he or she will advise the Representative if accommodation is needed.

4. I understand that I cannot begin providing services in this program before I have successfully cleared the required background checked, completed all of the required employment paperwork including proof that you are eligible to work in the United States, and the participant has been approved for services.

5. I understand that I may not submit time records and will not be paid for any time while the participant is admitted to the hospital or other type of rehabilitation facility. I understand I cannot be paid for any period for which the participant is not eligible for or receiving services.

6. I understand that any false claims (including reporting hours not worked) or untruthful submission of documents, in an attempt to obtain improper payment, is reportable as Medicaid Fraud and subject to investigation. Medicaid Fraud is a felony and can lead to penalties. It is a federal crime to provide materially false information on service billings for medical assistance or services provided under a federally approved waiver plan as authorized under Minnesota Statutes, sections 256B.0913, 256B.0915, 256B.092 and 256B.49.

7. I agree to report work injuries to my Representative and to PICS Human Resources at 651-967-5060 or hr@picsmn.org. I agree to report any work injuries within 24 hours and I acknowledge that reporting incidents or accidents is critical for processing worker's compensation claims.

8. Benefits: Per the Affordable Care Act (ACA), health insurance is offered to workers who are employed in a full-time status, working 30 or more hours per week. Employment in this program does not offer the following fringe benefits: dental insurance, life insurance, disability insurance, retirement or paid time off. Sick and safe leave time are administered per the applicable city ordinance rules. In accordance with Minnesota Law, the Worker will be covered under workers' compensation and unemployment compensation insurances.

9. Deductions: Before you receive your paycheck, various deductions will be made. By law, deductions for federal income tax, federal Social Security, Medicare and state income tax will be taken. Your paycheck will include a statement of all earnings and deductions.

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10. Training: I acknowledge that I will receive on the job training from the Representative, and will complete required Orientation Training within 60 days of my start date. I will complete the yearly required Annual Training conducted during the month of October, as administered by PICS. *Failure to meet these requirements will result in suspension of my employment and could lead to my termination.*

11. Transportation: If, while performing services under this Agreement, I understand that while working if a vehicle is used to transport the Participant for any reason, the Representative will certify that only a vehicle in good working order owned by either the Representative or the Worker will be used and will be Fully Insured. "Fully Insured" means that the insurance coverage on the vehicle is at least $500,000 single limit liability, $500,000 uninsured motorist coverage and $500,000 underinsured motorist coverage.

12. Employment-At-Will. Employment with PICS is employment-at-will, meaning that either PICS, the Representative or Worker may terminate the employment relationship at any time, for any legal reason, with or without notice. However, where possible, PICS and the Representative will attempt to give the Worker up to two weeks' advance written notice of termination. PICS requests that the Worker also attempt to give two weeks' advance written notice of resignation. Nothing in this provision is intended to nor does it alter the at-will employment relationship.

13. Policy and Employment Information: PICS will provide each Worker with information required by Minnesota law, including but not limited to information relating to blood-borne pathogens, infectious disease control, sexual harassment, data privacy practices, participant rights and responsibilities, and various other important policies, including an employment handbook that contains critical information.

14. I agree to make a report if I suspect that abuse, neglect or exploitation or a vulnerable person has occurred. For reports involving a vulnerable adult, go to www.mn.gov/dhs/reportadultabuse/ or call (24/7) 844-880-1574. For reports involving maltreatment of a child, contact the participants case manager or contact PICS at 651-967-5060.

15. I hereby agree to abide by the security and confidentiality of protected data of the Participant and others, including protected health information (PHI) under the Health Insurance Portability and Accountability Act (HIPAA).

16. Contact Person. PICS is the employer of record. The Representative recruits, hires, trains, and manages each Worker. In coordination with the Representative, PICS ensures compliance with applicable laws and regulations. Both the Worker and the Representative have access to PICS staff for information and clarification.

17. Agreement: This Agreement constitutes the entire agreement between the parties, and that there are no other oral or written agreements, understandings, or other representations between the parties relating to the terms of employment of the Worker. This Agreement supersedes all prior agreements, understandings, discussions, or negotiations relating to this subject matter. This Agreement may be modified or amended if the amendment is made in writing and is signed by the parties to this Agreement. Failure of either party to enforce any provision of this Agreement shall not be construed as a waiver or limitation of that party's right to subsequently enforce and compel strict compliance with every provision of this Agreement. This Agreement, the construction of its terms and the interpretation of the parties' rights and duties, shall be governed by and construed under the laws of the State of Minnesota unless federal law controls the issue in question.

By signing below, I attest that I have read this agreement in its entirety. I understand what is being requested of me, and agree to abide by these terms and conditions. I further understand and agree that violation of any of these terms and/or conditions of this agreement may result in my termination. I understand that this employment agreement may be terminated by any party at any time without advance notice or cause.

IN WITNESS WHEREOF, the parties have executed this Agreement.

_____ _____

Worker Signature *Date*

_____ _____

Representative Signature *Date*

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Mandatory Reporting Practices

Worker must review and complete the quiz below on Maltreatment of Minors and Vulnerable Adults (see attached reading material). Worker and Representative must sign and submit this form to PICS Human Resources before a date of hire can be issued.

Worker Name: _____ Participant Name: _____

Mandatory Reporting Practices Quiz (Reading material is available on the next 3 pages)

1. If you suspect maltreatment of a minor or a vulnerable adult, you must report within:
   A. 48 hours
   B. 36 hours
   C. 24 hours

2. Which of the following is *not* an example of physical abuse for a minor?
   A. Reasonable physical discipline by parent or legal guardian not resulting in injury
   B. Purposely giving a child harmful or controlled substances not prescribed by practitioner
   C. Unreasonable physical confinement or restraint not permitted

3. TRUE or FALSE: If a staff suspects the individual is in immediate danger, they must call 911.

4. TRUE or FALSE: For verbal reports of minor maltreatment, you must provide all known information to identify minor, those responsible, and details of maltreatment.

5. Which of the following is *not* an example of financial exploitation for a vulnerable adult?
   A. Gains interest in individual's funds through harassment, duress, or fraud
   B. Purchases lunch for the client and themselves from an allocated budget
   C. Entices against individual's will to perform services for profit or advantage of another

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Acknowledgement of Orientation

I have received the initial orientation on Maltreatment of Minors and Vulnerable Adult. I understand that I am required to complete a full training within 60 days from my hire date and then annually as long as I provide services through Partners in Community Supports (PICS). I understand that I am a Mandated Reporter and am legally required to report when abuse is observed or suspected. I understand that abuse can be in the form of financial, physical, sexual and neglect. I agree to comply with all policies and procedures regarding Mandated Reporting.

_____ _____

Worker Signature *Date*

_____ _____

Representative Signature *Date*

Answer Key: 1.c, 2.a, 3.true, 4.true, 5.b

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Reporting and Review of Maltreatment of Minors and Vulnerable Adults

Staff who are mandated reporters must report all information they know regarding an incident of known or suspected maltreatment of a child or vulnerable adult, in order to meet their reporting requirements under law. Partners in Community Supports (PICS) staff who encounter maltreatment of a minor or vulnerable adult will take immediate action to ensure the safety of the individual. Staff will define maltreatment as sexual abuse, physical abuse, or neglect and will refer to the definitions from MN Statutes; section 626.556 for minors and section 626.5572 for vulnerable adults. Staff will refer to the Individualized Home Supports Training Manual for the full MN Statue 245d Policy and Procedure on Mandatory Reporting Practices.

Procedure

PICS staff who encounter maltreatment of a child or vulnerable adult will take immediate action to ensure the individual's safety. If a staff knows or suspects that the individual is in immediate danger, they will call "911." If the report of suspected abuse or neglect occurred within PICS, the report should include actions taken by PICS in response to the incident. If a staff attempts to report the suspected maltreatment internally, the person receiving report will remind staff of the requirement to report externally. Any person may voluntarily report to the local welfare agency, police department, or county sheriff if the person suspects an individual is being neglected or subjected to physical or sexual abuse. PICS staff cannot shift the responsibility of reporting maltreatment to an internal staff person or position.

Where to Report for Minors:

- Department of Human Services**:** maltreatment in 245d-licensed facilities
- Department of Health**:** maltreatment in facilities
- County local welfare agency**:** maltreatment in foster care, child care, juvenile correctional facilities under section 241.021, and by unlicensed personal care provider

Where to Report for Vulnerable Adults:

- You may make an external report to the Common Entry Point.
- You may make an internal report to the Designated Coordinator.
- If this person is involved in the alleged or suspected maltreatment, you must report to the Designated Manager/Regional Director.

Minors

When verbally reporting to the external agency, the mandated reporter will include all information known to identify child involved, any persons responsible for the abuse or neglect (if known), and the nature and extent of maltreatment. If staff suspects a child is being or has been abused or maltreated within the past 3 years, staff must immediately (within 24 hours) make a report to the local welfare agency, police department, or the county sheriff. Reports regarding incidents of suspected abuse or neglect of children occurring within a family or in the community should be made to the local county social services agency or local law enforcement referencing the phone numbers contained within this policy. A verbal report of suspected abuse or neglect that is made to one of the listed agencies by a mandated reporter must be followed by a written report to the same agency within 72 hours, exclusive of weekends and holidays, unless the appropriate agency has informed the mandated reporter that the oral information does not constitute a report.

Vulnerable Adult

If a staff knows/suspects that maltreatment of a vulnerable adult has occurred, they must make a verbal report immediately (within 24 hours) either to the Common Entry Point (CEP) or internally to their organization. Should the staff choose to make a report directly to an external agency, they must make the verbal report by calling the Common Entry Point.

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Minnesota Adult Abuse Reporting Center

- State-wide common entry point available 24/7
- 844-880-1574 is the toll-free phone number for the general public
- Department of Human Services Licensing Division Maltreatment Intake: 651-431-6500
- mn.gov/dhs/reportadultabuse/
- http://registrations.dhs.state.mn.us/WebManRpt/Who_CEP4.html

For internal reports of suspected or alleged maltreatment, the person who received report will:

- Contact CEP if report is of suspected or alleged maltreatment.
- Inform case manager within 24 hours of reporting maltreatment, unless there is reason to believe the case manager is involved in suspected maltreatment. Person receiving report will disclose the activity or occurrence reported and the agency who received the report.
- Mail completed *Notification to an Internal Reporter* to staff's address who reported maltreatment within 2 working days that protects reporter's confidentiality. It must indicate if PICS reported externally to CEP. If not, they may make external report to CEP themselves. Staff are protected if they make a good faith report to Common Entry Point.

Partners in Community Supports is Notified

When PICS has knowledge of an external report, an internal review will be completed. The Designated Coordinator is the primary individual responsible for ensuring that internal reviews are completed for reports of maltreatment. If there are reasons to believe that the Designated Coordinator is involved in the alleged or suspected maltreatment, the Director will ensure internal reviews are complete. Based on internal review results, PICS will develop, document, and implement a corrective action plan to correct current lapses and prevent future lapses in performance by individuals or PICS, if any. Internal reviews must be made available to commissioner immediately upon the request. PICS will provide an orientation to internal and external reporting procedures to all persons served and/or legal representatives. Phone numbers included in the Individualized Home Supports Training Manual.

Definitions from Section 626.556

Substantial child endangerment: Person responsible for a child's care, and in case of sexual abuse includes person who has a significant relationship to the child or person in a position of authority, who by act or omission commits or attempts to commit an act against a child under their care include:

- egregious harm, sexual abuse, or abandonment
- neglect that substantially endangers the child's physical or mental health
- murder, manslaughter, or assault in the first, second, or third degree
- criminal sexual conduct or solicitation of children to engage in sexual conduct

Sexual Abuse: Subjection of a child by person responsible for child's care, by person who has a significant relationship to the child, or by a person of authority, to any act which constitutes a violation (criminal sexual conduct in the first, second, or third degree). Sexual abuse also includes any act which involves a minor which constitutes a violation of prostitution offenses or threatened sexual abuse.

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Neglect: Commission or omission of acts not by accidental means: failure to supply child with necessary care required for the child's physical or mental health when reasonably able to do so including:

- failure to protect child from conditions that endanger health when reasonably able to do so,
- failure to provide necessary supervision or appropriate child care considering factors like age
- failure to ensure child is educated, not including parent's refusal for sympathomimetic drugs
- prenatal exposure to controlled substance, used by mother for nonmedical purpose

Physical abuse: Physical, mental, or threatened injury inflicted by person responsible for child's care not by accidental means, or cannot be explained by child's history of injuries, or any aversive or deprivation procedures, or regulated interventions not authorized. Does not include reasonable physical discipline by a parent or legal guardian not resulting in an injury or use of reasonable force by school employee as allowed by MN 245d. Actions not reasonable, done in anger, or without regard to child's safety include:

- throwing, kicking, burning, biting, or cutting a child
- threatening a child with a weapon;
- purposely giving child harmful or controlled substances not prescribed by practitioner
- Unreasonable physical confinement or restraint not permitted

Definitions from Section 626.5572

Maltreatment: Abuse, neglect, or financial exploitation.

Abuse: Act against vulnerable adult that shows a violation or includes aiding a violation of:

- Assault or criminal sexual conduct in the first through fifth degrees
- Use of drugs to injure or facilitate crime
- Solicitation, inducement, and promotion of prostitution
- Actions that meet elements of crime, regardless if there is a criminal proceeding or conviction

Conduct that's not an accident or therapeutic conduct as defined in 245d, which produces or could reasonably be expected to produce physical pain, injury, or emotional distress including:

- Hitting, slapping, kicking, pinching, biting, or corporal punishment
- Repeated or malicious oral, written, or gestured language toward individual
- Aversive or deprivation procedure, unreasonable confinement, or involuntary seclusion
- Deprivation procedures for persons with developmental disabilities

Financial exploitation: In breach of a fiduciary obligation recognized elsewhere in law, including pertinent regulations, contractual obligations, documented consent by a competent person, or the obligations of a responsible party, a person:

- Willfully uses, withholds, or disposes of funds or property of a vulnerable adult
- Obtains for third person for wrongful profit or advantage of person to detriment of individual
- Gains possession or interest in individual's funds through harassment, duress, or fraud
- Forces or entices against individual's will to perform services for profit or advantage of another

Neglect: Failure or omission by a caregiver to supply a vulnerable adult with care or services, including but not limited to, food, clothing, shelter, health care, or supervision which is:

- Reasonable to maintain individual's health or safety, but is not accident or therapeutic conduct
- Absence or likelihood of absence that's vital to a reasonable person's health, safety, or comfort

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Review of Client Specific Support Plan

Acknowledgement Form

Instructions:

1. The Worker will review the client specific support plan with the Representative.
2. After review, this form must be submitted to PICS Human Resources before a date of hire can be issued.

PICS Human Resources doesn't need a copy of the support plan. Please note that the Worker will be required to review the client specific support plan for annual training.

Worker Name: _____ Participant Name: _____

Acknowledgement of Review

I have reviewed the client specific support plan with the Representative. I understand that it is my responsibility to ask the Representative for a copy of the plan to review. I know that it is my responsibility to implement that plan as written and to ask the Representative if I have questions.

_____ _____

Worker Signature *Date*

_____ _____

Representative Signature *Date*

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False Claims Act Notice

A. Prevention and Detection of Fraud, Abuse, and Waste

Partners in Community Supports (PICS) has a longstanding practice of fair and truthful dealing with its participants, their families, the government, health professionals and other business associates. No PICS Associate shall engage in any act of fraud, abuse or waste, such as knowingly making false statements of material fact, in the preparation or submission of any claim for reimbursement under the Medicaid program. A PICS Associate is any PICS worker, Representative, Representative worker, contractor or other agent hired by PICS. Compliance with this Policy is a condition of employment or business relationship with PICS. Violation of this policy is grounds for immediate termination of employment or agency relationship.

The federal Deficit Reduction Act of 2005 ("DRA"), effective January 1, 2007, was enacted to bring entitlement spending under control by increasing the detection and prevention of fraud, waste and abuse. DRA requires Medicaid providers like PICS to implement formal written policies to combat such fraud, abuse and waste. DRA imposes liability on any person who knowingly, directly or indirectly, is involved in presenting a false or fraudulent claim to the U.S. government for payment. DRA also provides special protections for workers who report any such suspected or actual wrongdoing. This Appendix will describe PICS' anti-fraud policies and procedures and the specific federal and Minnesota laws relating to fraud, abuse and waste.

Fraud is an intentional misrepresentation that, when relied on by a payer or other person, deceives that person to his or her detriment. Abusive tactics are broader than fraud, and may include submitting deceptive or misleading claims to a government program like Medicaid, or using a false statement to support a claim. Waste may include other deceptive tactics, such as over-utilization of otherwise necessary services.

Types of fraud, abuse, or waste which may lead to liability are:

1. Knowingly filing a false or fraudulent claim for payments to Medicare, Medicaid or another governmentally funded health care program, such as billing for services not actually provided;
2. Knowingly making or using a false record or statement to obtain payment on a false or fraudulent claim from Medicare, Medicaid or other governmental program, such as documenting clinical care not actually provided;
3. Conspiring to defraud Medicare, Medicaid or other governmentally funded health care program by attempting to have a false or fraudulent claim paid; or
4. Knowingly making or using, or causing to be made or used, a false record to statement to conceal, avoid or decrease an obligation to pay or transmit money or property to the government.

   Examples of the above include but are not limited to:

   a. Billing for services not actually provided;
   b. Making payments to a phantom vendor or phantom worker;
   c. Paying a vendor or worker for services not actually provided;
   d. Paying an invoice known to be false;
   e. Accepting or soliciting kickbacks or illegal inducements from vendors of services, or offering or paying kickbacks or illegal inducements to vendors of services;
   f. Paying, offering gifts, money, remuneration or free services to entice a Medicaid recipient to use a particular vendor;
   g. Using Medicaid reimbursement to pay a personal expense;
   h. Embezzling; and
   i. Ordering and charging for medical services not necessary for the participant.

   "Knowingly" means that a person (i) has actual knowledge of the information, (ii) acts in deliberate ignorance of the truth or falsity of the information, or (iii) acts in reckless disregard of the truth or falsity of the information, and no proof of specific intent to defraud is required.

B. Mandatory Reporting Requirement.

If any PICS Associate has reason to believe that anyone associated with PICS has engaged in any fraud, abuse or waste, the Associate has a duty to report any such observations and concerns immediately to the Executive Director. PICS shall not retaliate against anyone submitting a timely report pursuant to this policy.

All reports shall be investigated under the supervision of the Executive Director. All Associates have a duty to cooperate with any investigation conducted by PICS under this requirement, including but not limited to providing information upon request and meeting with PICS' legal, accounting or other authorized representatives, if directed to do so by the Executive Director.

PICS will take any necessary action to respond appropriately to any substantiated offense and to prevent any further offenses, including but not limited to terminating PICS workers, Representative relationships and contractor or agency contracts. Offenses will be evaluated for voluntary self-disclosure under applicable federal laws, and when warranted, they will be referred to federal and state authorities. PICS will cooperate with government officials investigating or prosecuting any individual referred by PICS.

C. Federal and State Laws.

(i) False Claims Act.

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Federal law requires Medicaid providers like PICS to provide you with detailed information about the administrative remedies under the federal False Claims Act, 31 U.S.C. §§ 3729-3733 and 3801-3812. These laws are important to you and PICS because they not only provide severe sanctions for submitting false claims to the federal Medicaid program, they also provide whistleblower protections to individuals who alert federal and state officials to offenses.

Under the False Claims Act, individuals or organizations that are found to have knowingly submitted false claims to the federal government, including the Medicaid program, are subject to civil liability in the amount of $5,500 to $11,000 per claim, plus three times the amount of damages the government sustained because of the illegal act. Offenders also face exclusion from the Medicaid and Medicare programs. Penalties may be reduced for providers who promptly self-disclose suspected False Claims Act violations if the information is submitted within 30 days of learning of it, if the organization fully cooperates with the government's investigation of the violation and depending on whether the government has already begun its own investigation of the reported violation.

(ii) Program Fraud Civil Remedies Act.

Under the Program Fraud Civil Remedies Act of 1986, a separate law similar to the False Claims Act, a civil money penalty of up to $5,500 per false claim or false statement relating to a claim may be imposed, as well as damages equal to twice the amount of any reimbursed false claim. Investigations may be commenced by the Secretary of Health and Human Services for claims submitted that a person knows are false, that include any written statement that includes a material misstatement of fact or omits a material fact that the person has a duty to disclose or that is in payment for property or services not provided.

(iii) Minnesota Medical Assistance Fraud Laws.

In addition to the sanctions levied by federal law, Minnesota law contains criminal and civil penalties for Medical Assistance fraud. Under Minn. Stat. § 609.466, any person who, with the intent to defraud, presents a claim for reimbursement which is false in whole or in part is guilty of an attempt to commit theft of public funds and may be sentenced accordingly. Under Minn. Stat. § 256B.121, any vendor of medical care who willfully submits a claim for reimbursement that is known to be a false claim is also subject to a civil action by the State of Minnesota for three times the payments which result from the false representation, costs and attorneys' fees.

(iv) Minnesota Vulnerable Adult Law.

Subjecting a vulnerable adult to unnecessary and over-utilized services for the profit or advantage of another may also constitute financial exploitation under the Minnesota Vulnerable Adults Act, Minn. Stat. §§626.5572, subd. 9 and 609.2335.

(v) Whistleblower Protections under federal and Minnesota Law.

The federal False Claims Act, at 31 U.S.C. §3730(h), provides anti-retaliation protections for whistle-blowing workers. If an worker participates in the investigation for, initiation of, testimony for, or assistance in an action filed under the False Claims Act, the employer may not discharge, demote, suspend, threaten, harass or in any other manner discriminate against the worker in the terms and conditions of employment, in retaliation for the worker's protected action.

Relief for an worker who is retaliated against in violation of 31 U.S.C. §3730(h) may include reinstatement, double back pay with interest, and compensation for any special damages, including litigation costs and reasonable attorneys' fees.

In addition, the False Claims Act enables private individuals to initiate lawsuits on behalf of the federal government against any party who submitted false claims for payment from the Medicaid program. Known as *qui tam* actions, the suing private plaintiff, if successful, may be rewarded part of any penalty recovered and the remainder goes to the government. Depending upon the circumstances of each case, the government may intervene. In cases where the government declines to intervene and the private plaintiff pursues the action on his or her own, the plaintiff's recovery share may be as great as 25 to 30% of the penalty. In cases where the government elects to intervene, the court may award between 15 and 25% of the recovery to the private plaintiff. Individuals who initiate *qui tam* cases may not be discriminated or retaliated against in any manner by their employers. Employer violations of the *qui tam* anti-retaliation provisions could result in reinstatement and damages of double the amount of lost wages if the worker is fired and any other damages sustained if the worker is otherwise discriminated against.

The Minnesota Whistleblower Law, Minn. Stat. §181.932, prohibits employers from discharging, disciplining, threatening or otherwise discriminating against or penalizing an worker for good faith reporting of suspected violations of any state or federal law or rule, or for participating in a government investigation. The law allows workers to refuse an employer's order to perform an act that violates federal or state law. The Minnesota law expressly authorizes a worker to report in good faith violations of federal or state health care standards that put the public at risk.

D. PICS Fraud Prevention and Detection Policy.

PICS has adopted Policies and Procedures for Maintaining Program Integrity by Preventing Fraud, Abuse and Other Wasteful Financial Practices (Attachment 1). These Policies and Procedures describe PICS' internal efforts to maintain the integrity of our billing and reimbursement policies, as well as the process for reporting and investigation of fraud, waste and abuse. It is a condition of every Associate's employment or agency relationship with PICS that both this Policy and the False Claims Policy be read, understand and complied with. Anyone with questions about this policy or who desires to report a suspected False Claims Act or other fraud-related violation should immediately contact the Executive Director. Anyone who feels retaliated against under the whistleblower and *qui tam* protections of the laws, as described above, should immediately contact the Executive Director or any member of the Board. PICS reserves the right to amend or terminate this Policy as applicable laws or circumstances require.

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