



Dear Applicant:

Thank you for your interest in becoming a Respite Caregiver for our families. If you have any questions regarding the application process, please call our Office, at (805) 384-0983 x855.

If you are being referred by a specific family to work just with them, you must submit all of the following information together. Please note that all applicants for the Enhanced Respite and Foster/Kinship Respite programs must be available to work with multiple families.

Please check off the following forms and required items as you submit them. Keep this letter to remind yourself of what you have submitted.

- Respite Caregiver Application
- Receipt of Job Description and Acknowledgement of Position Requirements
- Background Investigation Authority Form
- Respite Caregiver Preferences Form
- W-4 Employee's Withholding Allowance Certificate (for tax purposes)
- I-9 Employment Eligibility Verification Form **plus 2 forms of UNEXPIRED documents as described on LISTS OF ACCEPTABLE DOCUMENTS form one from list A, **OR** two (one from list B & one from list C)]**
- Parent/Guardian Waiver (Signed by the family only if a specific family is referring you to help them)
- Copy of current CPR and First Aid cards (**online classes not valid**)
- Copy of Driver's License and Auto Insurance verification listing your name, effective dates of coverage and liability coverage of at least \$100,000/\$300,000 (if you are planning to claim mileage reimbursement).

If you are applying for the Foster/Kinship Respite program, the following is also required prior to hire. CISS will provide the forms and all fees will be paid by CISS or the County of Ventura.

- Criminal Record Statement
- Employee Confidentiality Agreement
- Copy of TB Clearance (within last 12 months, if working in the Foster/Kinship Respite Program)
- Live Scan Fingerprinting on County of Ventura form
- Proof of Auto Insurance Liability Coverage of \$100,000/\$300,000 (whether or not claiming mileage)

Please note: If you are applying to work with multiple families, the Respite Caregiver Preferences Form, Background Investigation Authority Form, W-4 and I-9 are all post-offer forms. You can submit them now, but they are not required until an offer of employment is made.

All Respite Caregivers must be certified in CPR and First Aid training. Free trainings are provided to all employees and you will have thirty (30) days to complete this state-mandated training requirement upon hire; however, this training is required pre-hire for the Foster/Kinship Respite program.

Program Wages:

Traditional Respite Program:	\$15/hr + Mileage Reimbursement to eligible employees
Authorized Sibling Care:	\$17/hr
Foster & Kinship Respite Program:	\$15/hr
Enhanced Respite Program:	\$16/hr DOE (Separate Job Description & Supplemental Application Required)
Childcare Events:	\$15/hr

The contents of all employment forms are CONFIDENTIAL and will not be shared with families or CISS non-management personnel. We look forward to having you join the Channel Islands Team! Congratulations on taking the first step toward making a difference in the lives of local families.

Sincerely,

Sharon M. Francis
Sharon M. Francis
Chief Executive Officer



Respite Caregiver Application

CISS is an equal opportunity employer. The contents of this form are **confidential** and must be answered honestly and completely under penalty of perjury. Falsifying any of the information contained in this application shall serve as grounds for refusal to hire or immediate termination.

A. Contact Info

Legal Name of Applicant: _____ Nickname: _____

I am applying to work in the following respite programs: Special Needs Foster Care Enhanced/Behavioral
(Supplemental Application Required)

Bilingual? Yes No If yes, what languages? _____

Home Phone: (____) _____ **Cell Phone:** (____) _____ Primary Phone = Home Cell

Street Address, City, Zip: _____

If different mailing address, please list: _____

Email Address: _____

*CA Driver's License/ID# _____ ** Do you have vehicle insurance? Yes No

*(All applicants must be able to drive as a condition of employment, unless a family has requested you be hired just for them)

**(Upon hire, all employees must show current car insurance naming the employee, if claiming mileage reimbursement)

List the names of all of the counties and states where you have lived in the past seven (7) years:

How did you hear about CISS? Who referred you? _____

If referred by a person, is he/she a family using our services or a current employee?

B. Employment History:

Please list information about your past 10 years of employment (continue on separate page if necessary):

Start Date	End Date	Company Name & Positions Held	Part Time or Full time	Supervisor's Name & Phone #

C. Work-Related Training & Experience (attach additional sheet if necessary):

Date(s)	Trainer/Employer	Description of Training

Are you currently certified in CPR and First Aid? Yes No *(Ask us about our FREE classes for staff)*

Do you still have the cards? Yes No, but I'll get them

I am a (please check all that apply): Licensed Foster Parent Licensed Day Care Provider

Respite Caregiver Application Page 2

Channel Islands Social Services

Applicant's Name: _____

CISS is an equal opportunity employer. The contents of this form are **confidential** and must be answered honestly and completely under penalty of perjury. Falsifying any of the information contained in this application shall serve as grounds for refusal to hire or immediate termination.

D. References (minimum of 2 professional) – Do not list any relatives:

Name & Phone Number	City and State	Describe Your Relationship
Name: Phone ()		
Name: Phone ()		
Name: Phone ()		

E. Criminal Record / Health Disclosure:

Notice: Due to the nature of work performed by Channel Islands Social Services, CISS cannot employ individuals with certain criminal convictions or communicable diseases. CISS has a policy protecting the families and vulnerable individuals we serve by disallowing employment in the Respite Caregiver position for individuals who have a communicable disease or who have been convicted of misdemeanor or felony crimes including but not limited to the following: crimes of a violent or sexual nature, crimes of abuse and neglect, property damage, fiduciary crimes (fraud, embezzling money, stealing...), illegal drug possession and/or D.U.I. If hired, I agree to immediately report to CISS any future convictions or communicable diseases, which I understand may then be cause for immediate termination of employment.

Are you currently free from all communicable and infectious diseases? Yes No

(Note: Tuberculosis clearance required for employment in Foster Respite Program)

F. Reliability, At-Will Employment & Reporting Availability:

If hired, I understand that work hours are not guaranteed and that I will be contacted directly by families with whom I have agreed to work. If I am unable to report for a shift, I must contact the family immediately. I also understand that to continue my employment, I must submit a timesheet every payroll, or at least every fifteen (15) days and be reliable and flexible with the families who have chosen me. Repeated failure to work requested shifts may be grounds for termination. All employment is at-will and either party (CISS or employee) can terminate the employment agreement at any time and for no stated reason. Employees must report all availability and requests for additional work in a timely manner to the office.

G. Respite Caregiver Qualifications Agreement:

I have received a written job description and a copy of the regulation requirements for In-Home Respite Caregivers [CCR17 §56792(e)]. I understand that, if hired, I must meet the requirements and minimum qualifications as stated to obtain and retain employment.

I have completed this application honestly. If hired, I agree to the terms and conditions of employment stated herein.

Applicant Signature

Date



Respite Caregiver Job Description

Minimum Qualifications:

- a. Has experience providing in-home care to individuals with special needs or children in foster care
 - b. Meets all standards for employment eligibility in the U.S. (Note: Must be at least 18 years old to work in the Foster/Kinship Respite Program)
 - c. Maintains a clear criminal record on nationwide and county misdemeanor and felony criminal databases (including no D.U.I. convictions within the past five years), with no record of violent, fiduciary, sexual, reckless driving, or illegal drug-related convictions.
 - d. Provides at least one positive professional reference and one positive unrelated personal reference
 - e. Holds current CPR and First Aid training (online classes not valid)
 - f. Is free of all communicable diseases; at time of hire can show proof of TB Clearance (if working in the Foster/Kinship Respite Program)
 - g. Maintains all training certification requirements for their position
 - h. Can safely lift a minimum of 50 lbs. and is physically capable of performing all assignments accepted
 - i. Must have valid driver's license and maintain auto insurance minimum liability coverage of \$100,000/\$300,000 naming the employee, if submitting for mileage reimbursement (Note: company policy prohibits drivers under age 21 from transporting others.)
- Foster/Kinship Employees are required to provide proof of liability coverage of \$100,000/\$300,000 upon hire.

Job Duties:

Employees are responsible for the direct care of the individual residing with their family or primary caregiver. The employee must work collaboratively with the customer families to schedule respite hours that do not have the employee working more than 40 hours/week total, and do not exceed each family's authorized hours. Work hours are not guaranteed. The employee is responsible for regularly contacting CISS in writing to report their availability for additional work. The Respite Caregiver is expected to make themselves available to work the requested hours when sufficient notice has been provided. Frequent cancellations or lack of availability to support a family must timely be reported to CISS, and may be grounds for termination.

The Respite Caregiver agrees to follow all CISS policies and procedures, and will keep all individuals under his/her care safe and in good health at all times. Support provided to the individual may include but not be limited to Domestic Homecare or Personal Attendant duties such as: social play, homework assistance, meal preparation, help with personal hygiene and self-care skills (which may involve toileting and diaper care), supervision of medication self-administration, community integration, social facilitation, implementation of general positive behavioral supports, and overall companionship.

Other responsibilities of the Respite Caregiver include but are not limited to the following: recording any observed changes with or related to the individual receiving services and his/her environment; timely reporting any concerns or injuries to CISS management (written follow-up may be necessary); maintaining confidentiality according to CISS policy; and submitting accurate and timely timesheets, but no later than 15 days after performing Respite work.

Work Hours: Position is part-time, variable hour, non-exempt.

Direct Reports: None. Reports to the CEO or her designee

Respite Caregiver Signature

Date



BACKGROUND INVESTIGATION AUTHORITY

(Submit this form after employment offer is made)

I hereby authorize Channel Island Social Services or its agent, CLEARSTAR CORPORATION, to investigate my background to determine any and all information of concern to my record, whether same is of record or not, and I release employers and persons named in my application from all liability for any damages resulting from his/her furnishing said information.

Additionally, I hereby authorize any investigation of my personal history, including, but not limited to my driving history, educational background, military record, and criminal records. I also authorize previous employers, and any references provided by me or ascertained by investigation, to release information about my performance, integrity, general character, and any other job specific information requested. I authorize the release of this information by the appropriate agencies to the investigating service. I understand this may include a workers compensation claims search after a conditional job offer has been made. I also understand I may be required to take a drug test before or during employment.

This authorization, in original or copy form, shall be valid for this and for any future reports and updates that may be requested. If you would like a copy of your background results please check here

PLEASE PRINT CLEARLY

Full Name: _____ SSN: _____ - _____ - _____

Other Names or SSN Used: _____

Current Street Address: _____ Apt.: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____

Driver's License#: _____ State: _____ *DOB: ____/____/____

**DOB is optional and is only used for identification purposes in screening inquiries*

LIST ALL ADDRESSES FOR PAST 7 YEARS: (check here if more on reverse)

Street Address City State Zip DATES: _____ - _____
from to

Street Address City State Zip DATES: _____ - _____
from to

MAY WE CONTACT YOUR CURRENT EMPLOYER? YES NO

HAVE YOU EVER BEEN CONVICTED OF ANY CRIME? YES NO

This includes but is not limited to pleas of guilty, nolo contendere, no contest, adjudication withheld, and pre-trial intervention programs. If YES show details including date, charge, county, disposition on reverse.

Signature: _____

DATE: ____/____/____

For Channel Island Social Services Office Use ONLY Date Submitted to ClearStar: _____ All Clear On: _____

Residence Trace with Volunteer Search

Ventura County Courts Record Search NO Record Only Minor Traffic Citations RECORDS FOUND! FOLLOWUP NEEDED

County Felony Search in the following counties: _____

Sent for DOJ Livescan on: _____ Verified Clear DOJ on: _____ With VC H.S.A. Online



Respite Caregiver Preferences

(Submit this form after employment offer is made and annually)

CISS believes in matching families and their loved ones with the most qualified Respite Caregivers to enable the highest degree of compatibility and success of the in-home respite program. Please complete and update the following information with us at least annually.

A. Contact Info

Respite Caregiver's Name: _____ Date: _____

Bilingual? Yes: _____ No Home City: _____

Home Phone: (____) _____ Primary # Cell Phone: (____) _____ Primary #

Email Address: _____

B. General Availability I prefer to provide respite to: Special Needs Foster Care Enhanced/Behavioral

If you wish to work with a specific family, list the name of the child/family: _____

(Please note, if this family's services end, you are expected to contact the office for additional work. Refusal to accept work from CISS will result in any possible unemployment benefits being denied.)

Please list for each day of the week, the times in which you are generally available to provide respite care:

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
A							
M							
P							
M							

Willing to work any overnights? Yes No Maybe Willing to work any holidays? Yes No Maybe

Ages I am comfortable working with: Any 0-5 5-12 12-22 Adults Seniors

Please check the level of personal care you are willing to provide to the above age groups:

Diapering Toileting Assistance Bathing Showering None
Provided to Females Males Both

C. City Preferences

Please check off the cities in which you are generally available to provide in-home respite care: ALL

1. East County:

- Simi Valley
- Moorpark
- Newbury Park/Thousand Oaks
- Westlake/Oak Park/Agoura

2. Central County:

- Camarillo/Somis
- North Oxnard
- South Oxnard/Port Hueneme

3. West County & Inland:

- Ventura
- Ojai
- Santa Paula
- Fillmore/Piru

D. Experience

I have experience supporting children or adults with the following diagnoses:

- | | | |
|---|--|---|
| <input type="checkbox"/> *Autism Spectrum Disorder (ASD) | <input type="checkbox"/> *Asperger's | <input type="checkbox"/> *Abuse / Neglect / PTSD (circle which) |
| <input type="checkbox"/> Communication Challenges ("Non-Verbal") | <input type="checkbox"/> Down Syndrome | <input type="checkbox"/> *Non-Ambulatory (wheelchair) |
| <input type="checkbox"/> Intellectual Disab. - Mild to Moderate | <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Incontinence (no diapers) |
| <input type="checkbox"/> *Intellectual Disab. - Moderate to Severe | <input type="checkbox"/> ADD / ADHD | <input type="checkbox"/> *Incontinence (wears diapers) |
| <input type="checkbox"/> Behavioral Challenges - Mild to Moderate | <input type="checkbox"/> *Psychiatric Disorders | <input type="checkbox"/> *Diabetes / Special Diets |
| <input type="checkbox"/> *Behavioral Challenges - Moderate to Severe | <input type="checkbox"/> *Seizures (mild/infrequent) | <input type="checkbox"/> *Prader Willi |
| <input type="checkbox"/> *Medical - Minor (medication only) | <input type="checkbox"/> *Seizures (frequent) | <input type="checkbox"/> *PICA (eats inedible objects) |
| <input type="checkbox"/> *Medical - Moderate (dressing care and medications only) | | <input type="checkbox"/> Hearing Impaired / Deaf |
| <input type="checkbox"/> *Medical - Severe (G tube care and insulin injections) | | <input type="checkbox"/> Visually Impaired / Blind |
| <input type="checkbox"/> Other: _____ | | |

*Requires more extensive training from parents than typical orientation, prior to providing care

Page 2 of Respite Caregiver Preferences Form
Channel Islands Social Services

E. Respite Caregiver Emergency Contact Information

The health and safety of our employees is extremely important to us. Please complete this section and make sure each family you help has this information should anything happen to you while in their home. During the course of employment, if we cannot reach you by phone within forty-eight (48) hours, we may contact these individuals.

Emergency Contact Name	Relationship	Phone Number(s)

Allergies: _____

I carry an Epi-pen for my allergies at all times (keep far out of reach of all children in care)

F. Physical Limitations

Please note that section (f) of the job description specifies the requirement that employees can safely lift a **minimum of 50 lbs. for their own protection and that of the individuals we support.*

Physical limitations related to the job: No Yes (One box must be checked)

Per doctor's orders, I cannot lift over _____ pounds (*must attach medical note*)

I cannot climb stairs I cannot run after active children

Please describe any limitations checked above and possible accommodations that can be made:

G. Preferred Home Environment (optional)

Prefers non-smoking home

Prefers no pets due to allergies

I have completed the above information honestly and will provide any material updates to Channel Islands Social Services as they occur. I understand it is my responsibility to furnish my own emergency contact information to each family at the time of my service.

Respite Caregiver's Signature

Date

Please return this completed form after we have made an offer of employment to you. If you choose to submit it prior to an offer of employment, you are doing so of your own choice and recognize that CISS does not use it for screening purposes.

Form W-4 (2017)

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

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2017 expires February 15, 2018. See Pub. 505, Tax Withholding and Estimated Tax.

Note: If another person can claim you as a dependent on his or her tax return, you can't claim exemption from withholding if your total income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions don't apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you aren't exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or 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-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

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

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2017. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A				
B	Enter "1" if: <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td style="padding: 0 10px;"> <ul style="list-style-type: none"> • You're single and have only one job; or • You're married, have only one job, and your spouse doesn't work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. </td> <td style="font-size: 3em; vertical-align: middle;">}</td> </tr> </table>	{	<ul style="list-style-type: none"> • You're single and have only one job; or • You're married, have only one job, and your spouse doesn't work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	}	B	
{	<ul style="list-style-type: none"> • You're single and have only one job; or • You're married, have only one job, and your spouse doesn't work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	}				
C	Enter "1" for your spouse . But, you may 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 number of dependents (other than your spouse or yourself) you will claim on your tax return	D				
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E				
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit	F				
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child. 	G				
H	Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) ▶	H				

For accuracy, complete all worksheets that apply.

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are **single and have more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

Separate here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 2017
1 Your first name and middle initial Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 <input style="width: 40px;" type="text"/>
6 Additional amount, if any, you want withheld from each paycheck		6 \$ <input style="width: 40px;" type="text"/>
7 I claim exemption from withholding for 2017, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		7 <input style="width: 40px;" type="text"/>
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) ▶		Date ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)
10 Employer identification number (EIN)		

Deductions and Adjustments Worksheet

Note: Use this worksheet only if you plan to itemize deductions or claim certain credits or adjustments to income.

1 Enter an estimate of your 2017 itemized deductions... 2 Enter: { \$12,700 if married filing jointly or qualifying widow(er) } ... 3 Subtract line 2 from line 1... 4 Enter an estimate of your 2017 adjustments to income... 5 Add lines 3 and 4... 6 Enter an estimate of your 2017 nonwage income... 7 Subtract line 6 from line 5... 8 Divide the amount on line 7 by \$4,050... 9 Enter the number from the Personal Allowances Worksheet... 10 Add lines 8 and 9...

Two-Earners/Multiple Jobs Worksheet (See Two earners or multiple jobs on page 1.)

Note: Use this worksheet only if the instructions under line H on page 1 direct you here. 1 Enter the number from line H, page 1... 2 Find the number in Table 1 below that applies to the LOWEST paying job... 3 If line 1 is more than or equal to line 2, subtract line 2 from line 1...

Note: If line 1 is less than line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill. 4 Enter the number from line 2 of this worksheet... 5 Enter the number from line 1 of this worksheet... 6 Subtract line 5 from line 4... 7 Find the amount in Table 2 below that applies to the HIGHEST paying job... 8 Multiply line 7 by line 6... 9 Divide line 8 by the number of pay periods remaining in 2017...

Table 1

Table 2

Table with 8 columns: Married Filing Jointly (Lowest), All Others (Lowest), Married Filing Jointly (Highest), All Others (Highest). Rows show wage brackets and corresponding withholding amounts.

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.

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.

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.



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

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

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

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

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

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

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

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

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>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.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> QR Code - Section 1 Do Not Write In This Space </div>	

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



Employer Completes Next Page






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

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

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
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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		<div style="border: 1px solid black; padding: 5px;"> Additional Information </div>		<div style="border: 1px solid black; padding: 5px; text-align: center;"> QR Code - Section 2 Do Not Write In This Space  </div>
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

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

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

Signature of Employer or Authorized Representative		Today's Date(mm/dd/yyyy)	Title of Employer or Authorized Representative HR MANAGER	
Last Name of Employer or Authorized Representative ARNDT	First Name of Employer or Authorized Representative CINDY	Employer's Business or Organization Name CHANNEL ISLANDS SOCIAL SERVICES		
Employer's Business or Organization Address (Street Number and Name) 4000 CALLE TECATE SUITE 200 CAMARILLO CA 93012		City or Town CAMARILLO	State CA	ZIP Code 93012

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)
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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
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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
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (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. 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 	OR	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of Birth Abroad issued by the Department of State (Form FS-545) 3. Certification of Report of Birth issued by the Department of State (Form DS-1350) 4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 5. Native American tribal document 6. U.S. Citizen ID Card (Form I-197) 7. Identification Card for Use of Resident Citizen in the United States (Form I-179) 8. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.



Parent/Guardian Waiver for Designation of Respite Caregiver

I, _____, am the parent or guardian/foster parent of
(Print name)

_____. We receive services from Regional Center VC Foster/Kinship.
(Print child's name)

I hereby designate _____ to provide in- home respite
(Print Respite Caregiver's name)

services for my family. I believe this person to be of good moral character, as I have known them
personally for _____ years as a _____
(number) (Relationship: friend, neighbor, relative...)

The determination in designating this Respite Caregiver is my **sole responsibility**, based on my personal knowledge of, and relationship with, this person and **I waive any and all claims** and/or actions against Channel Islands Social Services (CISS) for my decision. I understand that if CISS finds this Caregiver to not be eligible for employment in the United States, or according to agency policies, that CISS may choose to not employ this person and that such findings are highly confidential and may not be shared with me.

I, the parent or guardian and the designated Respite Caregiver, have received a copy of the job description and regulations known as CCR Title 17, Section 56792(e) and the Respite Caregiver described in this waiver meets or exceeds the stated minimum requirements.

Unless revoked, this waiver will remain in effect during my family's service authorization for In-Home Respite Services provided by Channel Islands Social Services.

(Parent/Guardian Signature)

(Date)

California Code of Regulations - Title 17
Standards for In-House Respite Services Agencies
Section 56792 - Personnel Functions and Qualifications

- (e) The vendor shall assign staff to carry out in-home respite services.
 - (1) Each respite worker shall be responsible for the following functions:
 - (A) Performing the in-home respite services;
 - (B) Maintaining information as required in Sections 56796(a)(4) and 56798(c)(2)(B) of these regulations;
(which state that Respite Workers must keep documents indicating the dates and hours of service for each consumer; and case notes reflecting important events or information not documented elsewhere.)
 - (C) Obtaining information concerning any specific care needs unique to the individual consumer at the time, or prior to the time, when services are delivered.
 - (D) Obtaining phone numbers and locations where family members can be contacted during the provision of in-home respite services.
 - (2) The vendor shall not assign other duties to the respite worker from the above noted functions during hours that the worker is providing in-home respite services.
 - (3) The respite worker shall possess the following minimum qualifications:
 - (A) Has received Cardiopulmonary Resuscitation (CPR) and First Aid training from agencies offering such training, including, but not limited to, the American Red Cross;
 - (B) Education and experience required in the job description; and,
 - (C) The ability to perform the functions required in the service design.