

PPL Nevada
FMA Services
6 Admirals Way
Chelsea, MA 02150

Phone: 1- 888-805-1074
Admin Fax: 1-877-409-2655
TTY: 1-800-360-5899



Employment Packet

Information for Interventionists

Dear Interventionist:

You are receiving this Employment Packet because you intend to continue to provide services as an employee to a child participating in the Nevada Autism Treatment Assistance Program (ATAP). While the Authorized Representative (parent/caregiver) for the child that you provide services for will serve as your Supervisor, PPL Nevada will serve as your Employer of Record and is therefore responsible for all personnel, tax and payroll processing services. The enclosed paperwork must be completed and returned to PPL Nevada immediately. After you have submitted the documents you should receive notification from PPL. Documents must be properly completed before you can be paid. Therefore, if you do not hear from PPL within 10 business days from when you submitted your packet, please contact PPL customer service at 1-888-805-1074 to follow up. As a newly hired employee you must pass or have passed a criminal background check in the past year. ATAP interventionist positions are part time positions.

A complete set of forms is required for the first child you work for. Only certain forms are required to be completed for each additional family you serve. These requirements are identified on the enclosed Employment Packet Checklist. **PPL cannot pay for any services provided to a child until a properly completed Employment Packet is received.**

PPL Nevada will issue paychecks to you based on properly submitted timesheets. These paychecks will reflect tax withholdings based upon federal and state law and the information you provide to us on the tax documents within this packet. The Employment Packet provides instructions on how to properly complete and submit a timesheet. PPL provides a convenient online method using the PPL Web Portal that is the preferred method for timesheet submission.

If you have any questions regarding this process, please feel free to contact PPL Nevada Customer Service at 1-888-805-1074. We would be more than happy to assist you.

Please Fax all required forms to our Administrative Fax line: **1-877-409-2655** or

Please mail all required forms to:

PPL NEVADA
6 Admirals Way
Chelsea, MA 02150

Employment Packet Forms Checklist

Forms Required from Interventionists for each Child Served

___ **Application for Employment:** This form is the standard application for employment for a potential employee under the ATAP program.

___ **ATAP Child Relationship Information Form:** This form identifies family members providing services. Both the interventionist and the authorized representative need to sign the form.

___ **PPL Nevada Employment Agreement:** This form is a joint agreement between PPL Nevada (employer of record), the Authorized Representative (supervisor) and the Interventionist (employee) for the terms of services.

___ **ATAP Ethics Form:** Guidelines for Interventionists: Outlines expected standards in Professionalism, Confidentiality, Limitations of Training, Treatment Delivery, Data Requirements, Attendance, Staff Relations and performance.

Forms Required from Interventionists for only the FIRST Client served (you are only required to turn these forms in once)

___ **Security and Confidentiality Policy for Protected Data Form:** All PPL Nevada employees are expected to read, understand and sign this form which confirms that the employee will follow PPL Nevada's policies and procedures regarding security and confidentiality.

___ **Criminal Background Check Authorization Form:** This form provides PPL Nevada all the necessary demographic information to run the mandatory criminal background check.

___ **USCIS Form I-9:** Department of Homeland Security - Employment Eligibility Verification. This form is used to confirm your immigration and US citizenship information. The form contains instructions developed by the USCIS. *Your supervisor must certify and sign Section 2 of the I-9 Form in order to hire you as his/her employee. Copies of the documents used for verification must be submitted to PPL Nevada along with this form. Documents that verify your identity are your Driver's License, Passport, Birth Certificate, along with many others. These are listed on page 21.*

___ **IRS Form W-4:** Employee's Withholding Allowance Certificate. This form is used to calculate your federal tax withholding. The form contains instructions developed by the IRS.

___ **Employee Driver's License and Auto Insurance Verification Form:** This form provides PPL Nevada with a copy of a valid driver's license and proof of valid auto insurance, which is required if you plan to use your vehicle within the scope of your employment. **NOTE: Only required if using vehicle within scope of employment.**

*Informational & Optional Forms to Keep
You will use these for the Program*

- **Requirements for Criminal Background Check:** This form provides a list of crimes that are considered barrier crimes to employment. Any potential employee convicted of one of these crimes may not provide services under the ATAP program.
- **ATAP Authorized Representative Acceptance of Responsibility for Employment:** When an employee is convicted of a crime the authorized representative may choose to still hire that employee, however they must sign an acceptance of responsibility form. Employees convicted of crimes which fall under the barrier crimes list are not eligible for employment.
- **Interventionist Rate Change Form:** If an Authorized Representative decides to change a previously agreed upon rate, they must do so by submitting this form. Forms must be submitted 7 days in advance of the pay period in which the changed rate will take effect. This is the **ONLY** way to change rates.
- **Interventionist Change or Separation from Employment Form:** This is a two part form: The first half is to be used if an Interventionist's demographic information changes. PPL Nevada needs the most current information as soon as possible to ensure that any mailings are sent to the appropriate location. The second part of this form should be submitted if an interventionist no longer works for the Child.
- **Payroll Schedule:** Follow this schedule to complete timesheets and submit them to PPL Nevada twice per month. **Properly completed and approved timesheets must be received by the payroll deadline in order for you to be paid according to the payroll schedule.**
- **EFT Application:** This form is used to establish direct deposit of your paycheck by PPL Nevada. Direct Deposit is highly recommended by PPL because it is the most dependable and quickest way to receive pay checks.

What should I expect as an interventionist in the ATAP program?

Before you are eligible to provide services to a participating child, you must:

- Complete and submit to PPL Nevada all applicable forms as identified in the employment packet checklist listed under “Forms Required from Interventionist.”
- Submit to a Criminal Background Check and if charges are identified on your Criminal Background Check the authorized representative that you serve has the option to sign an “Acceptance of Responsibility Form” if he/she still wants to hire you.
- Receive your Employee ID number which will serve as notification from PPL Nevada that all documents have been properly completed and you are authorized to begin providing services.

After you start working for a participating child, you will:

- Submit time worked to the Authorized Representative for approval,
- Receive a paycheck from PPL Nevada, based on properly submitted timesheets twice per month.
- Receive a W-2 Wage Statement from PPL Nevada every year.

Who is responsible for submitting timesheets to PPL Nevada?

The Child’s Authorized Representative and the assigned Care Manager will approve your timesheets and submit them directly to PPL Nevada twice per month according to the pay schedule. Timesheets must always be approved by all parties before PPL Nevada will be able to process them. PPL provides a convenient online method using the PPL Web Portal that is the preferred method.

What is the U.S. Citizenship and Immigration Services (USCIS) Form I-9?

The USCIS Form I-9 is your employment eligibility verification. You must bring this form, and the documents listed on page 3 of the I-9 to the Authorized Representative. The Authorized Representative will review the documents, confirm your identity and verify your identity by signing this form. Documents that verify your identity are your Driver’s License, Passport, Birth Certificate, along with many others. These are listed on page 21. You are only required to complete this once and supply it to PPL. Detailed instructions are also included with this form in your packet. **Copies of the documents used for verification must be submitted to PPL Nevada along with this form.**

What taxes will be withheld? Will I see them on my paycheck stub?

PPL will withhold Social Security, Medicare (FICA), state taxes and federal income taxes from your paycheck as applicable. A summary of all tax withholdings will appear on your paycheck stub throughout the calendar year. PPL Nevada will also mail you a W-2 form each January. You will need this W-2 form to file your individual tax return by April of each year. The Authorized Representative will receive regular reports from PPL Nevada about your total hours worked.

If you have any additional questions as you review this packet please feel free to call our customer service number: 1-888-805-1074

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EMPLOYEE APPLICATION

Application Date:	Child:	Position:
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PERSONAL INFORMATION			
Last Name:	First Name:	Phone: ()	
Address:			
City:	State:	Zip:	SSN:
Email Address:			DOB:

Check Box if you have had a background check within the past calendar year.
If so, you will also need to provide proof with supporting documents.

IN CASE OF EMERGENCY, PLEASE NOTIFY:		
Last Name:	First Name:	Phone: ()

TRANSPORTATION (Please complete if you are providing transportation)	
Do you have a valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a safe vehicle that meets all transportation service requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Driver's License Number:	Expiration Date:
Vehicle Ins. Company Name:	
Vehicle Ins. Company Policy Number:	

Note to Applicants: Involvement in the NV ADSD Autism Treatment Assistance Program requires that you have a Criminal Background Check in progress and have the Criminal Background Check Authorization Form to: Public Partnerships LLC -Nevada 6 Admirals Way Chelsea, MA 02150 prior to the start of work. If you do not successfully pass a criminal background check you will need to discontinue providing services in the Autism Treatment Assistance Program.

(Applicant's signature is required on following page)

Required

APPLICANT'S STATEMENT

I certify that all answers given herein are true and complete to the best of my knowledge. I authorize investigation of all matters contained in this application and I understand that misrepresentations, omissions of fact or incomplete information requested in this application may remove me from further consideration for employment.

Applicant Signature:	Date:
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Child Name: _____
Interventionist Name: _____

ATAP Child Relationship Information Form

What is the purpose of this form?

This form is used to identify the relationship between the Interventionist (employee) and the Child (program participant)

Instructions:

- 1) Check the box that describes your relationship with the child for whom you will provide Intervention services. If none of the relationships apply, check 'none of the above.'
- 2) The Authorized Representative and Interventionist must sign and date at the bottom to confirm that the information is correct.
- 3) Return this form to PPL Nevada with employee tax forms included in this packet.

I will be paid through the ATAP program for services I provide to:

- My sibling
- My relative
- None of the Above

I hereby certify that the information presented above is correct.

Print Interventionist Name: _____

Interventionist Signature: _____ Date: _____

Print Authorized Representative Name: _____

Authorized Representative Signature: _____ Date: _____

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PPL-Nevada Employment Agreement

This Employment Agreement is a three-party agreement by and among: (1) PPL Nevada (employer); (2) the participating Child's Authorized Representative (supervisor); and (3) the Interventionist (employee). The Employment Agreement establishes the responsibilities, rights, options and expectations of each party relating to each other and the provision of Autism Treatment Assistance Program ("ATAP") services for the participating child.

This Employment Agreement is effective as of _____ ("the Effective Date"). It may be modified only upon the signed written agreement of all parties.

1. Terms of Employment

PPL-Nevada serves as the employer of record and co-employer with the participating child's Authorized Representative in the ATAP program. PPL-Nevada is responsible for all employer of record obligations including: processing payroll and timesheets; withholding, filing and paying federal and state income tax withholding, and FICA, FUTA and SUTA to the appropriate tax authorities; issuing W-2 forms; the provision of workers' compensation insurance; and maintaining up-to-date financial records, copies of all forms, applications, agreements and consent documents.

The Authorized Representative, who is the managing employer serves as the Supervisor and is responsible for the recruitment, hiring, scheduling, wage setting, supervision and, where necessary, discipline and termination of the Interventionist(s). The Authorized Representative(s) ensures employees participate in training delivered by the provider overseeing the child's treatment. Ensuring that the provider observes the child and the team of interventionists for a minimum of _____ hours per month to provide input of treatment delivery. That Authorized Representative(s) commit to participating in training.

The Interventionist (employee) agrees to provide services in a safe, courteous, and professional manner; to provide quality services as scheduled, to keep all information regarding the child confidential, and to respect the Child's and Family's privacy. The Interventionist further acknowledges that any physical, sexual or mental abuse or neglect of the Child by the Interventionist will result in the immediate termination of this Agreement and possible criminal charges.

Child Name: _____

Interventionist Name: _____

2. Compensation

PPL-Nevada agrees to compensate the Interventionist at a wage rate determined by the Authorized Representative, provided that the rate is either equal to or greater than the Nevada state minimum wage. As of July 1, 2010 the Nevada state **minimum wage is \$8.25**. Rates are also subject to any maximum rates that may be defined by the Aging and Disability Services Division (“Division”).

The agreed upon rates are set forth below:

Services	Rates	Effective Date
Shadowing		
Workshop Training		
Behavioral Intervention		

The Authorized Representative and the Interventionist may change these rates only by completing and submitting to PPL Nevada an “Interventionist Program Rate Change Form.” The change form must be received by PPL Nevada by 5:00 pm Pacific Standard Time no less than one week (7 days) prior to the start of the payroll period when the new rate is scheduled to go into effect.

The Interventionist will only be paid by PPL Nevada for services that are rendered after all necessary paperwork has been submitted to PPL Nevada. Prior to providing authorization to begin work, PPL Nevada will ensure that a criminal background check has been passed. Under certain circumstances an Authorized Representative may hire an Interventionist with issues identified on a criminal background check, provided they complete and submit a “Family Acceptance of Responsibility for Employment” form.

The Interventionist understands that s/he must submit timesheets documenting time worked for review and approval by the Authorized Representative and appropriate ADSD Care Manager and that the Care Manager must then submit the time worked to PPL Nevada for payment. Interventionist further understands that if the Interventionist fails to submit time worked to the Authorized Representative in a timely manner, or if the Authorized Representative submits the time worked after the time submission deadline, payment may be delayed. The preferred method for timesheet submission is via the PPL Web Portal. PPL Nevada will issue paychecks twice per month.

Payment to Interventionist(s) is from State funds. Any false claims, statements, documents, or concealment of material facts may be subject to prosecution under applicable state laws.

Required

Any payment requirements resulting from work performed in excess of the number of hours authorized in the ATAP Plan of Services shall be the responsibility of the Authorized Representative.

Interventionists may not provide more than 40 hours of service within the defined work week, nor may they provide over 8 hours in a consecutive 24 hour period for the combined total of all families whom they provide services to. Accordingly, Employees will not receive overtime premium pay from program funds. Any payment requirements resulting from work performed in excess of 40 hours of service within the defined work week or over 8 hours in a consecutive 24 hour period for the combined total of all families whom the Interventionist provides services will be the responsibility of the Authorized Representative.

3. Job Duties

The Interventionist shall provide services as outlined in the Child's Plan of Services. These services include, but are not limited to:

- a. Behavior
- b. Cognitive Skills
- c. Communication
- d. Community Support/Participation
- e. Daily Living Skills
- f. Data
- g. Desensitization (Food or other)
- h. Educational Support
- i. Fine Motor Skills
- j. Gross Motor Skills
- k. Imitation
- l. Learning to Learn Skills
- m. Parent Training
- n. Peer Facilitation
- o. Social Skills
- p. Play Skills
- q. Vocational

4. Employment-At-Will

This is an "employment-at-will" relationship. This Employment Agreement may be terminated by any party at any time without advance notice or cause. PPL Nevada encourages the Authorized Representative and the Interventionist each to provide the other parties two weeks' advance written notice prior to termination or resignation.

5. Service Provision Limitation

An authorized representative of a Child may not be paid as an Interventionist for the Child.

6. Pre-Employment Background Screening

Before beginning employment, an Interventionist must sign a *Criminal Background Check Authorization Form* and submit to the completion of a criminal background check. As the employer of record, PPL Nevada maintains the right to conduct additional background check investigations on Interventionists as deemed appropriate and by signing this agreement the Interventionist authorizes the conduct of these checks. Interventionists will be responsible for assuming the cost of the pre-employment criminal background check. PPL Nevada will assume responsibility for performing the criminal background checks. Additionally, PPL Nevada will verify that your Interventionists are authorized to work in the US through an electronic verification process provided by the Department of Homeland Security.

7. Rights and Options of Interventionist

In accordance with Nevada law, the following provisions will apply to ATAP Interventionists:

- a. PPL Nevada will provide Workers' Compensation Insurance for Interventionists hired by the Authorized Representative for the provision of service in the ATAP program.
- b. The Nevada Unemployment Insurance program provides temporary and partial wage replacement to workers who have become unemployed through no fault of their own.
- c. Employees will not be paid overtime premium pay for holidays.
- d. Employees will not be paid for sick or leave time.
- e. Employees will not receive severance pay.
- f. Employees will not be offered or receive health insurance benefits.

8. Incident/Accident Reporting

The Interventionists must immediately report all work-related incidents and accidents to the Authorized Representative, including incidents or accidents involving the Authorized Representative, Child or the Interventionist. The reporting of incidents or accidents is critical to ensure the proper handling of workers' compensation claims. All work-related injuries must be reported in writing to PPL Nevada within four working days of the injury.

10. Automobile Transportation and Liability Insurance

Transportation is not an authorized task under the ATAP program. Interventionists are not authorized to provide transportation services.

If an Interventionist will be driving his or her personal vehicle while accompanying a Child as part of ATAP services, the Interventionist must provide PPL Nevada with proof of a valid driver's license and automobile liability insurance at the time of employment.

The Interventionist must maintain the insurance coverage in good standing during the time of employment, and the coverage must meet minimum Nevada state requirements. A Child cannot be transported by the Interventionist until the above documentation has been provided to PPL Nevada using the "Driver's License and Auto Insurance Verification Form" and PPL Nevada has notified the Interventionist that s/he is authorized.

The Interventionist must notify PPL Nevada of any change in his/her auto insurance and Nevada driver's license status that would compromise this requirement.

Interventionists may not use any electronic devices, including cell phones or message texting devices, while operating an automobile or other motor vehicle while providing services to a Child. All passengers must use seat belts while the vehicle is being operated.

11. Non- Harassment Policy

It is the policy of the Authorized Representative and PPL Nevada to ensure that the working environment gives every Interventionist an equal opportunity to succeed, regardless of race, color, religious creed, national origin, gender, sexual orientation, age, disability, veteran status, marital status or any other protected states. Both the Authorized Representative and PPL Nevada are committed to ensuring a work environment free from all forms of discrimination and unlawful harassment, including sexual harassment. Neither the Authorized Representative nor PPL Nevada will tolerate any form of unlawful harassment in the workplace. While this policy sets forth the goal of promoting a workplace that is free of unlawful harassment, it is not designed or intended to limit the authority of PPL Nevada or the Authorized Representative to discipline or take remedial action for workplace conduct that the Authorized Representative or PPL Nevada deems unacceptable, regardless of whether that conduct constitutes unlawful harassment.

- **Sexual Harassment:** Sexual Harassment can result from sexual conduct directed from an Authorized Representative toward an Interventionist or from an Interventionist toward an Authorized Representative or Child. Sexual harassment can involve male or female Authorized Representatives/Children and includes sexual advances, requests for sexual favors, or verbal or physical conduct of a sexual nature when:

- submission to such conduct is made either explicitly or implicitly a term or condition of employment; or
- submission to or rejection of such conduct is used as the basis for employment decisions; or
- such conduct has the purpose or effect of unreasonably interfering with an employees work performance or creating an intimidating, hostile or offensive working environment.

B. Hostile Work Environment: It can be unlawful to have conduct in the workplace that denigrates or shows hostility or aversion towards an individual because of his or her race, color, gender, religion, sexual orientation, age, national origin, physical or mental disability, ancestry, marital status, veteran status or other protected category that:

- has the purpose or effect of creating an intimidating, hostile, humiliating, or offensive working environment; or
- has the purpose or effect of unreasonably interfering with an attendant's work performance

If an Interventionist believes that he or she has been subject to conduct that may be sexual or other harassment, the Interventionist must inform PPL Nevada immediately and is also strongly encouraged to inform the Authorized Representative immediately. PPL Nevada will investigate any reported allegations of sexual or other harassment. If, as a result of the investigation, it is determined that any Interventionist or Authorized Representative engaged in conduct that may be harassment, appropriate remedial or disciplinary action will be taken. Depending on the nature, severity and frequency of the conduct, such actions could include discipline and termination of employment for the Interventionist, and will be reported to the Division.

12. Drug Free Workplace

Illegal or inappropriate drug and/or alcohol use is detrimental to the safety of the Child and negatively affects productivity. No Interventionist is allowed to consume, possess or be under the influence of illegal drugs and/or alcohol at any time during hours of service provision for ATAP Children. Manufacturing, distributing, transferring, purchasing or selling illegal drugs and/or alcohol during hours of service provision to a Child likewise is forbidden. Such activities may lead to disciplinary action up to and including termination.

Interventionists who are convicted of any criminal drug violation during the term of this Employment Agreement must report such conviction to both the Authorized Representative and PPL Nevada within 5 business days. An Interventionist using a prescription drug that might impair the ability to perform his or her duties should inform

his or her Authorized Representative and PPL Nevada that he or she is taking such medication on the advice of a physician. Documentation from a physician including possible side effects that could jeopardize the safety of the Child and negatively impact employee performance must be provided to PPL Nevada immediately.

13. Statement of Responsibility

The Interventionist has been recruited and hired by the Authorized Representative and will receive orientation and necessary training from the Authorized Representative, who shall manage the Interventionist workplace activities and duties. The Interventionist and Authorized Representative may access PPL Nevada for information and clarification on any of the stipulations set forth in this Employment Agreement.

14. Indemnification

The **Authorized Representative** agrees to hold PPL Nevada and NV ADSD harmless for any acts, errors or omissions committed by the Interventionist or Authorized Representative causing harm to any other person or entity, including but not limited to the following:

- breach of this agreement or any of its provisions;
- failure to adhere to any of the Policies or Procedures of PPL Nevada, Inc. or the ATAP program; or
- failure to comply with any state or federal employment or anti-discrimination laws.

The **Interventionist** agrees to hold PPL Nevada and NV ADSD harmless for any acts, errors or omissions committed by the Interventionist or Authorized Representative causing harm to any other person or entity, including but not limited to the following:

- breach of this agreement or any of its provisions;
- failure to adhere to any of the Policies or Procedures of PPL Nevada, Inc. or the ATAP program; or
- failure to comply with any state or federal employment or anti-discrimination laws.

Interventionist and Authorized Representative each agree that the information provided in this employment agreement is true, correct and complete.

15. Signatures

Each party agrees to this Employment Agreement by signature on the following Signature Page.

Please be sure to include the signature page when you return this document to PPL Nevada.

Employment Agreement Signature Page

Interventionist

I acknowledge that I have received, read and understand the terms of the PPL Nevada Employment Agreement. I understand that I am an employee-at-will and may separate or be separated from employment by PPL Nevada or the Authorized Representative at any time without advance notice or cause.

Interventionist Signature: _____

Date: _____

Print Interventionist Name: _____

Date: _____

Authorized Representative

As the Authorized Representative, I understand that should I terminate an employee or receive notification that an employee will no longer provide services on my behalf, I will complete and submit an Interventionist Change or Separation of Employment Form within 24 hours to PPL Nevada so that PPL Nevada can deliver the employee's final paycheck.

Authorized Representative Signature: _____

Date: _____

Print Authorized Representative Name: _____

Date: _____

PPL Nevada

PPL Nevada Representative Signature: Marc Fenton (*Signature on File*)

We recommend you retain a copy of this document prior to remitting to PPL Nevada.

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The Autism Treatment Assistance Program

Ethics Guidelines for Interventionists

The Autism Treatment Assistance Program is a State administered program; therefore, it is the responsibility of all interventionists to conduct themselves in a professional manner and to adhere to the following guidelines:

1. Professionalism

The children served by The Autism Treatment Assistance Program expect to receive a high level of professional treatment. Therefore, it is our obligation to provide consistent, quality treatment to the families we serve. Each interventionist is expected to behave appropriately at all times to ensure professionalism throughout service. Interventionist should be on time and work their scheduled hours. Provide notice when unable to do so. When possible request another team member to cover your session. Failure to provide notice may result in dismissal.

2. Confidentiality

Children served in the Program are protected by the Health Insurance Portability and Accountability Act (HIPAA). Considering the availability of confidential information to which an interventionist may have access regarding a child and his/her family, it is vital that the child's and family's right to privacy is respected at all times. As a professional, it is your duty to never mention child's last names, addresses, or school placements. Furthermore, children's' case histories or unusual incidents on a particular case should not be discussed with individuals who are not professionally involved with the child served. These include: school personnel, staff for other cases, friends, relatives, spouses, and parents of other children. Any case discussions should be conducted in a professional manner and in an appropriate place, behind closed doors. Remember that your voice may carry and you could be heard through closed doors. Children are never to be discussed in public. Areas outside the child's home are considered public. Never discuss any client on web sites such as Facebook or blog pages.

All data (such as intake assessments, correspondence, etc.) are kept in each child's binder or box, protected in a safe place. If you are working with a child and collecting data, safeguard against the loss of data and ascertain that the data are kept confidential.

You are not permitted to take photographs of the child or the family. An exception can be made for photos taken to use as stimuli in child's program, an example would be, photos taken to teach emotions or family members. In addition, you are not permitted to ask the family for photographs. You may, however, accept a photograph if offered to you, while maintaining all confidentiality guidelines. Do not upload photographs to the internet or email to anyone.

3. Limitations of Training

Remember that, as an interventionist, you have received training to work with a specific child under the supervision of his/her qualified Provider. You will receive on-going training to work effectively using research-driven programs and applied behavioral analysis procedures. This knowledge will be valuable and beneficial to you and the children you serve, but does not qualify you to implement treatment which has not been specifically recommended by the child's Provider. Interventionists should follow the verbal and / or written recommendations from the Provider. Treatment should be implemented using guidelines demonstrated by the overseeing Provider. If there are issues or questions regarding a specific recommendation or implementing a specific program during the month, the interventionist should contact the Lead and / or Provider or put the program on hold until it can be discussed with the Provider.

During treatment the Provider may require the child to participate in learning activities he/she does not want to participate in, which may lead to a tantrum. The Provider and interventionist will follow through using the least restrictive procedures possible. Possible procedures may include: requiring the child to sit at a table during instruction, using hand over hand prompts, picking a child up from the floor and guiding him/her to the treatment area, sitting in front of the child to keep the child in his/her seat or from leaving the area designated for treatment delivery, and waiting for the child to calm himself/herself.

4. Physical Restraints

At times there will be extreme behaviors which may result in the need for physical restraints. Interventionists must be trained on the proper procedures to apply restraints before being allowed to implement them.

Please initial that you have read and understand:

_____ I am only to restrain children I serve if they pose a physical threat to themselves, others or property. Restraint is intended to minimize bodily harm or damage to property.

_____ Restraint, while restricting movement, is NOT intended as a strategy to reduce behavior(s). Once the child is calm, interventionist is to immediately release.

_____ Every act of restraint must be documented with a detailed description of the incident and behavior displayed by the child.

5. Timeouts

Please initial that you have read and understand:

Seclusion: Also known as solitary confinement. Seclusion has been cited as unconstitutional for children (*Morales v. Turman*).

_____ I understand placing a child in an isolated room is illegal and will result in immediate termination.

Exclusionary Timeout: Involves moving the child to a different room, another part of the room or behind a physical barrier.

_____ I understand placing a child in an exclusionary timeout will result in immediate termination.

Parents may implement timeout procedures listed above, however it is not part of treatment and is not to be delivered by an interventionist or a Provider. An interventionist is never to ask a parent to put a child into timeout. If implemented, by any staff member, please contact the child's Care Manager immediately.

6. Aversive Interventions

Under no circumstances should any form of aversive stimulation/intervention be used, even if the parents request its usage. Nevada prohibits the use of aversive behavior interventions. If implemented, by any staff member, please contact the child's Care Manager immediately.

7. Augmentative Communication

- All changes to the augmentative communication device must to be approved by the Parent or Provider.
- Once changes have been made either the Parent or the Interventionist must back-up the device.
- The augmentative communication device must be easily accessible to the child at all times, especially during discrete trial training, generalization, socialization or community trainings.
- The Parent has the right to limit access to those permitted to program the device.
- All electronic equipment, including augmentative communication equipment, must be handled with care and respect. Do not lean on the equipment, place it where it might get wet, or put it on an uneven surface.
- The Interventionist is to return the equipment to its place in the house and ensure it is plugged in at the end of the therapy session.

8. Data

Data collection is the basis for any behavioral intervention. Data ensures objectivity and supplies a basis for comparison between procedures and programs. Data also provides accountability in intervention; they show clearly whether or not progress is occurring. It is required that interventionists record data during each session. The importance of keeping accurate data can not be stressed enough. Falsification of data is grounds for immediate termination.

It is very important that you be as careful and scientific in your data collection as possible. Careless record keeping could potentially be detrimental to the child's program, as well as the future funding. Data efficiency should be carried out in all programs.

Please remember that anecdotal notes and data collected and entered into log books are part of the client's record and can be used as court documents. Therefore, it is imperative that notes be

accurate and professional. Data is also subject to review at any time by the Care Manager overseeing the child.

If and when data is emailed, it must be sent via secure and protected files.

9. Treatment Area

Interventionists are to keep session area organized and clean. At the end of each session, all stimuli should be returned to its designated areas and logbook secured, ready for the next session.

10. Quality Control

- a. From time to time, interventionists may be videotaped or observed as part of the ongoing quality control procedures. These procedures provide staff an opportunity for more specific feedback regarding their treatment skills. They also assist the Provider in identifying areas in which additional staff training might be helpful.
- b. Interventionists are required to participate and attend provider's meetings and trainings for the child they provide intervention for. If the interventionist is absent from these meetings for any reason, it is mandatory that these sessions be made up as soon as possible. These should take place monthly for at least 3 hours in duration.

11. Performance Evaluations

All interventionists will be evaluated by the overseeing Provider on a periodic basis, usually a minimum of twice per year. Areas for evaluation vary according to your training, demonstrated skill level, and may include the following: professionalism, contribution to consultations, administrative skills, effort to learn/teach/supervise, attendance and punctuality, report writing, timeliness of reports, and therapy skills. Performance evaluations are typically conducted by the overseeing provider. Authorized Representatives may have their own performance evaluations.

12. Attendance

Interventionists are expected to be at all scheduled sessions, team meetings and training/workshops (at the child's home, school or clinic site) and are expected to be on time. If the interventionist is going to be late, or anticipates missing a session he or she must make an effort to inform the parent 24 hours in advance. Workshops are a priority, given that fact, it is understood that they may conflict with other children's sessions you may work with. Please provide the parents of the non-workshop family at least one week's notice of your attending the other child's workshop, so they may schedule another interventionist to cover your session. When possible secure another team member to cover your session.

13. Relationship with Parents/Family

Parents and family members are clients of the Autism Treatment Assistance Program; they are not your friends or confidantes. You are not to discuss your personal life with parents. Pleasantries, however, may be exchanged when greeting and saying “goodbye” to family members. Contact with the family must be limited to the context of therapy. No baby-sitting will be permitted.

At times, parents may ask for advice or they may wish to discuss their own problems with you. This is not your role; you are not trained or qualified as a family counselor to the parent(s) or family. In the event of this situation, please advise them your role is to deliver services recommended by your child’s supervising behaviorist.

Under no circumstances should you discuss diagnosis or prognosis, suggest treatment programs, or give medical advice for the child, even if you are asked to do so. Similarly, do not make any comments about the comparative level or progress of the child, or the programming of other clients. Speak with the parents in a professional manner at all times, avoiding unprofessional labels (e.g., “brat,” “spacey,” “stimmy,” “freaked out,” “low-functioning,”) even if such terminology is used by the parents. Encourage other team members to use professional language at all times. If the child has established health issues, the parent should inform the child’s provider and team of interventionists of these concerns. A *Health Protocol* should be written by the family and taught to all interventionists to address future situations.

Do not make disparaging remarks about the child in front of the child as if the child was not present (e.g. he or she looks grouchy today). If a child engages in a behavior that you find to be inappropriate such as a child picking his or her nose, do not make negative emotional comments such as, “gross” or “how disgusting”. Instead, offer the child a tissue and assist them in wiping his/her nose. Address concerns about inappropriate behavior with the child’s Provider.

Do not discuss the administrative issues (e.g., staff changes, business or policies) or the personal life of other staff members with parents. If questioned by the parent about administrative issues, refer them to your Supervisor.

Listen to what the parent(s) have to say regarding services. Remember that most parents have much more extensive experience with their children’s specific behaviors than you, even if they don’t know terminology, and principles and procedures related to ABA. Attempt to involve the parents in the treatment of their children as much as possible. If the parent has ideas or questions about programs or procedures, encourage them to bring them up in workshops. **If a parent is opposed to a particular program or procedure, discontinue it for that session and speak to your Provider or Supervising Behavior Consultant.**

14. Staff Relations

It is important that the staff functions as a team. Employees are not working in competition with one another. Everyone has his or her individual areas of strength and weakness. You will do certain things well and you will also make some mistakes. Both are an important basis for learning and for feedback regarding your own and other staff members' work. When you are given feedback, it is in your best interest not to interpret such comments as a personal insult, but rather as an important tool to help you learn and improve your consultation skills. Corrective feedback from supervisors is expected to be implemented. If you have a question regarding feedback (e.g. you are unclear about terminology that the Provider used or are unsure how to implement feedback) you are to address your concerns/questions with the Provider in a professional and non-argumentative way.

Under no circumstances should you speak about or criticize other staff members inappropriately. If you have personal or work-related problems with any other staff members, you should direct your concerns to your Supervisor, do not address your concerns directly. Your Supervisor will attempt to resolve the problem in an appropriate manner.

If you are in disagreement with any program or procedure, it is appropriate to discuss it with the behavior consultant overseeing treatment. Procedures for change will be presented at the monthly workshop, where the staff as a team can reach decisions. Disagreement should be presented professionally (e.g., outside of consultations).

15. Visitors

It is not permitted for you to bring any guest or visitor to the child's home without specific authorization from the parent. This includes professionals in psychology or related fields, parents, students, family members, friends, and former employees.

16. Dress

You are to dress in a neat and appropriate manner for all sessions. Wearing comfortable clothing, which allows free movement during therapy sessions, is recommended. Keep in mind you will be bending over or possibly sitting on the floor, so avoid low cut tops and pants. Do not wear clothes with inappropriate content such as alcohol logos or slogans with profanity.

Print Interventionist Name: _____

Interventionist Signature: _____ **Date:** _____

Print Authorized Representative Name: _____

Authorized Representative Signature: _____ **Date:** _____

PPL Nevada
FMA Services
6 Admirals Way
Chelsea, MA 02150

Phone: 1- 888-805-1074
Admin Fax: 1-877-409-2655
TTY: 1-800-360-5899



Child Name: _____
Interventionist Name: _____

Security and Confidentiality Policy for Protected Data

PPL Nevada is committed to ensuring the security and confidentiality of data that is entrusted to it by its clients and others, including “protected health information” under the Health Insurance Portability and Accountability Act (“HIPAA”), “education records” under the Family Educational Rights and Privacy Act (“FERPA”), and other data that is confidential under other applicable laws, regulations, contracts or ethical standards (collectively, “Protected Data”). This policy codifies PPL Nevada practices and procedures relating to the security and confidentiality of Protected Data. All PPL Nevada employees are expected to read, understand, and comply with this policy. For purposes of this policy, the term “security” relates to protection from external threats to Protected Data, such as fire and theft. The term “confidentiality” relates to the proper use and disclosure of Protected Data.

A. Basic Principles

1. PPL Nevada will maintain and use appropriate administrative, physical, and technical safeguards to reasonably protect the security, integrity, and confidentiality of Protected Data.
2. PPL Nevada will not disclose Protected Data to any employee, contractor, or other person unless that person has executed an appropriate agreement relating to the security and confidentiality of the Protected Data.
3. PPL Nevada will not use or disclose the Protected Data except as authorized in writing by the source of the Protected Data.
4. PPL Nevada will immediately investigate any reported breach of its security and confidentiality safeguards. If a breach is confirmed, PPL Nevada will notify the source of the Protected Data, and will take appropriate steps to correct the problem and to mitigate any harm.

B. Security Systems

1. PPL Nevada utilizes physical and electronic systems to secure Protected Data. Physical systems include building access controls. Electronic systems include computer passwords, firewalls, virus detection software, and encryption. Employees are prohibited from bypassing these systems.
2. PPL Nevada maintains detailed procedures for PPL Nevada electronic security systems, including how the HIPAA Security Rule is addressed, and is responsible for electronic security awareness and training. **(signature required on 2nd page)**

Required

Acknowledgement of Security and Confidentiality Policy for Protected Data

The undersigned PPL Nevada employee:

Has read and understands the PPL Nevada Security and Confidentiality Policy for Protected Data (“the Policy”);

Agrees to comply with the Policy;

Agrees to use Protected Data only for authorized purposes;

Agrees to report breaches of security or confidentiality relating to Protected Data to an authorized supervisor;

Understands that misusing or failing to safeguard Protected Data may expose PPL Nevada and the employee to legal claims; and

Understands that violation of the Policy may result in disciplinary action up to and including termination of employment.

Applicant Name: _____

Applicant Signature: _____

Date: _____

**PPL Nevada
FMA Services
6 Admirals Way
Chelsea, MA 02150**



**Phone: 1- 888-805-1074
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TTY: 1-800-360-5899**

Interventionist's Competencies Form

As an Interventionist once you have received all appropriate training you are required to meet the competencies outlined below:

1. Discrete-trial management. Plan the progression of objectives, discriminative stimuli, and generalized training examples.
2. Discrete-trial procedures. Prepare for a session, rapidly pace the session, use repetition, and maintain child's attention.
3. Present a clear discriminative stimulus SD
4. Present a well-timed, effective prompt from least to most intrusive based on need of child.
5. Use differential reinforcement based upon observation of the child's performance.
6. Use differential reinforcement based upon observation of the child's performance to increase responsiveness during a training session.
7. Shape a behavior using differential reinforcement.
8. Use massed trials and prompt fading to establish a new response.
9. Use expansion, randomization, and generalization to teach a new discrimination.
10. Use a correction procedure.
11. Use behavioral momentum.
12. Demonstrate or describe the use of the following skills:
 - Use positive practice
 - Extinction conditions, based on behavior function.
 - Use behavior contracting
 - Use differential reinforcement of incompatible behavior
 - Observe behavior and collect data
 - Decrease a challenging behavior using a functional analysis
 - Use peer programming
 - Use peer tutoring
 - Use peer prompting
 - Use incidental teaching
 - Redirection
 - Generalization

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Criminal Background Check Authorization Form

The Autism Treatment Assistance program requires that all employees complete a criminal background check.

I will complete this step by:

- Passing a criminal background check through PPL Nevada
- Providing documentation of a completed background check within the past calendar year
- Providing documentation of a Nevada State Worker's Card within the past calendar year

This form provides Public Partnerships, Nevada with the authorization to conduct background checks. PPL Nevada will perform this background check through Kroll. ADSD reserves the right to disqualify a person from employment based on the results of this request. Regardless of your personal situation, please complete the demographic information below.

Part 1: Nevada Criminal Background Check

As a prospective Employee, I authorize PPL to submit my information to Kroll to complete a criminal background check on me. I am providing the below information to support the performance of these checks. I certify that the information below is correct to the best of my knowledge. I authorize PPL Nevada to share the results of these checks with the Authorized Representatives for the child for whom I perform services.

(Prospective) **Employee Signature**

Last Name (Print) **First Name (Print)** **Middle Name (Print)**

Maiden Name or Alias (If Applicable)

Date of Birth: _____ **Social Security Number:** _____ **Sex:** F or M

Phone Number: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Only if you are having your check run through PPL NV, please send in a check for \$ 26.00 made out to Public Partnerships Nevada for the completion of the background check process.

PPL STAFF ONLY

Request processed by: _____

Signature of Authorized PPL Employee: _____

Record Attached: _____ No Record: _____ DATE: _____

Required

PPL Nevada
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6 Admirals Way
Chelsea, MA 02150



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NV Aging and Disability Services Division Barrier Crimes to Employment

Autism Treatment Assistance program policy requires all Employees and Independent Contractors who provide services to children in the program to undergo a criminal background check.

The applicant or contractor has been convicted of any offense enumerated in NRS 449.188 or any of the following offenses or statutory violations:

- Murder, voluntary manslaughter or mayhem;
- Assault with intent to kill or to commit sexual assault or mayhem;
- Sexual assault, statutory sexual seduction, incest, lewdness, indecent exposure or any other sexually related crime;
- Abuse or neglect of a child or contributory delinquency;
- Criminal neglect of a patient as defined in NRS 200.495;
- Any offense involving fraud, theft, embezzlement, burglary, robbery, fraudulent conversion or misappropriation of property within the immediately preceding 7 years;
- Any felony involving the use of a firearm or other deadly weapon, within the immediately preceding 7 years;
- Abuse, neglect, exploitation or isolation of older persons;
- Kidnapping, false imprisonment or involuntary servitude;
- Any offense involving assault or battery, domestic or otherwise;
- Conduct inimical to the public health, morals, welfare and safety of the people of the State of Nevada in the maintenance and operation of the premises for which a provider contract is issued;
- Conduct or practice detrimental to the health or safety of the occupants or employees of the facility or agency; or,
- Any other offense determined by the Division to be inconsistent with the best interests of all recipients.

If there are any other crimes which are identified during the Criminal Background Check, the Authorized Representative must complete the “Acceptance of Responsibility for Employment Form” and provide it to PPL Nevada prior to the continuation of employment.

PPL Nevada
FMA Services
6 Admirals Way
Chelsea, MA 02150



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ACCEPTANCE OF RESPONSIBILITY FOR EMPLOYMENT

This is an OPTIONAL form

As the managing employer and authorized representative in the Autism Treatment Assistance program, I have the right to choose to hire and employ an Interventionist who I know has been convicted of a crime. However, there are some crimes which are considered barrier crimes. Anyone who has been convicted of one of the barrier crimes listed below will be denied employment. You may hire other prospective Interventionists provided you complete and submit this form to PPL Nevada.

Barrier Crimes:

- Murder, voluntary manslaughter or mayhem;
- Assault with intent to kill or to commit sexual assault or mayhem;
- Sexual assault, statutory sexual seduction, incest, lewdness, indecent exposure or any other sexually related crime;
- Abuse or neglect of a child or contributory delinquency;
- Criminal neglect of a patient as defined in NRS 200.495;
- Any offense involving fraud, theft, embezzlement, burglary, robbery, fraudulent conversion or misappropriation of property within the immediately preceding 7 years;
- Any felony involving the use of a firearm or other deadly weapon, within the immediately preceding 7 years;
- Abuse, neglect, exploitation or isolation of older persons;
- Kidnapping, false imprisonment or involuntary servitude;
- Any offense involving assault or battery, domestic or otherwise;
- Conduct inimical to the public health, morals, welfare and safety of the people of the State of Nevada in the maintenance and operation of the premises for which a provider contract is issued;
- Conduct or practice detrimental to the health or safety of the occupants or employees of the facility or agency; or,
- Any other offense determined by the Division to be inconsistent with the best interests of all recipients.

I understand that this decision and the consequences thereof are my sole responsibility. In making any and all hiring decisions as the Authorized Representative, I agree to hold harmless from any claims and responsibility Public Partnerships-Nevada and Nevada Aging and Disability Services Division.

Authorized Representative Signature _____ **Date** _____

This form must be signed and sent to PPL-Nevada if you decide to hire an employee after receiving the results of a Criminal Background Check that indicates that the employee has been convicted of a crime.

Optional

**PPL Nevada
FMA Services
6 Admirals Way
Chelsea, MA 02150**



**Phone: 1- 888-805-1074
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EMPLOYEE I-9 FORM

Fill out Section 1 of the form with your information. This includes your name, address, date of birth and social security number. Remember to check the appropriate box regarding your residency status and to sign at the bottom of Section 1.

Fill out Section 2 of the form with your information. This is information that proves you are legal to work in the United States. Look on the attached “Lists of Acceptable Documents” to see what documents you can use. Remember, if you use something from List A, you do not have to complete List B or List C. If you use something from List B, you must also do something from List C.

Your managing employer (the authorized representative) signs and dates in the certification section. People often forget to do this so make sure your employer signs the form!

We will not be able to pay you until you send this in, so this is very important!

In addition to this letter, there are detailed instructions following this page.

If you need help, please give us a call at **1- 888-805-1074**. We look forward to working with you!

Employee Form I-9 Instructions

IMPORTANT: This form must be completed by the Employee and Managing Employer within three (3) days of employment. The U.S. Citizenship and Immigration Services (US-CIS) Form I-9 must be completed using the corresponding numbered instructions provided below. **PPL will not provide payment to any Employee who has not completed the Form I-9 correctly.** This form will be returned to the Managing Employer if any of the required fields are missing or incorrect. This form is a Federal form and must be completed in order for an Employee to be in compliance with the U.S. Department of Homeland Security (DHS) employment eligibility requirements. For more information, see US-CIS Handbook for Employers on Instructions for Completing the I-9, available online at www.uscis.gov/files/form/m-274.pdf.

Section 1 (to be completed by Employee):

*The **Employee** must complete the following fields if he/ she is 18 or older:*

If the Employee is under the age of 18, a parent or legal guardian must complete this section and print “employee under 18” in the Signature Line (field 8) and fill out fields 1-13.

Section 1. Employee Information and Attestation <i>(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.)</i>					
Last Name (Family Name) ①	First Name (Given Name)	Middle Initial	Other Names Used (if any) ②		
Address (Street Number and Name) ③	Apt. Number	City or Town ④	State	Zip Code	
Date of Birth (mm/dd/yyyy) ⑤	U.S. Social Security Number ⑥	E-mail Address ⑦		Telephone Number ⑧	

1. Employee’s full legal name: Last Name, First Name, Middle Initial.
2. Other names used by employee, if any (for example, if employee has changed name due to marriage).
3. Employee’s address where Employee currently lives.
4. Employee’s current city, state, and complete zip code.
5. Employee’s birth date. Specify the month, day, and year of birth.
6. Employee’s complete Social Security Number (SSN).
7. Employee’s email address.
8. Employee’s telephone number.

9

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):

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

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

10

2. Form I-94 Admission Number: _____

3-D Barcode
Do Not Write in This Space

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

9. Employee must check off the statement that applies to his or her current citizenship or Visa status.
10. ***If the Employee is a lawful permanent resident, the Employee must enter the Alien #. If the Employee is an alien authorized to work, the Employee must enter the Alien Registration # or Form I-94 Admission Number (if using an admission number, please list the foreign passport number and county of issuance)***

Signature of Employee: _____	11	Date (mm/dd/yyyy): _____	12
------------------------------	----	--------------------------	----

11. Employee's signature (sign full legal name).
12. The date the Employee completed and signed this Form I-9.

Note: the Employee must sign the form prior to or the same day the Managing Employer signs the form in Section 2.

If someone helped the Employee fill out Section 1, the person who helped must:

- 13. Sign their name in this field.
- 14. Print their name in this field
- 15. Print their current address in this field.
- 16. Print the date they helped complete the form in this field.

These fields only need to be completed if someone helped you (the Employee) fill out the Form I-9 or if you (the Employee) are under the age of 18.

Preparer and/or Translator Certification *(To be completed and signed if Section 1 is prepared by a person other than the employee.)*

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

Signature of Preparer or Translator:	13	Date (mm/dd/yyyy):	16
Last Name (Family Name)	14	First Name (Given Name)	
Address (Street Number and Name)	15	City or Town	State Zip Code

Section 2 (to be completed by Managing Employer):

The Managing Employer must complete the following fields:

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 examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

****Note: the Managing Employer may be a different person than the Participant receiving services (i.e. Authorized Representative).***

In this section the Managing Employer must verify and list the correct documentation in the appropriate format. Remember, incomplete information will delay payment for services.

Employee Last Name, First Name and Middle Initial from Section 1:				
List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title: 17		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: 10px; width: fit-content; margin: auto;"> <p>3-D Barcode Do Not Write in This Space</p> </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):				

17. The Managing Employer must verify the document(s) provided by the Employee. The Employee must provide one of the documents from List A of the “*List of Acceptable Documents*” page that accompanies the Form I-9 **OR** one document from List B **AND** one document from List C. PPC uses E-Verify; therefore, **the List A or List B document provided must contain a clear photo.** The Managing Employer must accept any documents on the “*List of Acceptable Documents*” other than a List B item that does not contain a photo or a document that has expired. Documents presented by the Employee that require signature must be signed. PPC will return the form I-9 to the Employer if there isn’t appropriate documentation listed in List A or in **BOTH** B and C. **Clear photocopies of all documents used for the verification must be submitted to PPL for verification using E-Verify.**

The Managing Employer enters this information for the documents verified from each List:

- Document Title (for example, “Drivers License” or “Social Security Card”)
- Issuing Authority (for example, “NV DMV” or “Social Security Administration”)
- Document # (for example, the Employee’s Social Security number “123-45-6789”)
- Expiration Date (enter “N/A” if there is no expiration date)

In this section the Managing Employer must certify that they have 1) examined the documents presented by the above named employee, 2) the above listed documents appear to be genuine and to relate to the employee named, and 3) to the best of their knowledge the employee is authorized to work in the United States.

Remember, incomplete information will delay payment for services

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): 18 (See instructions for exemptions.)

Signature of Employer or Authorized Representative 19		Date (mm/dd/yyyy) 24	Title of Employer or Authorized Representative 21 Managing Employer	
Last Name (Family Name) 20		First Name (Given Name)	Employer's Business or Organization Name 22 Public Partnerships Colorado INC	
Employer's Business or Organization Address (Street Number and Name) 23 148 State Street		City or Town Boston	State MA	Zip Code 02109

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

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

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current 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:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
---	--------------------	--

18. The date the Employee began working. If the Employee has not begun working and the employment begin date is unknown, enter the same date as the Managing Employer signature date in field #20.
19. Managing Employer's signature (sign full legal name).
20. Managing Employer's full legal name.
21. Managing Employer's title. Write: "Managing Employer."
22. The name of the Employer (Public Partnerships-Colorado, Inc.)
23. Employer address (148 State St. Boston, MA 02109). This section will be pre-populated.
24. The date that the Managing Employer has verified the information on this Form I-9. This date is very important. This date must be no more than three (3) calendar days after the employment start date indicated in field # 15.

Section 3 (to be completed by Managing Employer if applicable):

This section is only completed if one or more of the following applies:

- The Employee is rehired by the Managing Employer within three (3) years of his/her last date worked
- The Employee has a name change
- The Employee’s work authorization expires

If applicable, the Managing Employer must complete the following fields:

Section 3: Reverification and Rehires <i>(To be completed and signed by employer or authorized representative.)</i>		
A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial	B. Date of Rehire (if applicable) (mm/dd/yyyy):	
25	26	
C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.		
Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):
27	28	29
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:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
30	31	32

- 25. New name of the Employee (if applicable).
- 26. The date the Employee was rehired.

If the employee was an alien and his/ her documents have expired you must revalidate the work authorization.

27. The Document Title of the new document(s) used to verify employment eligibility.

28. The Document # of the new document(s) used to verify employment eligibility.

29. The Expiration Date of the new document(s) used to verify employment eligibility.

- 30. Managing Employer signature (sign full legal name) to indicate the Managing Employer has verified any existing and new information on the Form I-9.
- 31. The date that you (the Managing Employer) verified the documentation provided.
- 32. Printed Name of the Managing Employer



Instructions for Employment Eligibility Verification

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

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

Read all instructions carefully before completing this form.

Anti-Discrimination Notice. It is illegal to discriminate against any work-authorized individual in hiring, discharge, recruitment or referral for a fee, or in the employment eligibility verification (Form I-9 and E-Verify) process based on that individual's citizenship status, immigration status or national origin. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination. For more information, call the Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSC) at 1-800-255-7688 (employees), 1-800-255-8155 (employers), or 1-800-237-2515 (TDD), or visit www.justice.gov/crt/about/osc.

What Is the Purpose of This Form?

Employers must complete Form I-9 to document verification of the identity and employment authorization of each new employee (both citizen and noncitizen) hired after November 6, 1986, to work in the United States. In the Commonwealth of the Northern Mariana Islands (CNMI), employers must complete Form I-9 to document verification of the identity and employment authorization of each new employee (both citizen and noncitizen) hired after November 27, 2011. Employers should have used Form I-9 CNMI between November 28, 2009 and November 27, 2011.

General Instructions

Employers are responsible for completing and retaining Form I-9. For the purpose of completing this form, the term "employer" means all employers, including those recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors. Complete, sign, and submit to PPL.

Form I-9 is made up of three sections. Employers may be fined if the form is not complete. Employers are responsible for retaining completed forms. Do not mail completed forms to U.S. Citizenship and Immigration Services (USCIS) or Immigration and Customs Enforcement (ICE).

Section 1. Employee Information and Attestation - Instructions for Employee

Newly hired employees must complete and sign Section 1 of Form I-9 **no later than the first day of employment**. Section 1 should never be completed before the employee has accepted a job offer. This must be completed before you can start work.

Provide the following information to complete Section 1:

Name: Provide your full legal last name, first name, and middle initial. Your last name is your family name or surname. If you have two last names or a hyphenated last name, include both names in the last name field. Your first name is your given name. Your middle initial is the first letter of your second given name, or the first letter of your middle name, if any.

Other names used: Provide all other names used, if any (including maiden name). If you have had no other legal names, write "N/A."

Address: Provide the address where you currently live, including Street Number and Name, Apartment Number (if applicable), City, State, and Zip Code. Do not provide a post office box address (P.O. Box). Only border commuters from Canada or Mexico may use an international address in this field.

Date of Birth: Provide your date of birth in the mm/dd/yyyy format. For example, January 23, 1950, should be written as 01/23/1950.

U.S. Social Security Number: Provide your 9-digit Social Security number. Providing your Social Security number is voluntary. However, if your employer participates in E-Verify, you must provide your Social Security number.

E-mail Address and Telephone Number (Optional): You may provide your e-mail address and telephone number. Department of Homeland Security (DHS) may contact you if DHS learns of a potential mismatch between the information provided and the information in DHS or Social Security Administration (SSA) records. You may write "N/A" if you choose not to provide this information.

All employees must attest in Section 1, under penalty of perjury, to their citizenship or immigration status by checking one of the following four boxes provided on the form:

1. A citizen of the United States

2. A noncitizen national of the United States: Noncitizen nationals of the United States are persons born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad.

3. A lawful permanent resident: A lawful permanent resident is any person who is not a U.S. citizen and who resides in the United States under legally recognized and lawfully recorded permanent residence as an immigrant. The term "lawful permanent resident" includes conditional residents. If you check this box, write either your Alien Registration Number (A-Number) or USCIS Number in the field next to your selection. At this time, the USCIS Number is the same as the A-Number without the "A" prefix.

4. An alien authorized to work: If you are not a citizen or national of the United States or a lawful permanent resident, but are authorized to work in the United States, check this box.

If you check this box:

a. Record the date that your employment authorization expires, if any. Aliens whose employment authorization does not expire, such as refugees, asylees, and certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau, may write "N/A" on this line.

b. Next, enter your Alien Registration Number (A-Number)/USCIS Number. At this time, the USCIS Number is the same as your A-Number without the "A" prefix. If you have not received an A-Number/USCIS Number, record your Admission Number. You can find your Admission Number on Form I-94, "Arrival-Departure Record," or as directed by USCIS or U.S. Customs and Border Protection (CPB).

(1) If you obtained your admission number from CBP in connection with your arrival in the United States, then also record information about the foreign passport you used to enter the United States (number and country of issuance).

(2) If you obtained your admission number from USCIS *within the United States*, or you entered the United States without a foreign passport, you must write "N/A" in the Foreign Passport Number and Country of Issuance fields.

Sign your name in the "Signature of Employee" block and record the date you completed and signed Section 1. By signing and dating this form, you attest that the citizenship or immigration status you selected is correct and that you are aware that you may be imprisoned and/or fined for making false statements or using false documentation when completing this form. To fully complete this form, you must present to your employer documentation that establishes your identity and employment authorization. Choose which documents to present from the Lists of Acceptable Documents, found on the last page of this form. You must present this documentation no later than the third day after beginning employment, although you may present the required documentation before this date.

Preparer and/or Translator Certification - Complete ONLY if someone helped you fill out Section I.

The Preparer and/or Translator Certification must be completed if the employee requires assistance to complete Section 1 (e.g., the employee needs the instructions or responses translated, someone other than the employee fills out the information blocks, or someone with disabilities needs additional assistance). The employee must still sign Section 1.

Minors and Certain Employees with Disabilities (Special Placement)

Parents or legal guardians assisting minors (individuals under 18) and certain employees with disabilities should review the guidelines in the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)* on www.uscis.gov/I-9Central before completing Section 1. These individuals have special procedures for establishing identity if they cannot present an identity document for Form I-9. The special procedures include (1) the parent or legal guardian filling out Section 1 and writing "minor under age 18" or "special placement," whichever applies, in the employee signature block; and (2) the employer writing "minor under age 18" or "special placement" under List B in Section 2.

Section 2. Employer or Authorized Representative Review and Verification

Before completing Section 2, employers must ensure that Section 1 is completed properly and on time. Employers may not ask an individual to complete Section 1 before he or she has accepted a job offer.

Employers or their authorized representative must complete Section 2 by examining evidence of identity and employment authorization within 3 business days of the employee's first day of employment. For example, if an employee begins employment on Monday, the employer must complete Section 2 by Thursday of that week. However, if an employer hires an individual for less than 3 business days, Section 2 must be completed no later than the first day of employment. An employer may complete Form I-9 before the first day of employment if the employer has offered the individual a job and the individual has accepted. This must be completed prior to employment.

Employers cannot specify which document(s) employees may present from the Lists of Acceptable Documents, found on the last page of Form I-9, to establish identity and employment authorization. Employees must present one selection from List A **OR** a combination of one selection from List B and one selection from List C. List A contains documents that show both identity and employment authorization. Some List A documents are combination documents. The employee must present combination documents together to be considered a List A document. For example, a foreign passport and a Form I-94 containing an endorsement of the alien's nonimmigrant status must be presented together to be considered a List A document. List B contains documents that show identity only, and List C contains documents that show employment authorization only. If an employee presents a List A document, he or she should **not** present a List B and List C document, and vice versa. If an employer participates in E-Verify, the List B document must include a photograph.

In the field below the Section 2 introduction, employers must enter the last name, first name and middle initial, if any, that the employee entered in Section 1. This will help to identify the pages of the form should they get separated.

Employers or their authorized representative must:

1. Physically examine each original document the employee presents to determine if it reasonably appears to be genuine and to relate to the person presenting it. The person who examines the documents must be the same person who signs Section 2. The examiner of the documents and the employee must both be physically present during the examination of the employee's documents.
2. Record the document title shown on the Lists of Acceptable Documents, issuing authority, document number and expiration date (if any) from the original document(s) the employee presents. You may write "N/A" in any unused fields.

If the employee is a student or exchange visitor who presented a foreign passport with a Form I-94, the employer should also enter in Section 2:

- a. The student's Form I-20 or DS-2019 number (Student and Exchange Visitor Information System-SEVIS Number); **and** the program end date from Form I-20 or DS-2019.
3. Under Certification, enter the employee's first day of employment. Temporary staffing agencies may enter the first day the employee was placed in a job pool. Recruiters and recruiters for a fee do not enter the employee's first day of employment.
4. Provide the name and title of the person completing Section 2 in the Signature of Employer or Authorized Representative field.
5. Sign and date the attestation on the date Section 2 is completed.
6. Record the employer's business name and address.
7. Return the employee's documentation.

Employers may, but are not required to, photocopy the document(s) presented. If photocopies are made, they should be made for **ALL** new hires or reverifications. Photocopies must be retained and presented with Form I-9 in case of an inspection by DHS or other federal government agency. Employers must always complete Section 2 even if they photocopy an employee's document(s). Making photocopies of an employee's document(s) cannot take the place of completing Form I-9. Employers are still responsible for completing and retaining Form I-9.

Unexpired Documents

Generally, only unexpired, original documentation is acceptable. The only exception is that an employee may present a certified copy of a birth certificate. Additionally, in some instances, a document that appears to be expired may be acceptable if the expiration date shown on the face of the document has been extended, such as for individuals with temporary protected status. Refer to the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)* or I-9 Central (www.uscis.gov/I-9Central) for examples.

Receipts

If an employee is unable to present a required document (or documents), the employee can present an acceptable receipt in lieu of a document from the Lists of Acceptable Documents on the last page of this form. Receipts showing that a person has applied for an initial grant of employment authorization, or for renewal of employment authorization, are not acceptable. Employers cannot accept receipts if employment will last less than 3 days. Receipts are acceptable when completing Form I-9 for a new hire or when reverification is required.

Employees must present receipts within 3 business days of their first day of employment, or in the case of reverification, by the date that reverification is required, and must present valid replacement documents within the time frames described below.

There are three types of acceptable receipts:

1. A receipt showing that the employee has applied to replace a document that was lost, stolen or damaged. The employee must present the actual document within 90 days from the date of hire.
2. The arrival portion of Form I-94/I-94A with a temporary I-551 stamp and a photograph of the individual. The employee must present the actual Permanent Resident Card (Form I-551) by the expiration date of the temporary I-551 stamp, or, if there is no expiration date, within 1 year from the date of issue.
3. The departure portion of Form I-94/I-94A with a refugee admission stamp. The employee must present an unexpired Employment Authorization Document (Form I-766) or a combination of a List B document and an unrestricted Social Security card within 90 days.

When the employee provides an acceptable receipt, the employer should:

1. Record the document title in Section 2 under the sections titled List A, List B, or List C, as applicable.
2. Write the word "receipt" and its document number in the "Document Number" field. Record the last day that the receipt is valid in the "Expiration Date" field.

By the end of the receipt validity period, the employer should:

1. Cross out the word "receipt" and any accompanying document number and expiration date.
2. Record the number and other required document information from the actual document presented.
3. Initial and date the change.

See the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)* at www.uscis.gov/I-9Central for more information on receipts.

Section 3. Reverification and Rehires Complete this section ONLY if rehiring within 3 years.

Employers or their authorized representatives should complete Section 3 when reverifying that an employee is authorized to work. When rehiring an employee within 3 years of the date Form I-9 was originally completed, employers have the option to complete a new Form I-9 or complete Section 3. When completing Section 3 in either a reverification or rehire situation, if the employee's name has changed, record the name change in Block A.

For employees who provide an employment authorization expiration date in Section 1, employers must reverify employment authorization on or before the date provided.

Some employees may write "N/A" in the space provided for the expiration date in Section 1 if they are aliens whose employment authorization does not expire (e.g., asylees, refugees, certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau). Reverification does not apply for such employees unless they chose to present evidence of employment authorization in Section 2 that contains an expiration date and requires reverification, such as Form I-766, Employment Authorization Document.

Reverification applies if evidence of employment authorization (List A or List C document) presented in Section 2 expires. However, employers should not reverify:

1. U.S. citizens and noncitizen nationals; or
2. Lawful permanent residents who presented a Permanent Resident Card (Form I-551) for Section 2.

Reverification does not apply to List B documents.

If both Section 1 and Section 2 indicate expiration dates triggering the reverification requirement, the employer should reverify by the earlier date.

For reverification, an employee must present unexpired documentation from either List A or List C showing he or she is still authorized to work. Employers CANNOT require the employee to present a particular document from List A or List C. The employee may choose which document to present.

To complete Section 3, employers should follow these instructions:

1. Complete Block A if an employee's name has changed at the time you complete Section 3.
2. Complete Block B with the date of rehire if you rehire an employee within 3 years of the date this form was originally completed, and the employee is still authorized to be employed on the same basis as previously indicated on this form. Also complete the "Signature of Employer or Authorized Representative" block.
3. Complete Block C if:
 - a. The employment authorization or employment authorization document of a current employee is about to expire and requires reverification; or
 - b. You rehire an employee within 3 years of the date this form was originally completed and his or her employment authorization or employment authorization document has expired. (Complete Block B for this employee as well.)

To complete Block C:

- a. Examine either a List A or List C document the employee presents that shows that the employee is currently authorized to work in the United States; and
 - b. Record the document title, document number, and expiration date (if any).
4. After completing block A, B or C, complete the "Signature of Employer or Authorized Representative" block, including the date.

For reverification purposes, employers may either complete Section 3 of a new Form I-9 or Section 3 of the previously completed Form I-9. Any new pages of Form I-9 completed during reverification must be attached to the employee's original Form I-9. If you choose to complete Section 3 of a new Form I-9, you may attach just the page containing Section 3, with the employee's name entered at the top of the page, to the employee's original Form I-9. If there is a more current version of Form I-9 at the time of reverification, you must complete Section 3 of that version of the form.

What Is the Filing Fee? This will be retained by PPL.

There is no fee for completing Form I-9. This form is not filed with USCIS or any government agency. Form I-9 must be retained by the employer and made available for inspection by U.S. Government officials as specified in the "**USCIS Privacy Act Statement**" below.

USCIS Forms and Information

For more detailed information about completing Form I-9, employers and employees should refer to the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)*.

You can also obtain information about Form I-9 from the USCIS Web site at www.uscis.gov/I-9Central, by e-mailing USCIS at I-9Central@dhs.gov, or by calling **1-888-464-4218**. For TDD (hearing impaired), call **1-877-875-6028**.

To obtain USCIS forms or the *Handbook for Employers*, you can download them from the USCIS Web site at www.uscis.gov/forms. You may order USCIS forms by calling our toll-free number at **1-800-870-3676**. You may also obtain forms and information by contacting the USCIS National Customer Service Center at **1-800-375-5283**. For TDD (hearing impaired), call **1-800-767-1833**.

Information about E-Verify, a free and voluntary program that allows participating employers to electronically verify the employment eligibility of their newly hired employees, can be obtained from the USCIS Web site at www.dhs.gov/E-Verify, by e-mailing USCIS at E-Verify@dhs.gov or by calling **1-888-464-4218**. For TDD (hearing impaired), call **1-877-875-6028**. PPL will verify electronically.

Employees with questions about Form I-9 and/or E-Verify can reach the USCIS employee hotline by calling **1-888-897-7781**. For TDD (hearing impaired), call **1-877-875-6028**.

Photocopying and Retaining Form I-9

A blank Form I-9 may be reproduced, provided all sides are copied. The instructions and Lists of Acceptable Documents must be available to all employees completing this form. Employers must retain each employee's completed Form I-9 for as long as the individual works for the employer. Employers are required to retain the pages of the form on which the employee and employer enter data. If copies of documentation presented by the employee are made, those copies must also be kept with the form. Once the individual's employment ends, the employer must retain this form for either 3 years after the date of hire or 1 year after the date employment ended, whichever is later.

Form I-9 may be signed and retained electronically, in compliance with Department of Homeland Security regulations at 8 CFR 274a.2.

USCIS Privacy Act Statement

AUTHORITIES: The authority for collecting this information is the Immigration Reform and Control Act of 1986, Public Law 99-603 (8 USC 1324a).

PURPOSE: This information is collected by employers to comply with the requirements of the Immigration Reform and Control Act of 1986. This law requires that employers verify the identity and employment authorization of individuals they hire for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

DISCLOSURE: Submission of the information required in this form is voluntary. However, failure of the employer to ensure proper completion of this form for each employee may result in the imposition of civil or criminal penalties. In addition, employing individuals knowing that they are unauthorized to work in the United States may subject the employer to civil and/or criminal penalties.

ROUTINE USES: This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The employer will keep this form and make it available for inspection by authorized officials of the Department of Homeland Security, Department of Labor, and Office of Special Counsel for Immigration-Related Unfair Employment Practices.

Paperwork Reduction Act

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 35 minutes per response, including the time for reviewing instructions and completing and retaining the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Coordination Division, Office of Policy and Strategy, 20 Massachusetts Avenue NW, Washington, DC 20529-2140; OMB No. 1615-0047. **Do not mail your completed Form I-9 to this address.**



Employment Eligibility Verification

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

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶ **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.
ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire 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 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		E-mail Address			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):

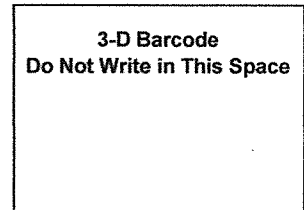
- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field.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

For aliens authorized to work, provide your Alien Registration Number/USCIS Number **OR** Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____



If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee:	Date (mm/dd/yyyy):
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Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)

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

Signature of Preparer or Translator:		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



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 examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

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:				3-D Barcode Do Not Write in This Space
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		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name (Family Name)		First Name (Given Name)	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	Zip Code

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

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial	B. Date of Rehire (if applicable) (mm/dd/yyyy):
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C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current 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:	Date (mm/dd/yyyy):	Print 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
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 Birth Abroad issued by the Department of State (Form FS-545)
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. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		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. 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. Native American tribal document
		6. Military dependent's ID card		6. U.S. Citizen ID Card (Form I-197)
		7. U.S. Coast Guard Merchant Mariner Card		7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		8. Native American tribal document		8. Employment authorization document issued by the Department of Homeland Security
		9. Driver's license issued by a Canadian government authority		
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		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			

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

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.

Form W-4 (2014)

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 2014 expires February 17, 2015. 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 cannot claim exemption from withholding if your income exceeds \$1,000 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 do not apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you are not 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 2014. 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	<u> </u>
B	Enter "1" if: { <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. }	B	<u> </u>
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	<u> </u>
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	<u> </u>
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	<u> </u>
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F	<u> </u>
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$65,000 (\$95,000 if married), enter "2" for each eligible child; then less "1" if you have three to six eligible children or less "2" if you have seven or more eligible children. • If your total income will be between \$65,000 and \$84,000 (\$95,000 and \$119,000 if married), enter "1" for each eligible child	G	<u> </u>
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	<u> </u>

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 2014
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 <u> </u>
6	Additional amount, if any, you want withheld from each paycheck	6 \$ <u> </u>
7	I claim exemption from withholding for 2014, and I certify that I meet both of the following conditions for exemption. • 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 <u> </u>
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 2014 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1950) of your income, and miscellaneous deductions. For 2014, you may have to reduce your itemized deductions if your income is over \$305,050 and you are married filing jointly or are a qualifying widow(er); \$279,650 if you are head of household; \$254,200 if you are single and not head of household or a qualifying widow(er); or \$152,525 if you are married filing separately. See Pub. 505 for details	1	\$	
2	Enter: $\left\{ \begin{array}{l} \$12,400 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,100 \text{ if head of household} \\ \$6,200 \text{ if single or married filing separately} \end{array} \right\}$	2	\$	
3	Subtract line 2 from line 1. If zero or less, enter “-0-”	3	\$	
4	Enter an estimate of your 2014 adjustments to income and any additional standard deduction (see Pub. 505)	4	\$	
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2014 Form W-4</i> worksheet in Pub. 505.)	5	\$	
6	Enter an estimate of your 2014 nonwage income (such as dividends or interest)	6	\$	
7	Subtract line 6 from line 5. If zero or less, enter “-0-”	7	\$	
8	Divide the amount on line 7 by \$3,950 and enter the result here. Drop any fraction	8		
9	Enter the number from the Personal Allowances Worksheet , line H, page 1	9		
10	Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10		

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 (or from line 10 above if you used the Deductions and Adjustments Worksheet)	1		
2	Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than “3”	2		
3	If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter “-0-”) and on Form W-4, line 5, page 1. Do not use the rest of this worksheet	3		
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	4		
5	Enter the number from line 1 of this worksheet	5		
6	Subtract line 5 from line 4	6		
7	Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here	7	\$	
8	Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed	8	\$	
9	Divide line 8 by the number of pay periods remaining in 2014. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2014. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck	9	\$	

Table 1

Table 2

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$6,000	0	\$0 - \$6,000	0	\$0 - \$74,000	\$590	\$0 - \$37,000	\$590
6,001 - 13,000	1	6,001 - 16,000	1	74,001 - 130,000	990	37,001 - 80,000	990
13,001 - 24,000	2	16,001 - 25,000	2	130,001 - 200,000	1,110	80,001 - 175,000	1,110
24,001 - 26,000	3	25,001 - 34,000	3	200,001 - 355,000	1,300	175,001 - 385,000	1,300
26,001 - 33,000	4	34,001 - 43,000	4	355,001 - 400,000	1,380	385,001 and over	1,560
33,001 - 43,000	5	43,001 - 70,000	5	400,001 and over	1,560		
43,001 - 49,000	6	70,001 - 85,000	6				
49,001 - 60,000	7	85,001 - 110,000	7				
60,001 - 75,000	8	110,001 - 125,000	8				
75,001 - 80,000	9	125,001 - 140,000	9				
80,001 - 100,000	10	140,001 and over	10				
100,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 and over	15						

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 who claims no withholding allowances; 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.

**PPL Nevada
FMA Services
6 Admirals Way
Chelsea, MA 02150**



**Phone: 1- 888-805-1074
Admin Fax: 1-877-409-2655
TTY: 1-800-360-5899**

Child Name: _____

Interventionist Name: _____

Interventionist Drivers License & Auto Insurance Verification Form

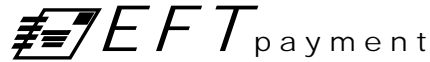
If an Interventionist will be driving his or her personal vehicle while accompanying a Child as part of ATAP services, the interventionist must provide PPL Nevada with proof of a valid driver's license and automobile liability insurance. Use this form to provide this information.

**PLEASE PROVIDE A CLEAR PHOTO COPY OF YOUR
DRIVERS LICENSE AND PROOF OF INSURANCE CARD**

Required

PPL Nevada
FMA Services
6 Admirals Way
Chelsea, MA 02150

Phone: 1- 888-805-1074
Admin Fax: 1-877-409-2655
TTY: 1-800-360-5899



PAYMENT BY ELECTRONIC FUNDS TRANSFER (EFT) INFORMATION GUIDE & EFT APPLICATION FOR PROVIDERS

Electronic Funds Transfer (EFT) is the fastest, safest way to receive payment from Public Partnerships, Nevada for delivery of services to children in the NV ATAP program.

For specific instructions to set-up an EFT account, review the three steps below and complete the attached application. If you have any questions, contact PPL toll free at 1-888-805-1074.

1. MEET EFT REQUIREMENTS

You may receive payment for timesheets by Electronic Funds Transfer (EFT) if you meet the following requirements:

1. You must expect to receive routine PPL payments.
2. You must fill-out the Provider EFT Authorization form. The person filling out the form must have the authority to authorize processing.
3. You must agree to immediately notify PPL Nevada in writing if you change your bank, account number or type, ABA routing number, and contact information. With changes, you may need to submit a new Provider EFT Authorization form.

2. SUBMIT EFT APPLICATION TO PPL

Complete and sign the EFT application and enclose with it a voided check, deposit slip or a letter from your bank that states your account number for the account you wish the payment to be deposited. The application and the voided check must be mailed to:

Mail:

Public Partnerships-Nevada
Attn: NV ATAP Program
6 Admirals Way
Chelsea, MA 02150

Fax:

1-877-409-2655

3. AWAIT CONFIRMATION FROM PPL

Your EFT account will become active after PPL Nevada verifies your bank account number with your bank. **The whole process will take 1 to 2 weeks from the time we receive your signed application.**

If there is a change in bank account information, your PPL payment account will be taken off EFT status until the new bank account information is verified. **Verification may take a few weeks. You will receive regular paper checks in the interim period.**

The EFT payment is sent on payday and should be in your bank account the next morning. Please be aware that bank holidays may delay payment posting. After considering bank holidays, contact PPL if you don't receive your payment on time.

		Public Partnerships, LLC Arizona DES/DDD Fiscal Intermediary (FI) Program Electronic Funds Transfer (EFT) Application	FORM -EFT1 02/01/05
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SECTION 1	CREATE OR CHANGE PPL EFT ACCOUNT <i>To create or change EFT, Check 1 Box Below & Complete Sections 2, 3, and 4</i>	CLOSE EXISTING PPL EFT ACCOUNT <i>If cancellation, check below & complete Sections 2, 3 and 5.</i>
	<input type="checkbox"/> New ACH Account Set-up <input type="checkbox"/> Change Account Number <input type="checkbox"/> Change Financial Institution <input type="checkbox"/> Change Account Type	<input type="checkbox"/> Cancellation Request

SECTION 2	PAYEE INFORMATION <i>Disclosure of your Social Security Number (SSN) is voluntary pursuant to 42 USC 405c2C. PPL will use your SSN or EIN to file required information returns to the IRS.</i>		
	1 Federal Employer Identification Number (EIN) OR	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	← ENTER YOUR EIN, <u>OR</u> YOUR
	2 Social Security Number (SSN)	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	← SSN
	3 Payee Name	Business Phone	
	5 Payee Address		
	6 City	7 State	8 Zip

SECTION 3	AUTHORIZATION FOR SET-UP, CHANGE OR CANCELLATION	
	I authorize Public Partnerships, LLC (PPL) to process payments owed to me for services authorized by State of Arizona Department of Economic Security, Division of Developmental Disabilities. Per my request, PPL shall deposit my payment directly to my bank account indicated below using Automated Clearing House (ACH) transaction. I recognize that if I fail to provide complete and accurate information on this authorization form, processing may be delayed or made impossible, or my electronic payments may be erroneously made.	
	I authorize PPL to withdraw from the designated account all amounts deposited electronically in error. If the designated account is closed or has an insufficient balance to allow withdrawal, then I authorize PPL to withhold any payment owed to me by PPL until the erroneous deposited amounts are repaid. If I decide to change or revoke this authorization, I recognize that I must forward such notice to PPL. The change or revocation is effective on the day PPL processes the request.	
	I certify that I have read and agree to comply with PPL rules governing payments and electronic transfers as they exist on the day of my signature on this form or as subsequently adopted, amended or repealed.	
	I authorize PPL to stop making electronic transfers to my account without advance notice.	
	I certify that I'm authorized to contract for entity receiving deposits per this agreement, and that all information provided is accurate.	
9 Signature (Required) _____	10 Title _____	11 Date _____

SECTION 4	ACCOUNT DETAIL INFORMATION		
	11 Financial Institution Name (My Bank's Name)		
	12 Bank Address		
	13 Bank Routing Number <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/>	14 My Account Number <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	1 Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings
	15 Bank City;	16 Bank State	17 Bank Zip

SECTION 5	CANCELLATION
	18 Cancellation Reason

PPL USE ONLY		
Staff Entry	Vendor ID #	Staff Validation & Date

PPL Nevada
FMA Services
6 Admirals Way
Chelsea, MA 02150



Phone: 1- 888-805-1074
Admin Fax: 1-877-409-2655
TTY: 1-800-360-5899

Child Name: _____
Interventionist Name: _____

Interventionist *Change or Separation* from Employment Form

Please complete this section and return this form to PPL Nevada if there are any changes in the interventionist's information.		
Child ID#:	Interventionist ID#:	
Interventionist's previous name:		
Interventionist's new name:		
Interventionist's New Address:		
City:	State:	Zip Code:
Previous Phone No:	New Phone No:	
Interventionist Signature:		Date:

Separation of Employment with an Interventionist

Please complete this section and return this form to PPL Nevada if there is a separation of Employment with an employee		
Child ID#:	Interventionist ID#:	
Date of Separation of Employment:		
Reason for Separation of Employment:		
Forwarding Address (If Applicable):		
City:	State:	Zip Code:

Authorized Representative name (print):	
Authorized Representative signature:	Date:

Please fax (1-877-409-2655) or mail completed and signed form to PPL Nevada Customer Service (1- 888-805-1074) within 24 hours of an employee change.

PPL Nevada
 FMA Services
 6 Admirals Way
 Chelsea, MA 02150



Phone: 1- 888-805-1074
 Admin Fax: 1-877-409-2655
 TTY: 1-800-360-5899

Child Name: _____
 Interventionist Name: _____

Interventionist Rate Change Form

If you wish to make any changes to the previously agreed upon rate, please complete this form and return to PPL Nevada by 5:00pm Pacific Time no less than 7 days prior to the start of the pay period where it is to be effective. Your new rate will not take effect until the "New Effective Date."

Child ID #:	Interventionist ID #:
-------------	-----------------------

Service	Previous Rate	End Date
Shadowing		
Training Workshop		
Behavioral Intervention		
Service	NEW Rate	New Effective Date
Shadowing		
Training Workshop		
Behavioral Intervention		

Interventionist Signature:	Date:
Authorized Representative Signature:	Date:

Please fax (1-877-409-2655) or mail completed and signed form to PPL Nevada by 5pm Pacific Time no less than 7 days prior to the pay period in which the rate changes will take effect.

Public Partnerships, LLC

NV ATAP Payment Schedule

Calendar Year 2013

6 Admirals Way
 Chelsea, MA 02150
 Phone: (866)-537-8495

NOTE: Payments are issued twice monthly.
 Direct Deposit (EFT) payments are issued to the bank twice monthly; payment should be received in your account one to two business days later.

Pay Period		Timesheets Submitted by Interventionist:	Timesheets Approved by Authorized Rep:	Checks Mailed/EFT Issued on:
<u>Start</u>	<u>End</u>	<u>Deadline</u>	<u>Deadline</u>	<u>Payroll</u>
January 1, 2013	January 15, 2013	January 17, 2013	January 19, 2013	January 23, 2013
January 16, 2013	January 31, 2013	February 2, 2013	February 4, 2013	February 8, 2013
February 1, 2013	February 15, 2013	February 17, 2013	February 19, 2013	February 22, 2013
February 16, 2013	February 28, 2013	March 2, 2013	March 4, 2013	March 8, 2013
March 1, 2013	March 15, 2013	March 17, 2013	March 19, 2013	March 22, 2013
March 16, 2013	March 31, 2013	April 2, 2013	April 4, 2013	April 9, 2013
April 1, 2013	April 15, 2013	April 17, 2013	April 19, 2013	April 24, 2013
April 16, 2013	April 30, 2013	May 2, 2013	May 4, 2013	May 8, 2013
May 1, 2013	May 15, 2013	May 17, 2013	May 19, 2013	May 23, 2013
May 16, 2013	May 31, 2013	June 2, 2013	June 4, 2013	June 7, 2013
June 1, 2013	June 15, 2013	June 17, 2013	June 19, 2013	June 24, 2013
June 16, 2013	June 30, 2013	July 2, 2013	July 4, 2013	July 9, 2013
July 1, 2013	July 15, 2013	July 17, 2013	July 19, 2013	July 24, 2013
July 16, 2013	July 31, 2013	August 2, 2013	August 4, 2013	August 9, 2013
August 1, 2013	August 15, 2013	August 17, 2013	August 19, 2013	August 23, 2013
August 16, 2013	August 31, 2013	September 2, 2013	September 4, 2013	September 9, 2013
September 1, 2013	September 15, 2013	September 17, 2013	September 19, 2013	September 24, 2013
September 16, 2013	September 30, 2013	October 2, 2013	October 4, 2013	October 9, 2013
October 1, 2013	October 15, 2013	October 17, 2013	October 19, 2013	October 24, 2013
October 16, 2013	October 31, 2013	November 2, 2013	November 4, 2013	November 8, 2013
November 1, 2013	November 15, 2013	November 17, 2013	November 19, 2013	November 22, 2013
November 16, 2013	November 30, 2013	December 2, 2013	December 4, 2013	December 9, 2013
December 1, 2013	December 15, 2013	December 17, 2013	December 19, 2013	December 23, 2013
December 16, 2013	December 31, 2013	January 2, 2014	January 4, 2014	January 9, 2014