

independence | northwest

domestic employee enrollment packet checklist

- Resume or documentation of skill set (see page 3)
- DHS Criminal History Check form completed (301 AD)
- I-9 (list supporting documents below)
 - 1. _____
 - 2. _____
- Copies of supporting documents provided
- W-4
- Current Driver's License/State Issued ID Card
Expiration _____
- Current Auto Insurance
Expiration _____
 - Not a driver
- List of three References provided (See page 3)
- Mandatory Abuse Reporting Signed
- Sanctions Agreement Signed

For Independence NW Use Only:

- CHC approval received
- Copies of I-9 supporting documents on file
- References checked

independence | northwest

domestic employee enrollment packet

In order to provide services to our customers, we require the following information to be on file at our office prior to any contractual agreements with customers of Independence NW

Contact Information:

Your Legal Name: _____

Your Tax ID/Social Security Number: _____

Physical Address: _____

Mailing Address (if different): _____

Telephone: _____

Fax: _____

Email address: _____

Service Region:

Multnomah

Clackamas

Washington

Are you willing to provide transportation to customers? Yes No

If yes, are you willing to provide us with a copy of your automobile insurance? Yes No

independence | northwest

domestic employee information

Documentation of Skill Set: Please describe your experience working with people with disabilities and the skills that you possess which qualify you for this position.

References: Please provide three references, personal or professional, who can attest to your capabilities in providing care for people with disabilities.

Name	Address	Phone Number	Relationship to You

Oregon Guidelines Regarding Domestic Employees

1. As a Domestic Employee (DE), you are the employee of the customer. Here are some of the responsibilities you need to be hired by the customer and be qualified as a support services providers.
 - Be approved through the criminal history check process as defined in the Oregon Administrative Rules
 - Have the skills, knowledge, and abilities to perform, or learn to perform, the required work
 - Be 18 years of age or older
 - Be legally authorized to work in the United States
 - Meet qualifications as an individual permitted to receive Brokerage dollars
 - Ask employer for preferences in receiving services
2. The customer is the person for whom you provide services, and who hires you and supervises your work. The customer (employer) has the right and the responsibility to hire, fire, schedule work, supervise and direct employees that provide services. The customer may also have a **designated representative** such as a family member or friend to help him or her meet some of these employer responsibilities.

Here are some of the responsibilities the customer (employer) needs to meet:

- Find, screen, interview and hire a Domestic Employee
 - Check employee references
 - Develop a work schedule (days/times) with an employee
 - Train and supervise employees
 - Establish job expectations and develop an employment agreement
 - Terminate the employment relationship when the employer is unsatisfied
 - Review tasks with employee and how services should be provided
3. The Personal Agent representing Independence NW manages a set budget of entitlement dollars on behalf of the customer (employer) and any amount beyond available funds cannot be paid by INW. The authorized hours are based on the needs and desires of the customer (employer).

Adopted from Oregon DHS Client-Employed Provider Program

Oregon Guidelines Regarding Domestic Employees cont.

Independent Contractors vs. Domestic Employees

Independent Contractors	Domestic Employees
Free from direction and control	Means and manner of work are controlled by employer
Completes tasks in own way	Completes tasks the employer's way
Has necessary skills and training to complete job	Trained by employer to perform job
Has an assumed business name	Works under the employer's assumed business name
Has a business location	Works at employer's business location
Performs services for multiple customers	Works for one employer, may serve that employer's customers
Sets own hours	Works hours set by employer
Determines own price for contracted services	Accepts wage, salary, or commission determined by the employer
Not eligible for employee benefits	May be covered by minimum wage, overtime, safety, unemployment, and workers' comp.
Directly affected by business profit or loss	Not directly affected by employer's profit or loss
Owens equipment and tools used to complete job	Employer provides and controls equipment and tools
Purchases materials and supplies needed to do the job	Employer purchases materials and supplies
Personally liable for errors and/or accidents	Employer liable for employee errors and/or accidents
Files self-employment taxes. Receives a Form 1099-MISC	Does not file self-employment taxes. Receives a for W-2 from employer
Has right to hire and fire workers	Is hired and/or fired by employer
Must legally complete each contract	May quit working for employer at any time

Source: Oregon.gov

Documentation Requirements

Please be prepared to submit the following documents and/or fill out the forms listed below. Prior to working with any of Independence NW's customers, all required paperwork must be on file and verified. Meeting with our Community Resources Director does not imply that you are a qualified Domestic Employee with our office. You will receive confirmation in writing once qualified.

I-9

W-4

Copy of Resume or documentation of skill set

Copy of Driver's License or State-Issued Identification Card

Copy of Current Auto Insurance (if driving customers)

Three (3) References

Signed Copy of Mandatory Abuse Reporting Form (after training on this from our staff)

Signed Copy of this Enrollment Packet

Signed Copy of Sanctions Policy

Behavioral Consultants must provide:

Current OIS Certificate

Proof of BA/BS degree and 1 year experience or 3 years Behavioral Consultation experience

Social/Sexual Consultants must provide:

Current OIS Certificate

Proof of BA/BS degree and 1 year experience or 3 years Behavioral Consultation experience

Nursing Consultants must provide:

Current Oregon Nursing License

Proof of 1 year experience as a Nurse

Other Specialized Support Consultants must provide:

Professional License

Services Provided

	Service Element	Allowable Rate Range	Your Published Rates
725	Chore Services	Minimum wage – \$12.95 hourly	
726	Community Inclusion (1:1 Assessment or Skill Training)	N/A	
726	Community Inclusion (1:1 Assistance)	Minimum wage - \$12.95 hourly	
726	Community Inclusion (Small Group Inclusion Assistance)	Hourly Rate pro-rated by number in group	
727	Community Living Supports (1:1 Daily Living Assessment or Skill Training)	N/A	
727	Community Living Supports (1:1 Daily Living Supports)	\$Min. Wage - \$12.95 hourly	
729	Family Training	\$211.20 per event	
730	Homemaker	Min. Wage - \$12.95 hourly	
731	Respite (hourly)	Min. Wage - \$12.95 hourly	

	Service Element	Allowable Rate Range	Your Published Rates
731	Respite (Overnight 24-hour period)	Min - \$164.74 Max -\$207.14	
738	Specialized Supports Behavior	N/A	
738	Specialized Supports Social Sexual	\$50.00 to \$75.00 hourly	
738	Specialized Supports Licensed RN	\$23.23 – \$35.44 hourly	
738	Specialized Supports Delegating RN	\$26.40 hourly	
740	Supported Employment (Short Term) Job Development and Placement	Minimum wage -\$12.95 hourly	
740	Supported Employment (Short Term) Job Exploration	Min. wage - \$12.95 hourly	
740	Supported Employment (Short Term) Job Coaching or Employment Consultation (Time Limited)	Min. Wage - \$12.95 hourly	
740	Supported Employment (Long Term Supports or Consultation) Individual On-Going Supported Employment	Minimum wage - \$12.95 hourly	

Confirmation of Understanding and Responsibilities

- _____ I understand that I am not an employee of Independence NW I am an employee of any customer with whom I contract. From this point on, the term employer will refer to the Brokerage customer hiring for services. Employee will refer to the domestic employee providing services.
- _____ I understand that TNT fiscal intermediary services will withhold income tax, Social Security, Medicare, and similar sums in connection with my compensation as a domestic employee, in accordance with my W-4 withholdings and state and federal tax law.
- _____ I understand that I am responsible for monitoring the terms of my signed job description with customers and cannot/will not be paid for any amount over that which is specified in the signed job description by the fiscal intermediary. The job description terms are fixed and can only be changed by an addendum or revision signed and agreed upon by all parties (customer, contractor and Independence NW). I understand that my wages are paid with support dollars, which are finite. With this understanding, I will not request additional funds from TNT the fiscal intermediary should I provide more hours/days/miles than originally agreed upon in the job description. I understand that the fiscal intermediary service is responsible for paying appropriately billed hours based on a job description, after the terms of the job description have exhausted, the employer is responsible for any additional expenses.
- _____ I understand that I cannot begin work with a customer prior to having a signed job description in place. I further understand that beginning work with a customer prior to having a completed job description makes it illegal for Independence NW to facilitate payment on behalf of the customer to me for services rendered during the time without a job description. I understand I should contact Independence NW management should I have any difficulty getting a job description from a staff person at the agency. Regardless of why a job description is not in place, I understand that payment cannot and will not be made on services without an existing job description.
- _____ I understand that I must submit all invoices to Independence NW on time and complete. I agree to meet all deadlines for invoice due dates and understand that any late invoice submission will result in a processing delay to the following month's billing schedule.

_____ I understand that I am responsible for ensuring the customer's verification on every invoice submitted to Independence NW Without customer verification (signature), no invoice will be processed (except, in rare cases, where the contract has special conditions that state otherwise).

_____ I agree to provide progress notes with every invoice for proof of services rendered (except, in rare cases, where the job description has special conditions that state otherwise).

_____ I agree to adhere to 1:1 ratio of support for all supports unless it is indicated otherwise in the job description. I agree that any services where more than one Brokerage customer is present will be pro-rated based on the number in the group. I understand that double billing is fraudulent use of taxpayer dollars and will result in sanctions and prosecution to the fullest extent of the law.

_____ I agree to notify Independence NW as soon as possible in the event of any serious incident. I further agree to submit an Incident Report to the Personal Agent in the event of any serious or major incidents involving customers.

_____ I understand the requirements of maintaining confidentiality and safeguarding individual information.

Domestic Employee Printed Name: _____

Domestic Employee Signature: _____

Date: ____/____/____