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Employee Onboarding Success

Understanding the Process

- New Hire Forms
- Common Issues to Avoid
- Communication
- Background Checks
- Clearance
- Location of Forms

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New Hire Forms

- Applicant Data & Payroll Form
- I-9 Form
- W-4 Form
- MW507 Form
- Paycom Direct Deposit Form
- Employee Agreement Form
- Special Tax Exemption Form

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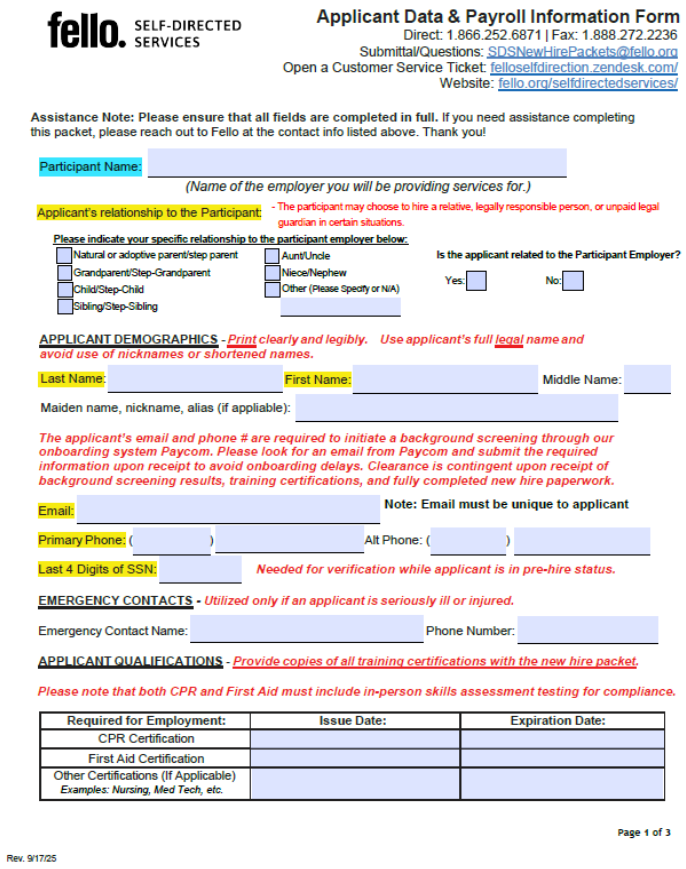
Applicant Data & Payroll Form Page 1



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Applicant Data & Payroll Information Form
Direct: 1.866.252.6871 | Fax: 1.888.272.2236
Submittal/Questions: SDSNewHirePackets@fello.org
Open a Customer Service Ticket: felloselfdirection.zendesk.com/
Website: fello.org/selfdirectedservices/

Assistance Note: Please ensure that all fields are completed in full. If you need assistance completing this packet, please reach out to Fello at the contact info listed above. Thank you!

Participant Name:
(Name of the employer you will be providing services for.)

Applicant's relationship to the Participant: - The participant may choose to hire a relative, legally responsible person, or unpaid legal guardian in certain situations.

Please indicate your specific relationship to the participant employer below:
☐ Natural or adoptive parent/step parent ☐ Aunt/Uncle
☐ Grandparent/Step-Grandparent ☐ Niece/Nephew
☐ Child/Step-Child ☐ Other (Please Specify or N/A)
☐ Sibling/Step-Sibling

Is the applicant related to the Participant Employer?
Yes: ☐ No: ☐

APPLICANT DEMOGRAPHICS - *Print clearly and legibly. Use applicant's full legal name and avoid use of nicknames or shortened names.*

Last Name: First Name: Middle Name:
Maiden name, nickname, alias (if appliable):

The applicant's email and phone # are required to initiate a background screening through our onboarding system Paycom. Please look for an email from Paycom and submit the required information upon receipt to avoid onboarding delays. Clearance is contingent upon receipt of background screening results, training certifications, and fully completed new hire paperwork.

Email: **Note: Email must be unique to applicant**
Primary Phone: ( ) Alt Phone: ( )
Last 4 Digits of SSN: *Needed for verification while applicant is in pre-hire status.*

EMERGENCY CONTACTS - *Utilized only if an applicant is seriously ill or injured.*

Emergency Contact Name: Phone Number:

APPLICANT QUALIFICATIONS - *Provide copies of all training certifications with the new hire packet.*

Please note that both CPR and First Aid must include in-person skills assessment testing for compliance.

Required for Employment:	Issue Date:	Expiration Date:
CPR Certification		
First Aid Certification		
Other Certifications (If Applicable) *Examples: Nursing, Med Tech, etc.*		

Page 1 of 3

Rev. 9/17/25

- Identifies Participant Employer and Applicant
- Initiates criminal background check process
- Emergency contact information
- CPR/First Aid Training certifications. In-person/hybrid training is mandatory. Virtual training is not acceptable.

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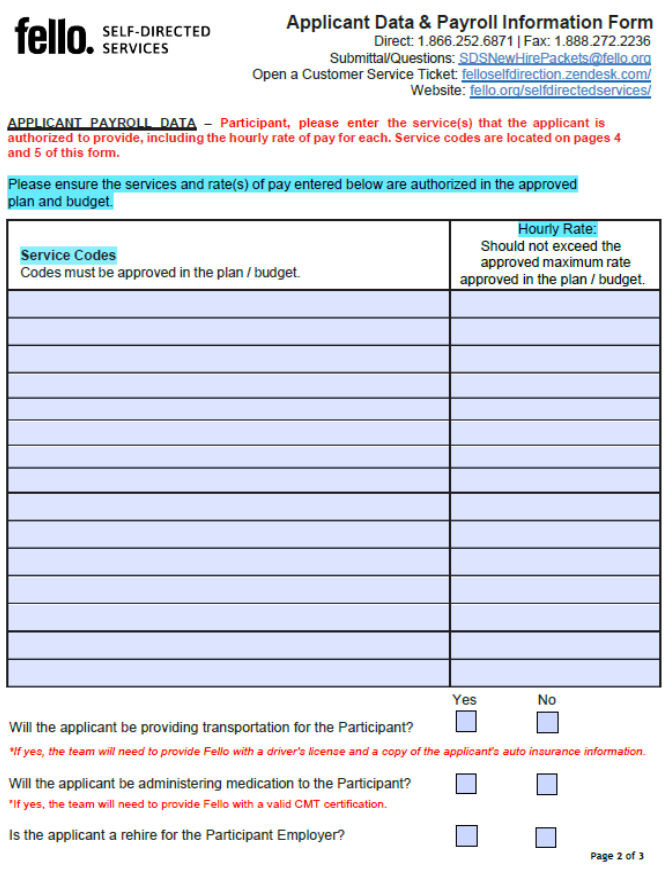
Applicant Data & Payroll Form Page 2



fello. SELF-DIRECTED SERVICES

Applicant Data & Payroll Information Form
Direct: 1.866.252.6871 | Fax: 1.888.272.2236
Submittal/Questions: SDSNewHirePackets@fello.org
Open a Customer Service Ticket: felloselfdirection.zendesk.com/
Website: fello.org/selfdirectedservices/

APPLICANT PAYROLL DATA – Participant, please enter the service(s) that the applicant is authorized to provide, including the hourly rate of pay for each. Service codes are located on pages 4 and 5 of this form.

Please ensure the services and rate(s) of pay entered below are authorized in the approved plan and budget.

Service Codes Codes must be approved in the plan / budget.	Hourly Rate: Should not exceed the approved maximum rate approved in the plan / budget.

Yes No

Will the applicant be providing transportation for the Participant? ☐ ☐

*If yes, the team will need to provide Fello with a driver's license and a copy of the applicant's auto insurance information.

Will the applicant be administering medication to the Participant? ☐ ☐

*If yes, the team will need to provide Fello with a valid CMT certification.

Is the applicant a rehire for the Participant Employer? ☐ ☐

Page 2 of 3

- Identifies service codes & pay rates
- Signed by applicant and Participant
- Common Errors to Avoid:
  - Incomplete full legal name (nicknames)
  - Missing legal guardian relationship
  - Illegible email addresses, service codes, and rates
  - Rates do not match budget
  - Rates/service codes do not match Family as Staff (FAS) form
  - Not including Holiday/PTO service codes

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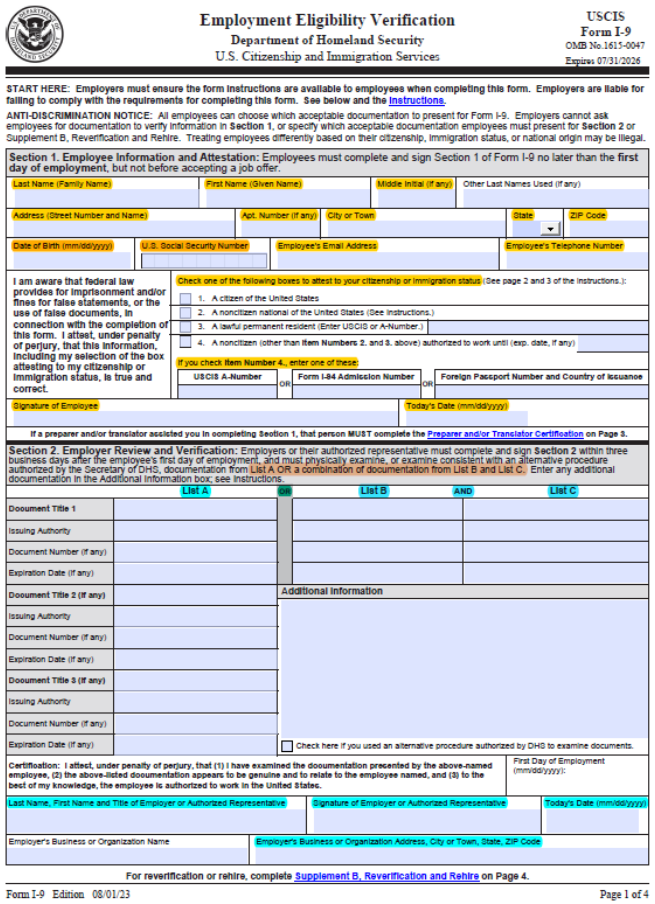
I-9 Form Information



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

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

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

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

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

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

Address (Street Number and Name) | Apt. Number (if any) | City or Town | State | ZIP Code

Date of Birth (mm/dd/yyyy) | U.S. Social Security Number | Employee's Email Address | Employee's Telephone Number

I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.

Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the Instructions.):

1. A citizen of the United States
2. A noncitizen national of the United States (See Instructions.)
3. A lawful permanent resident (Enter USCIS or A-Number.)
4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)

If you check Item Number 4., enter one of these:

USCIS A-Number | OR | Form I-94 Admission Number | OR | Foreign Passport Number and Country of Issuance

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

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

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

	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)			Additional Information		
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)			Check here if you used an alternative procedure authorized by DHS to examine documents.		

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

First Day of Employment (mm/dd/yyyy):

Last Name, First Name and Title of Employer or Authorized Representative | Signature of Employer or Authorized Representative | Today's Date (mm/dd/yyyy)

Employer's Business or Organization Name | Employer's Business or Organization Address, City or Town, State, ZIP Code

For reverification or rehire, complete Supplement B, Reverification and Rehire on Page 4.

Form I-9 Edition 08/01/23 | Page 1 of 4

- Applicant completes Section 1
- Participant completes Section 2
- It is not mandatory to submit copies of ID, but the Participant must set a standard procedure for all applicants
- Must be signed and dated by both the applicant and the Participant

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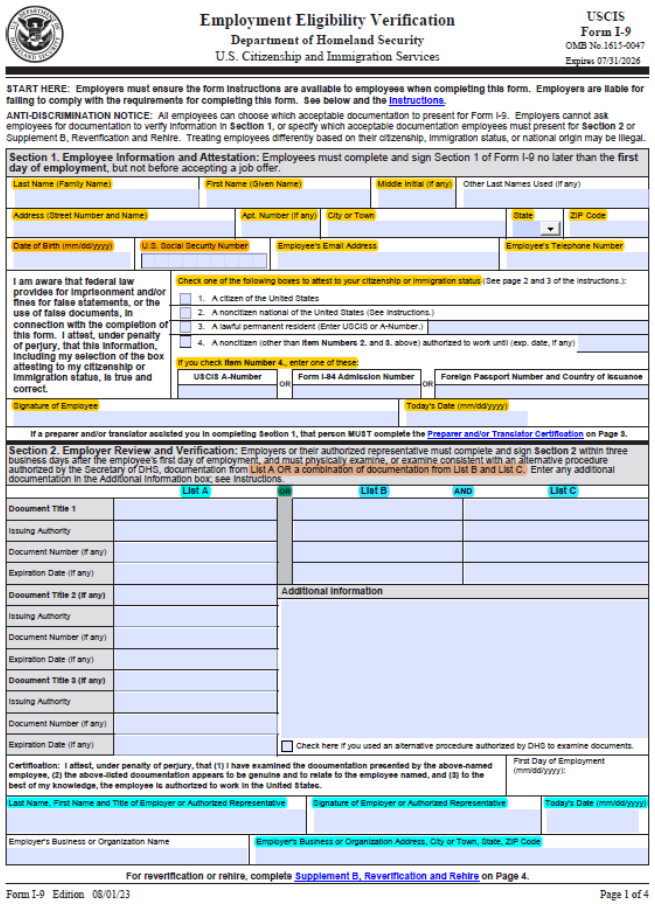
I-9 Common Errors to Avoid in Section 1



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

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

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

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

Address (Street Number and Name) | Apt. Number (if any) | City or Town | State | ZIP Code

Date of Birth (mm/dd/yyyy) | U.S. Social Security Number | Employee's Email Address | Employee's Telephone Number

I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.

Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the Instructions.):

1. A citizen of the United States
2. A noncitizen national of the United States (See Instructions.)
3. A lawful permanent resident (Enter USCIS or A-Number.)
4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)

If you check Item Number 4., enter one of these:

USCIS A-Number | OR | Form I-94 Admission Number | OR | Foreign Passport Number and Country of Issuance

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

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

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	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)		Additional Information			
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)		Check here if you used an alternative procedure authorized by DHS to examine documents.			

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

First Day of Employment (mm/dd/yyyy):

Last Name, First Name and Title of Employer or Authorized Representative | Signature of Employer or Authorized Representative | Today's Date (mm/dd/yyyy)

Employer's Business or Organization Name | Employer's Business or Organization Address, City or Town, State, ZIP Code

For reverification or rehire, complete Supplement B, Reverification and Rehire on Page 4.

Form I-9 Edition 08/01/23 | Page 1 of 4

- Missing applicant SSN
- Missing applicant DOB
- Incomplete applicant address
- Unchecked citizenship/immigration status box

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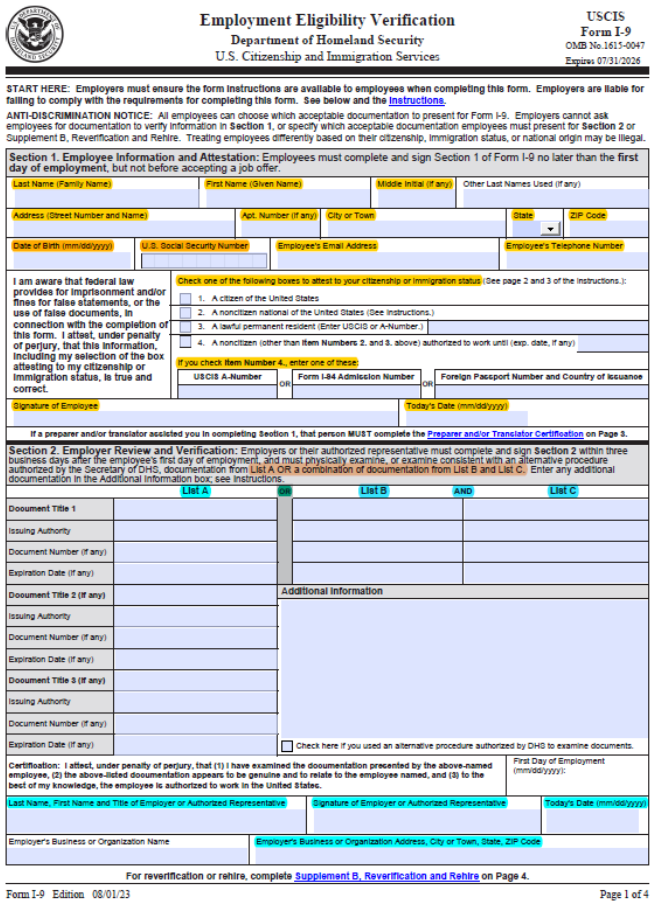
I-9 Common Errors to Avoid in Section 2



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

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

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

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

Address (Street Number and Name) | Apt. Number (if any) | City or Town | State | ZIP Code

Date of Birth (mm/dd/yyyy) | U.S. Social Security Number | Employee's Email Address | Employee's Telephone Number

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1. A citizen of the United States
2. A noncitizen national of the United States (See instructions.)
3. A lawful permanent resident (Enter USCIS or A-Number.)
4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)

If you check Item Number 4., enter one of these:
USCIS A-Number | OR | Form I-94 Admission Number | OR | Foreign Passport Number and Country of Issuance

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

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

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

	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)			Additional Information		
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)			Check here if you used an alternative procedure authorized by DHS to examine documents.		

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

First Day of Employment (mm/dd/yyyy):

Last Name, First Name and Title of Employer or Authorized Representative | Signature of Employer or Authorized Representative | Today's Date (mm/dd/yyyy)

Employer's Business or Organization Name | Employer's Business or Organization Address, City or Town, State, ZIP Code

For reverification or rehire, complete Supplement B, Reverification and Rehire on Page 4.

Form I-9 Edition 08/01/23 | Page 1 of 4

- Incomplete/inaccurate documentation in List A or B and C. Employer should use page 2 of I-9 as a guide to acceptable documentation
- First Day of Employment must be BLANK
- If legal guardian, notate relationship on all signed documents
- Expired I-9 Form—current form expires on 7/31/26

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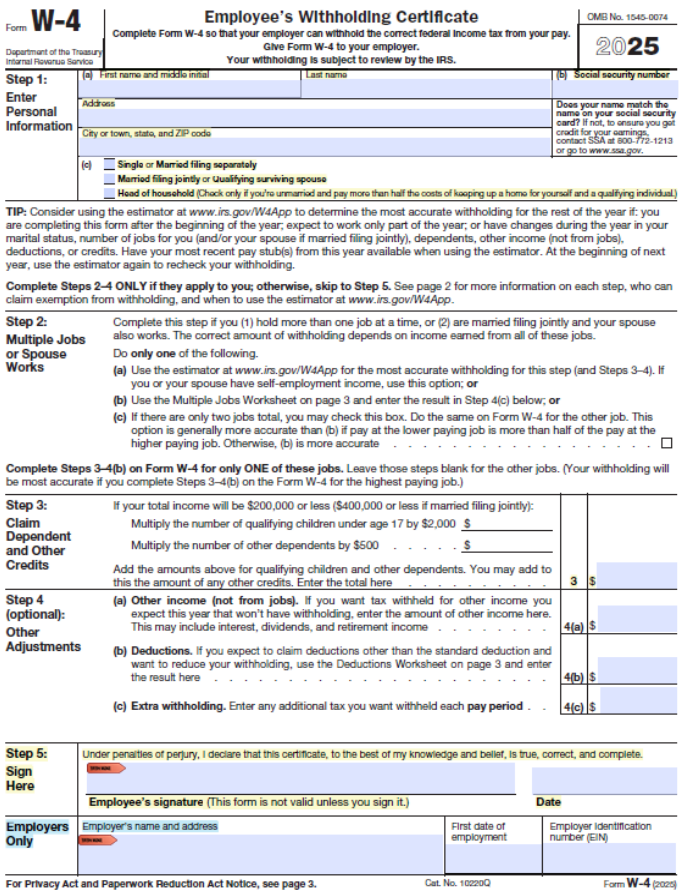
W-4 Form Information



Form **W-4**

Department of the Treasury
Internal Revenue Service

Employee's Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.
Give Form W-4 to your employer.
Your withholding is subject to review by the IRS.

OMB No. 1545-0074

2025

Step 1: Enter Personal Information

(a) First name and middle initial | Last name | (b) Social security number

Address

City or town, state, and ZIP code

Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov.

(c) ☐ **Single** or **Married filing separately**
☐ **Married filing jointly** or **Qualifying surviving spouse**
☐ **Head of household** (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)

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

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

Step 2: Multiple Jobs or Spouse Works

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

Do **only one** of the following.

(a) Use the estimator at *www.irs.gov/W4App* for the most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**

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

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate . . . . . ☐

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

Step 3: Claim Dependent and Other Credits

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

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

Multiply the number of other dependents by $500 . . . . . $ ____

Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here . . . . . 3 $

Step 4 (optional): Other Adjustments

(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . . 4(a) $

(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . . 4(b) $

(c) Extra withholding. Enter any additional tax you want withheld each **pay period** . . 4(c) $

Step 5: Sign Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

Employee's signature (This form is not valid unless you sign it.) **Date**

Employers Only

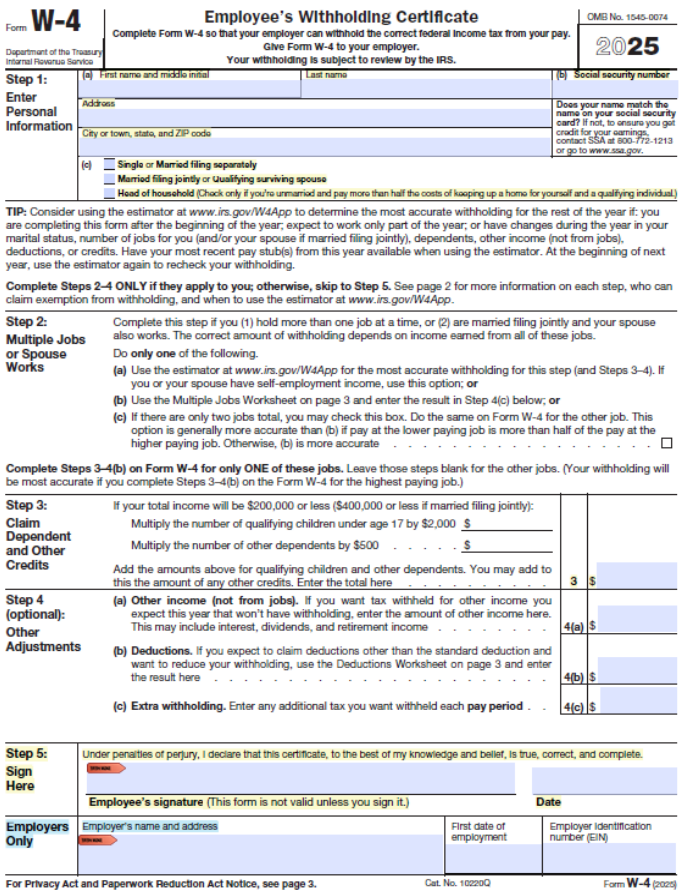
Employer's name and address | First date of employment | Employer identification number (EIN)

For Privacy Act and Paperwork Reduction Act Notice, see page 3. Cat. No. 10220Q Form **W-4** (2025)

- Applicant completes Steps 1-4 as applicable, then signs and dates
- Participant completes the blue highlighted section at the bottom of the form

fello. SELF-DIRECTED SERVICES

W-4 Form Common Errors to Avoid



Form **W-4** — Employee's Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.
Give Form W-4 to your employer.
Your withholding is subject to review by the IRS.

OMB No. 1545-0074 — 2025

Department of the Treasury
Internal Revenue Service

Step 1: Enter Personal Information

(a) First name and middle initial | Last name | (b) Social security number

Address

City or town, state, and ZIP code

Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov.

(c) ☐ Single or Married filing separately
☐ Married filing jointly or Qualifying surviving spouse
☐ Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)

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

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

Step 2: Multiple Jobs or Spouse Works

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

Do **only one** of the following.

(a) Use the estimator at *www.irs.gov/W4App* for the most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**

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

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate . . . . . ☐

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

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

Multiply the number of other dependents by $500 . . . . . $ ____

Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here . . . . . 3 $

Step 4 (optional): Other Adjustments

(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . . 4(a) $

(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . . 4(b) $

(c) Extra withholding. Enter any additional tax you want withheld each **pay period** . . 4(c) $

Step 5: Sign Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

Employee's signature (This form is not valid unless you sign it.) **Date**

Employers Only

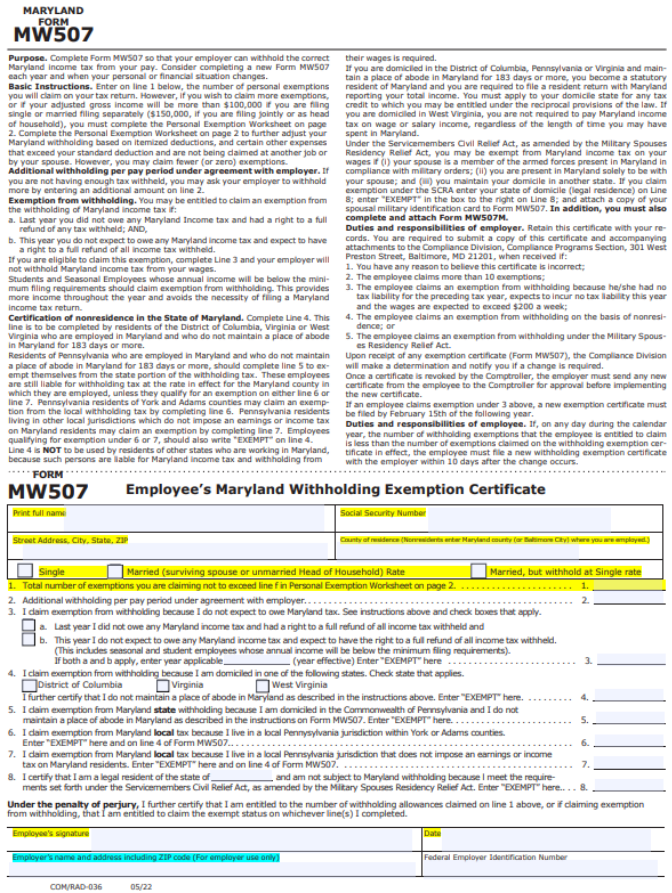
Employer's name and address | First date of employment | Employer identification number (EIN)

For Privacy Act and Paperwork Reduction Act Notice, see page 3. Cat. No. 10220Q Form **W-4** (2025)

- Incomplete full legal name (nicknames)
- Missing SSN
- Incomplete address
- No marital status selected
- Entering a # of dependents instead of a dollar value in Step 3
- Entering exempt dollar value AND claiming exempt. Applicants can only choose one of these options!
- Expired form—use current year!

fello. SELF-DIRECTED SERVICES

MW507 Form Information



MARYLAND FORM
MW507

Purpose. Complete Form MW507 so that your employer can withhold the correct Maryland income tax from your pay. Consider completing a new Form MW507 each year and when your personal or financial situation changes.
Basic Instructions. Enter on line 1 below, the number of personal exemptions you will claim on your tax return. However, if you wish to claim more exemptions, or if your adjusted gross income will be more than $100,000 if you are filing single or married filing separately ($150,000, if you are filing jointly or as head of household), you must complete the Personal Exemption Worksheet on page 2. Complete the Personal Exemption Worksheet on page 2 to further adjust your Maryland withholding based on itemized deductions, and certain other expenses that exceed your standard deduction and are not being claimed at another job or by your spouse. However, you may claim fewer (or zero) exemptions.
Additional withholding per pay period under agreement with employer. If you are not having enough tax withheld, you may ask your employer to withhold more by entering an additional amount on line 2.
Exemption from withholding. You may be entitled to claim an exemption from the withholding of Maryland income tax if:
a. Last year you did not owe any Maryland Income tax and had a right to a full refund of any tax withheld; AND,
b. This year you do not expect to owe any Maryland income tax and expect to have a right to a full refund of all income tax withheld.
If you are eligible to claim this exemption, complete Line 3 and your employer will not withhold Maryland income tax from your wages.
Students and Seasonal Employees whose annual income will be below the minimum filing requirements should claim exemption from withholding. This provides more income throughout the year and avoids the necessity of filing a Maryland income tax return.
Certification of nonresidence in the State of Maryland. Complete Line 4. This line is to be completed by residents of the District of Columbia, Virginia or West Virginia who are employed in Maryland and who do not maintain a place of abode in Maryland for 183 days or more.
Residents of Pennsylvania who are employed in Maryland and who do not maintain a place of abode in Maryland for 183 days or more, should complete line 5 to exempt themselves from the state portion of the withholding tax. These employees are still liable for withholding tax at the rate in effect for the Maryland county in which they are employed, unless they qualify for an exemption on either line 6 or line 7. Pennsylvania residents of York and Adams counties may claim an exemption from the local withholding tax by completing line 6. Pennsylvania residents living in other local jurisdictions which do not impose an earnings or income tax on Maryland residents may claim an exemption by completing line 7. Employees qualifying for exemption under 6 or 7, should also write "EXEMPT" on line 4.
Line 4 is **NOT** to be used by residents of other states who are working in Maryland, because such persons are liable for Maryland income tax and withholding from their wages is required.
If you are domiciled in the District of Columbia, Pennsylvania or Virginia and maintain a place of abode in Maryland for 183 days or more, you become a statutory resident of Maryland and you are required to file a resident return with Maryland reporting your total income. You must apply to your domicile state for any tax credit to which you may be entitled under the reciprocal provisions of the law. If you are domiciled in West Virginia, you are not required to pay Maryland income tax on wage or salary income, regardless of the length of time you may have spent in Maryland.
Under the Servicemembers Civil Relief Act, as amended by the Military Spouses Residency Relief Act, you may be exempt from Maryland income tax on your wages if (i) your spouse is a member of the armed forces present in Maryland in compliance with military orders; (ii) you are present in Maryland solely to be with your spouse; and (iii) you maintain your domicile in another state. If you claim exemption under the SCRA enter your state of domicile (legal residence) on Line 8; enter "EXEMPT" in the box to the right on Line 8; and attach a copy of your spousal military identification card to Form MW507. **In addition, you must also complete and attach Form MW507M.**
Duties and responsibilities of employer. Retain this certificate with your records. You are required to submit a copy of this certificate and accompanying attachments to the Compliance Division, Compliance Programs Section, 301 West Preston Street, Baltimore, MD 21201, when received if:
1. You have any reason to believe this certificate is incorrect;
2. The employee claims more than 10 exemptions;
3. The employee claims an exemption from withholding because he/she had no tax liability for the preceding tax year, expects to incur no tax liability this year and the wages are expected to exceed $200 a week;
4. The employee claims an exemption from withholding on the basis of nonresidence; or
5. The employee claims an exemption from withholding under the Military Spouses Residency Relief Act.

Upon receipt of any exemption certificate (Form MW507), the Compliance Division will make a determination and notify you if a change is required.
Once a certificate is revoked by the Comptroller, the employer must send any new certificate from the employee to the Comptroller for approval before implementing the new certificate.
If an employee claims exemption under 3 above, a new exemption certificate must be filed by February 15th of the following year.
Duties and responsibilities of employee. If, on any day during the calendar year, the number of withholding exemptions that the employee is entitled to claim is less than the number of exemptions claimed on the withholding exemption certificate in effect, the employee must file a new withholding exemption certificate with the employer within 10 days after the change occurs.

FORM
MW507 **Employee's Maryland Withholding Exemption Certificate**

Print full name | Social Security Number
Street Address, City, State, ZIP | County of residence (Nonresidents enter Maryland county (or Baltimore City) where you are employed.)
☐ Single ☐ Married (surviving spouse or unmarried Head of Household) Rate ☐ Married, but withhold at Single rate

1. Total number of exemptions you are claiming not to exceed line f in Personal Exemption Worksheet on page 2. . . . 1.
2. Additional withholding per pay period under agreement with employer. . . . 2.
3. I claim exemption from withholding because I do not expect to owe Maryland tax. See instructions above and check boxes that apply.
   ☐ a. Last year I did not owe any Maryland income tax and had a right to a full refund of all income tax withheld and
   ☐ b. This year I do not expect to owe any Maryland income tax and expect to have the right to a full refund of all income tax withheld. (This includes seasonal and student employees whose annual income will be below the minimum filing requirements).
   If both a and b apply, enter year applicable _____ (year effective) Enter "EXEMPT" here . . . 3.
4. I claim exemption from withholding because I am domiciled in one of the following states. Check state that applies.
   ☐ District of Columbia ☐ Virginia ☐ West Virginia
   I further certify that I do not maintain a place of abode in Maryland as described in the instructions above. Enter "EXEMPT" here. . . . 4.
5. I claim exemption from Maryland **state** withholding because I am domiciled in the Commonwealth of Pennsylvania and I do not maintain a place of abode in Maryland as described in the instructions on Form MW507. Enter "EXEMPT" here. . . . 5.
6. I claim exemption from Maryland **local** tax because I live in a local Pennsylvania jurisdiction within York or Adams counties. Enter "EXEMPT" here and on line 4 of Form MW507. . . . 6.
7. I claim exemption from Maryland **local** tax because I live in a local Pennsylvania jurisdiction that does not impose an earnings or income tax on Maryland residents. Enter "EXEMPT" here and on line 4 of Form MW507. . . . 7.
8. I certify that I am a legal resident of the state of _____ and am not subject to Maryland withholding because I meet the requirements set forth under the Servicemembers Civil Relief Act, as amended by the Military Spouses Residency Relief Act. Enter "EXEMPT" here. . . . 8.

Under the penalty of perjury, I further certify that I am entitled to the number of withholding allowances claimed on line 1 above, or if claiming exemption from withholding, that I am entitled to claim the exempt status on whichever line(s) I completed.

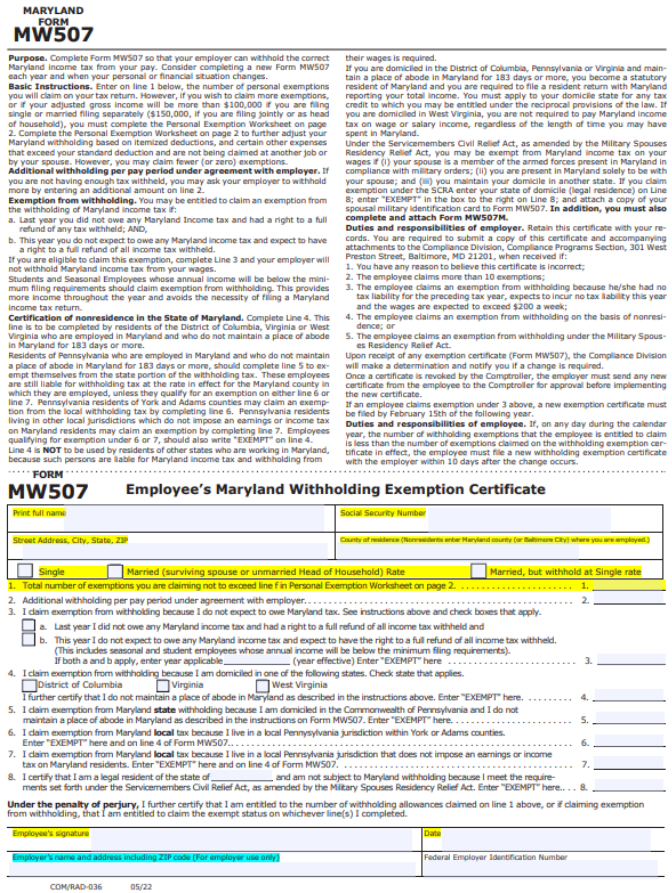
Employee's signature | Date
Employer's name and address including ZIP code (For employer use only) | Federal Employer Identification Number

COM/RAD-036 05/22

- Applicant completes the top section and questions 1-8 as applicable, then signs and dates
- Participant completes the bottom blue section

fello. SELF-DIRECTED SERVICES

MW507 Form Comon Errors to Avoid



MARYLAND FORM
MW507

Purpose. Complete Form MW507 so that your employer can withhold the correct Maryland income tax from your pay. Consider completing a new Form MW507 each year and when your personal or financial situation changes.

Basic Instructions. Enter on line 1 below, the number of personal exemptions you will claim on your tax return. However, if you wish to claim more exemptions, or if your adjusted gross income will be more than $100,000 if you are filing single or married filing separately ($150,000, if you are filing jointly or as head of household), you must complete the Personal Exemption Worksheet on page 2. Complete the Personal Exemption Worksheet on page 2 to further adjust your Maryland withholding based on itemized deductions, and certain other expenses that exceed your standard deduction and are not being claimed at another job or by your spouse. However, you may claim fewer (or zero) exemptions.

Additional withholding per pay period under agreement with employer. If you are not having enough tax withheld, you may ask your employer to withhold more by entering an additional amount on line 2.

Exemption from withholding. You may be entitled to claim an exemption from the withholding of Maryland income tax if:

a. Last year you did not owe any Maryland Income tax and had a right to a full refund of any tax withheld; AND,

b. This year you do not expect to owe any Maryland income tax and expect to have a right to a full refund of all income tax withheld.

If you are eligible to claim this exemption, complete Line 3 and your employer will not withhold Maryland income tax from your wages.

Students and Seasonal Employees whose annual income will be below the minimum filing requirements should claim exemption from withholding. This provides more income throughout the year and avoids the necessity of filing a Maryland income tax return.

Certification of nonresidence in the State of Maryland. Complete Line 4. This line is to be completed by residents of the District of Columbia, Virginia or West Virginia who are employed in Maryland and who do not maintain a place of abode in Maryland for 183 days or more.

Residents of Pennsylvania who are employed in Maryland and who do not maintain a place of abode in Maryland for 183 days or more, should complete line 5 to exempt themselves from the state portion of the withholding tax. These employees are still liable for withholding tax at the rate in effect for the Maryland county in which they are employed, unless they qualify for an exemption on either line 6 or line 7. Pennsylvania residents of York and Adams counties may claim an exemption from the local withholding tax by completing line 6. Pennsylvania residents living in other local jurisdictions which do not impose an earnings or income tax on Maryland residents may claim an exemption by completing line 7. Employees qualifying for exemption under 6 or 7, should also write "EXEMPT" on line 4.

Line 4 is **NOT** to be used by residents of other states who are working in Maryland, because such persons are liable for Maryland income tax and withholding from their wages is required.

If you are domiciled in the District of Columbia, Pennsylvania or Virginia and maintain a place of abode in Maryland for 183 days or more, you become a statutory resident of Maryland and you are required to file a resident return with Maryland reporting your total income. You must apply to your domicile state for any tax credit to which you may be entitled under the reciprocal provisions of the law. If you are domiciled in West Virginia, you are not required to pay Maryland income tax on wage or salary income, regardless of the length of time you may have spent in Maryland.

Under the Servicemembers Civil Relief Act, as amended by the Military Spouses Residency Relief Act, you may be exempt from Maryland income tax on your wages if (i) your spouse is a member of the armed forces present in Maryland in compliance with military orders; (ii) you are present in Maryland solely to be with your spouse; and (iii) you maintain your domicile in another state. If you claim exemption under the SCRA enter your state of domicile (legal residence) on Line 8; enter "EXEMPT" in the box to the right on Line 8; and attach a copy of your spousal military identification card to Form MW507. **In addition, you must also complete and attach Form MW507M.**

Duties and responsibilities of employer. Retain this certificate with your records. You are required to submit a copy of this certificate and accompanying attachments to the Compliance Division, Compliance Programs Section, 301 West Preston Street, Baltimore, MD 21201, when received if:

1. You have any reason to believe this certificate is incorrect;
2. The employee claims more than 10 exemptions;
3. The employee claims an exemption from withholding because he/she had no tax liability for the preceding tax year, expects to incur no tax liability this year and the wages are expected to exceed $200 a week;
4. The employee claims an exemption from withholding on the basis of nonresidence; or
5. The employee claims an exemption from withholding under the Military Spouses Residency Relief Act.

Upon receipt of any exemption certificate (Form MW507), the Compliance Division will make a determination and notify you if a change is required.

Once a certificate is revoked by the Comptroller, the employer must send any new certificate from the employee to the Comptroller for approval before implementing the new certificate.

If an employee claims exemption under 3 above, a new exemption certificate must be filed by February 15th of the following year.

Duties and responsibilities of employee. If, on any day during the calendar year, the number of withholding exemptions that the employee is entitled to claim is less than the number of exemptions claimed on the withholding exemption certificate in effect, the employee must file a new withholding exemption certificate with the employer within 10 days after the change occurs.

FORM
MW507 **Employee's Maryland Withholding Exemption Certificate**

Print full name | Social Security Number

Street Address, City, State, ZIP | County of residence (Nonresidents enter Maryland county (or Baltimore City) where you are employed.)

☐ Single ☐ Married (surviving spouse or unmarried Head of Household) Rate ☐ Married, but withhold at Single rate

1. Total number of exemptions you are claiming not to exceed line f in Personal Exemption Worksheet on page 2. . . . . 1.
2. Additional withholding per pay period under agreement with employer. . . . . 2.
3. I claim exemption from withholding because I do not expect to owe Maryland tax. See instructions above and check boxes that apply.
   ☐ a. Last year I did not owe any Maryland income tax and had a right to a full refund of all income tax withheld and
   ☐ b. This year I do not expect to owe any Maryland income tax and expect to have the right to a full refund of all income tax withheld. (This includes seasonal and student employees whose annual income will be below the minimum filing requirements).
   If both a and b apply, enter year applicable _____ (year effective) Enter "EXEMPT" here . . . . . 3.
4. I claim exemption from withholding because I am domiciled in one of the following states. Check state that applies.
   ☐ District of Columbia ☐ Virginia ☐ West Virginia
   I further certify that I do not maintain a place of abode in Maryland as described in the instructions above. Enter "EXEMPT" here. . . . . 4.
5. I claim exemption from Maryland **state** withholding because I am domiciled in the Commonwealth of Pennsylvania and I do not maintain a place of abode in Maryland as described in the instructions on Form MW507. Enter "EXEMPT" here. . . . . 5.
6. I claim exemption from Maryland **local** tax because I live in a local Pennsylvania jurisdiction within York or Adams counties. Enter "EXEMPT" here and on line 4 of Form MW507. . . . . 6.
7. I claim exemption from Maryland **local** tax because I live in a local Pennsylvania jurisdiction that does not impose an earnings or income tax on Maryland residents. Enter "EXEMPT" here and on line 4 of Form MW507. . . . . 7.
8. I certify that I am a legal resident of the state of _____ and am not subject to Maryland withholding because I meet the requirements set forth under the Servicemembers Civil Relief Act, as amended by the Military Spouses Residency Relief Act. Enter "EXEMPT" here. . . . 8.

Under the penalty of perjury, I further certify that I am entitled to the number of withholding allowances claimed on line 1 above, or if claiming exemption from withholding, that I am entitled to claim the exempt status on whichever line(s) I completed.

Employee's signature | Date

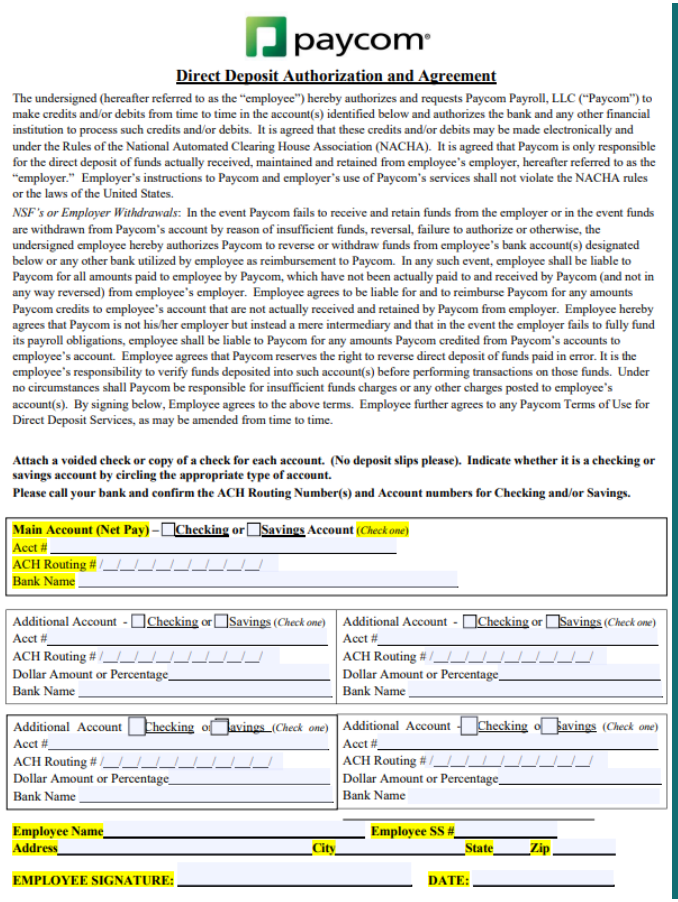
Employer's name and address including ZIP code (For employer use only) | Federal Employer Identification Number

COM/RAD-036 05/22

- Incomplete full legal name (nicknames)
- Missing SSN
- Incomplete address
- Missing county of residence
- No marital status selected
- Entering a # of dependents in line 1 AND claiming exempt. Applicants can only choose one of these options!
- Expired form—use the version posted on our website!

fello. SELF-DIRECTED SERVICES

Paycom Direct Deposit Form Information



paycom

Direct Deposit Authorization and Agreement

The undersigned (hereafter referred to as the "employee") hereby authorizes and requests Paycom Payroll, LLC ("Paycom") to make credits and/or debits from time to time in the account(s) identified below and authorizes the bank and any other financial institution to process such credits and/or debits. It is agreed that these credits and/or debits may be made electronically and under the Rules of the National Automated Clearing House Association (NACHA). It is agreed that Paycom is only responsible for the direct deposit of funds actually received, maintained and retained from employee's employer, hereafter referred to as the "employer." Employer's instructions to Paycom and employer's use of Paycom's services shall not violate the NACHA rules or the laws of the United States.

NSF's or Employer Withdrawals: In the event Paycom fails to receive and retain funds from the employer or in the event funds are withdrawn from Paycom's account by reason of insufficient funds, reversal, failure to authorize or otherwise, the undersigned employee hereby authorizes Paycom to reverse or withdraw funds from employee's bank account(s) designated below or any other bank utilized by employee as reimbursement to Paycom. In any such event, employee shall be liable to Paycom for all amounts paid to employee by Paycom, which have not been actually paid to and received by Paycom (and not in any way reversed) from employee's employer. Employee agrees to be liable for and to reimburse Paycom for any amounts Paycom credits to employee's account that are not actually received and retained by Paycom from employer. Employee hereby agrees that Paycom is not his/her employer but instead a mere intermediary and that in the event the employer fails to fully fund its payroll obligations, employee shall be liable to Paycom for any amounts Paycom credited from Paycom's accounts to employee's account. Employee agrees that Paycom reserves the right to reverse direct deposit of funds paid in error. It is the employee's responsibility to verify funds deposited into such account(s) before performing transactions on those funds. Under no circumstances shall Paycom be responsible for insufficient funds charges or any other charges posted to employee's account(s). By signing below, Employee agrees to the above terms. Employee further agrees to any Paycom Terms of Use for Direct Deposit Services, as may be amended from time to time.

Attach a voided check or copy of a check for each account. (No deposit slips please). Indicate whether it is a checking or savings account by circling the appropriate type of account.
Please call your bank and confirm the ACH Routing Number(s) and Account numbers for Checking and/or Savings.

Main Account (Net Pay) – ☐ **Checking** or ☐ **Savings** Account *(Check one)*
Acct # _____
ACH Routing # /__/__/__/__/__/__/__/__/__/
Bank Name _____

Additional Account - ☐ Checking or ☐ Savings *(Check one)*
Acct # _____
ACH Routing # /__/__/__/__/__/__/__/__/__/
Dollar Amount or Percentage _____
Bank Name _____

Additional Account - ☐ Checking or ☐ Savings *(Check one)*
Acct # _____
ACH Routing # /__/__/__/__/__/__/__/__/__/
Dollar Amount or Percentage _____
Bank Name _____

Additional Account - ☐ Checking or ☐ Savings *(Check one)*
Acct # _____
ACH Routing # /__/__/__/__/__/__/__/__/__/
Dollar Amount or Percentage _____
Bank Name _____

Additional Account - ☐ Checking or ☐ Savings *(Check one)*
Acct # _____
ACH Routing # /__/__/__/__/__/__/__/__/__/
Dollar Amount or Percentage _____
Bank Name _____

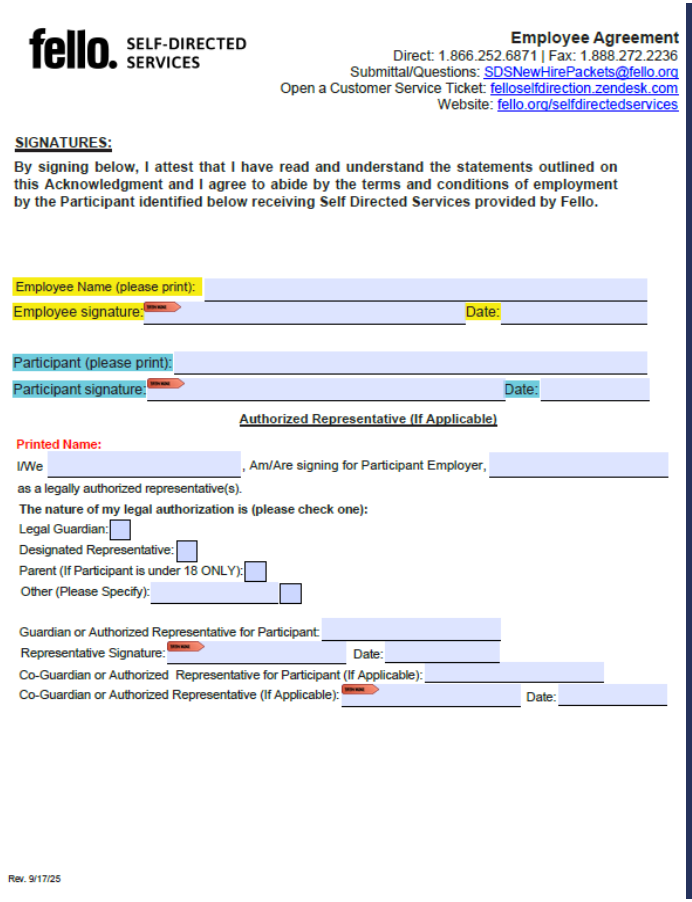
Employee Name _____ **Employee SS #** _____
Address _____ **City** _____ **State** ____ **Zip** _____

EMPLOYEE SIGNATURE: _____ **DATE:** _____

- All applicants must complete this form
- If direct deposit is waived, applicants should complete the bottom portion, sign, date, and indicate "waive" on the form
- Multiple direct deposit accounts are acceptable
- Direct deposit is HIGHLY recommended!

fello. SELF-DIRECTED SERVICES

Employee Agreement Form Page 3



fello. SELF-DIRECTED SERVICES

Employee Agreement
Direct: 1.866.252.6871 | Fax: 1.888.272.2236
Submittal/Questions: SDSNewHirePackets@fello.org
Open a Customer Service Ticket: felloselfdirection.zendesk.com
Website: fello.org/selfdirectedservices

SIGNATURES:

By signing below, I attest that I have read and understand the statements outlined on this Acknowledgment and I agree to abide by the terms and conditions of employment by the Participant identified below receiving Self Directed Services provided by Fello.

Employee Name (please print):
Employee signature: Date:

Participant (please print):
Participant signature: Date:

Authorized Representative (If Applicable)

Printed Name:
I/We , Am/Are signing for Participant Employer,
as a legally authorized representative(s).
The nature of my legal authorization is (please check one):
Legal Guardian:
Designated Representative:
Parent (If Participant is under 18 ONLY):
Other (Please Specify):

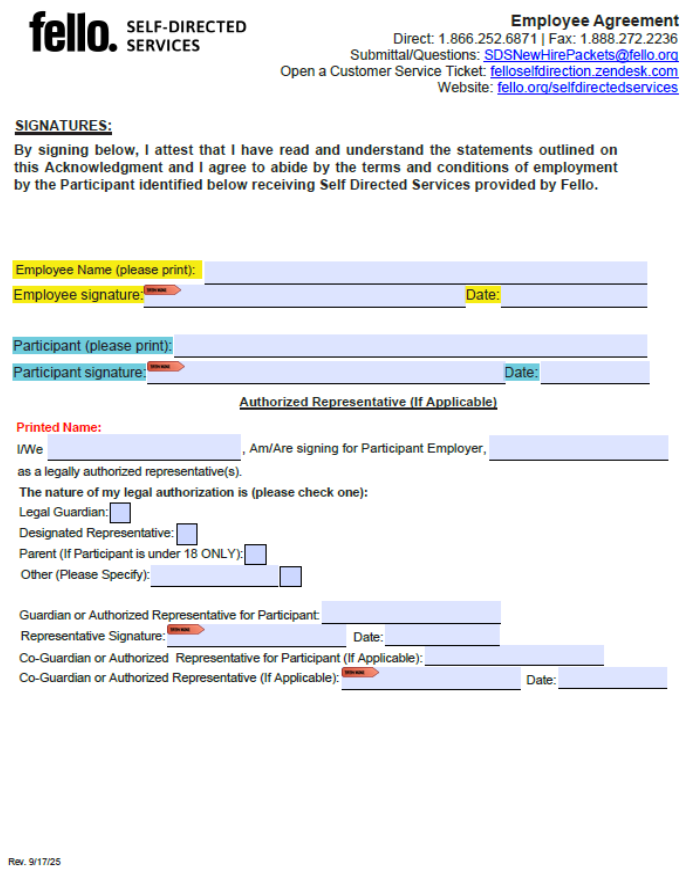
Guardian or Authorized Representative for Participant:
Representative Signature: Date:
Co-Guardian or Authorized Representative for Participant (If Applicable):
Co-Guardian or Authorized Representative (If Applicable): Date:

Rev. 9/17/25

- Must be signed/dated by applicant
- Must be signed/dated by Participant or legal guardian as documented in our records

fello. SELF-DIRECTED SERVICES

Employee Agreement Form Common Errors to Avoid



fello. SELF-DIRECTED SERVICES

Employee Agreement
Direct: 1.866.252.6871 | Fax: 1.888.272.2236
Submittal/Questions: SDSNewHirePackets@fello.org
Open a Customer Service Ticket: felloselfdirection.zendesk.com
Website: fello.org/selfdirectedservices

SIGNATURES:

By signing below, I attest that I have read and understand the statements outlined on this Acknowledgment and I agree to abide by the terms and conditions of employment by the Participant identified below receiving Self Directed Services provided by Fello.

Employee Name (please print):
Employee signature: Date:

Participant (please print):
Participant signature: Date:

Authorized Representative (If Applicable)

Printed Name:
I/We , Am/Are signing for Participant Employer,
as a legally authorized representative(s).
The nature of my legal authorization is (please check one):
Legal Guardian:
Designated Representative:
Parent (If Participant is under 18 ONLY):
Other (Please Specify):

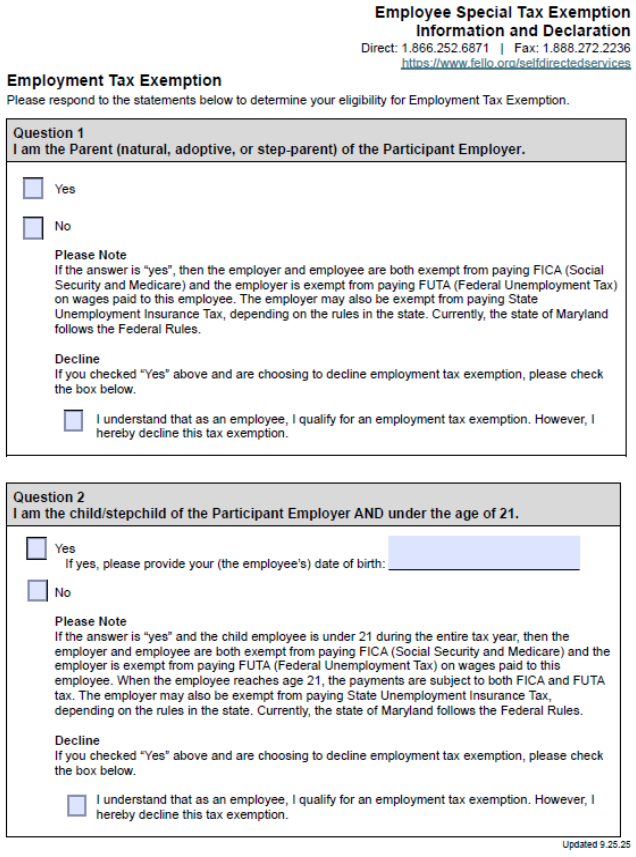
Guardian or Authorized Representative for Participant:
Representative Signature: Date:
Co-Guardian or Authorized Representative for Participant (If Applicable):
Co-Guardian or Authorized Representative (If Applicable): Date:

Rev. 9/17/25

- No documentation of legal guardianship
- Applicant cannot sign as both applicant and legal guardian/representative
- Incomplete full legal name (nicknames)
- If legal guardian, notate relationship on all signed documents

fello. SELF-DIRECTED SERVICES

Special Tax Exemption Form (Page 1) Information



Employee Special Tax Exemption Information and Declaration

Direct: 1.866.252.6871 | Fax: 1.888.272.2236
https://www.fello.org/selfdirectedservices

Employment Tax Exemption

Please respond to the statements below to determine your eligibility for Employment Tax Exemption.

Question 1
I am the Parent (natural, adoptive, or step-parent) of the Participant Employer.

☐ Yes

☐ No

Please Note
If the answer is "yes", then the employer and employee are both exempt from paying FICA (Social Security and Medicare) and the employer is exempt from paying FUTA (Federal Unemployment Tax) on wages paid to this employee. The employer may also be exempt from paying State Unemployment Insurance Tax, depending on the rules in the state. Currently, the state of Maryland follows the Federal Rules.

Decline
If you checked "Yes" above and are choosing to decline employment tax exemption, please check the box below.

☐ I understand that as an employee, I qualify for an employment tax exemption. However, I hereby decline this tax exemption.

Question 2
I am the child/stepchild of the Participant Employer AND under the age of 21.

☐ Yes
If yes, please provide your (the employee's) date of birth: _____

☐ No

Please Note
If the answer is "yes" and the child employee is under 21 during the entire tax year, then the employer and employee are both exempt from paying FICA (Social Security and Medicare) and the employer is exempt from paying FUTA (Federal Unemployment Tax) on wages paid to this employee. When the employee reaches age 21, the payments are subject to both FICA and FUTA tax. The employer may also be exempt from paying State Unemployment Insurance Tax, depending on the rules in the state. Currently, the state of Maryland follows the Federal Rules.

Decline
If you checked "Yes" above and are choosing to decline employment tax exemption, please check the box below.

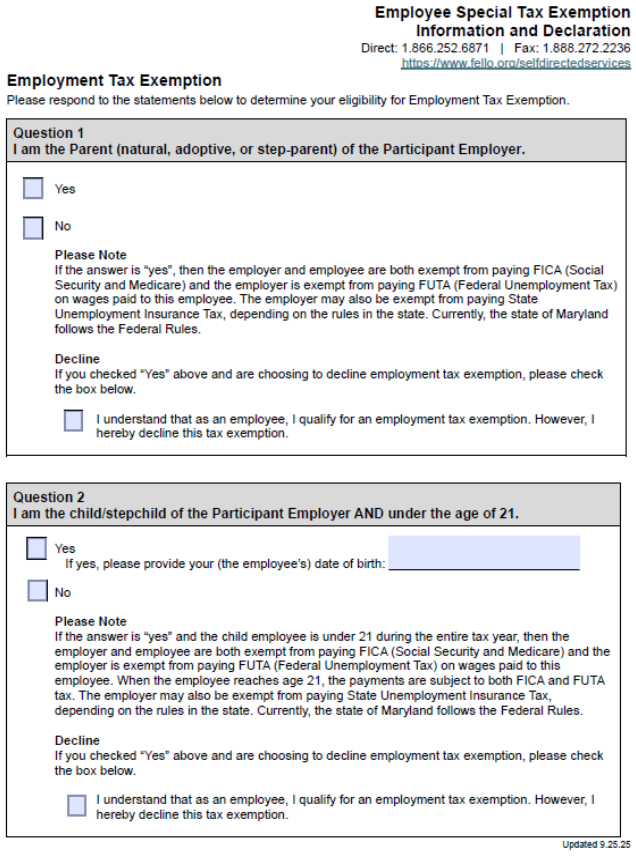
☐ I understand that as an employee, I qualify for an employment tax exemption. However, I hereby decline this tax exemption.

Updated 9.25.25

- Required for all applicants
- Question 1 is for parents and step-parents
- Benefits—employment tax exemption
  - Medicare Exempt
  - Social Security Exempt

fello. SELF-DIRECTED SERVICES

Special Tax Exemption Form (Page 1) Information



Employee Special Tax Exemption Information and Declaration

Direct: 1.866.252.6871 | Fax: 1.888.272.2236
https://www.fello.org/selfdirectedservices

Employment Tax Exemption

Please respond to the statements below to determine your eligibility for Employment Tax Exemption.

Question 1
I am the Parent (natural, adoptive, or step-parent) of the Participant Employer.

☐ Yes

☐ No

Please Note
If the answer is "yes", then the employer and employee are both exempt from paying FICA (Social Security and Medicare) and the employer is exempt from paying FUTA (Federal Unemployment Tax) on wages paid to this employee. The employer may also be exempt from paying State Unemployment Insurance Tax, depending on the rules in the state. Currently, the state of Maryland follows the Federal Rules.

Decline
If you checked "Yes" above and are choosing to decline employment tax exemption, please check the box below.

☐ I understand that as an employee, I qualify for an employment tax exemption. However, I hereby decline this tax exemption.

Question 2
I am the child/stepchild of the Participant Employer AND under the age of 21.

☐ Yes
If yes, please provide your (the employee's) date of birth: _____

☐ No

Please Note
If the answer is "yes" and the child employee is under 21 during the entire tax year, then the employer and employee are both exempt from paying FICA (Social Security and Medicare) and the employer is exempt from paying FUTA (Federal Unemployment Tax) on wages paid to this employee. When the employee reaches age 21, the payments are subject to both FICA and FUTA tax. The employer may also be exempt from paying State Unemployment Insurance Tax, depending on the rules in the state. Currently, the state of Maryland follows the Federal Rules.

Decline
If you checked "Yes" above and are choosing to decline employment tax exemption, please check the box below.

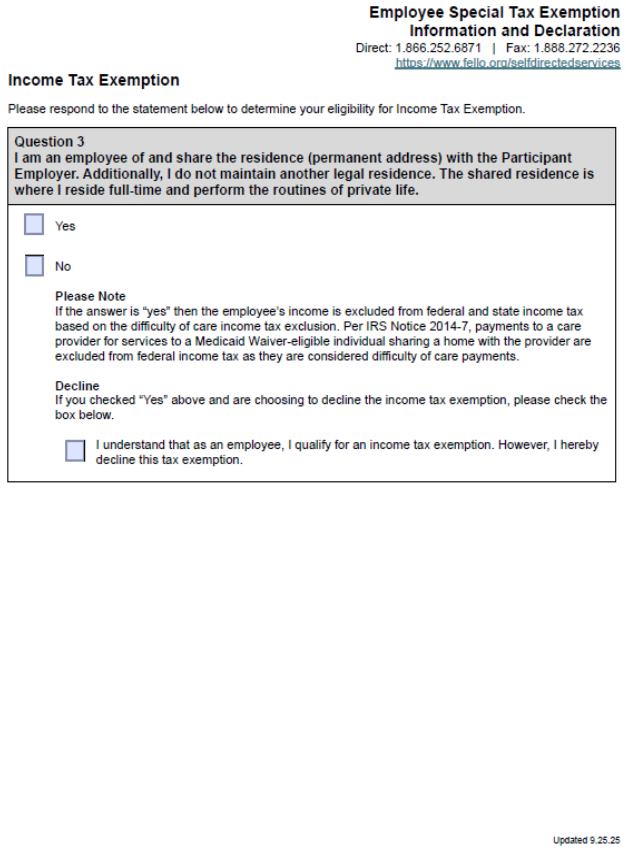
☐ I understand that as an employee, I qualify for an employment tax exemption. However, I hereby decline this tax exemption.

Updated 9.25.25

- Question 2 is for children/step-children of the participant who are under age 21
- Benefits—employment tax exempt until age 21
  - Medicare Exempt
  - Social Security Exempt

fello. SELF-DIRECTED SERVICES

Special Tax Exemption Form (Page 2) Information



Employee Special Tax Exemption Information and Declaration

Direct: 1.866.252.6871 | Fax: 1.888.272.2236
https://www.fello.org/selfdirectedservices

Income Tax Exemption

Please respond to the statement below to determine your eligibility for Income Tax Exemption.

Question 3
I am an employee of and share the residence (permanent address) with the Participant Employer. Additionally, I do not maintain another legal residence. The shared residence is where I reside full-time and perform the routines of private life.

☐ Yes

☐ No

Please Note
If the answer is "yes" then the employee's income is excluded from federal and state income tax based on the difficulty of care income tax exclusion. Per IRS Notice 2014-7, payments to a care provider for services to a Medicaid Waiver-eligible individual sharing a home with the provider are excluded from federal income tax as they are considered difficulty of care payments.

Decline
If you checked "Yes" above and are choosing to decline the income tax exemption, please check the box below.

☐ I understand that as an employee, I qualify for an income tax exemption. However, I hereby decline this tax exemption.

Updated 9.25.25

- Question 3 is for applicants whose full-time legal residential address is shared with the Participant, regardless of relationship to the Participant
- Benefits—Difficulty of Care income tax exemption
  - Federal Tax Exempt
  - State Tax Exempt

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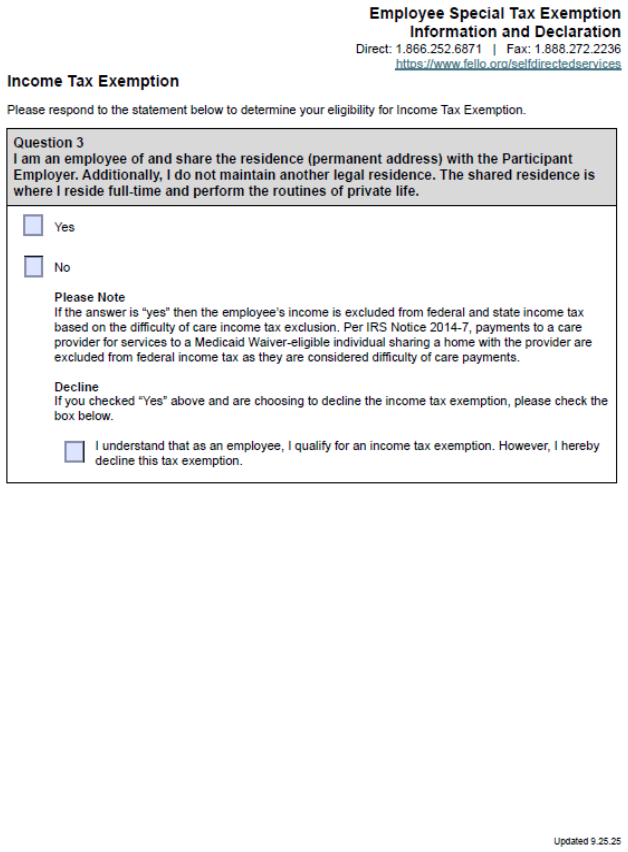
Special Tax Exemption Form Common Errors to Avoid



Employee Special Tax Exemption Information and Declaration

Direct: 1.866.252.6871 | Fax: 1.888.272.2236
https://www.fello.org/selfdirectedservices

Income Tax Exemption

Please respond to the statement below to determine your eligibility for Income Tax Exemption.

Question 3
I am an employee of and share the residence (permanent address) with the Participant Employer. Additionally, I do not maintain another legal residence. The shared residence is where I reside full-time and perform the routines of private life.

☐ Yes

☐ No

Please Note
If the answer is "yes" then the employee's income is excluded from federal and state income tax based on the difficulty of care income tax exclusion. Per IRS Notice 2014-7, payments to a care provider for services to a Medicaid Waiver-eligible individual sharing a home with the provider are excluded from federal income tax as they are considered difficulty of care payments.

Decline
If you checked "Yes" above and are choosing to decline the income tax exemption, please check the box below.

☐ I understand that as an employee, I qualify for an income tax exemption. However, I hereby decline this tax exemption.

Updated 9.25.25

- Unanswered questions
- Missing applicant signature/date
- Missing Participant signature/date
- Incomplete full legal name (nicknames)
- If legal guardian, notate relationship on all signed documents
- Incorrect version of form—use the form on our website!

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How to expedite the onboarding experience?

Communication!

A team representative is assigned to each individual New Hire Packet. Representatives email the team to request updated or additional documentation and information as applicable.

If the team feels additional assistance is needed, we encourage them to request a virtual meeting to review instructions for completion of the paperwork. New Participants are encouraged to request a one-time in-person onboarding meeting for their first applicant.

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Criminal Background Check Process

Criminal background checks must be run on all applicants. Upon receipt of the New Hire Packet, an invitation is sent through Paycom to the applicant. We will also email the team to remind them that the applicant has 6 days to respond before the link expires. Completing the background check quickly expedites this portion of onboarding.

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CPS Background Check

Process

Applicants applying to support a Participant who is a minor must complete and submit a CPS background check application in addition to the routine criminal background check. The application and instructions are located on our website. Please note that the form must be typed and notarized. Submit to SDSEmployeeRelations@fello.org. Results can take up to 6 weeks to receive.

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Clearance

Applicants are not permitted to start working until a written clearance authorization form is received by the team via email with an official start date. One team representative will guide the Participant and their team throughout the onboarding process. We encourage questions and aim to work collaboratively to ensure a seamless onboarding experience.

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Forms

All forms and resources are conveniently located on our website:
www.fello.org/selfdirectedservices

You can find the complete fillable New Hire Packet there.

All New Hire Packet paperwork must be submitted via email to SDSNewHirePackets@fello.org

Turnaround time for processing is 4-6 business days, depending on the length of time it takes for background check results and fully completed New Hire Packet documentation

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