

Applicant Name:
Participant Employer Name:

Document Type	Required Document	Instructions for Applicant & Employer Completion	Completed
Applicant & Payroll Forms	Applicant Data & Payroll Form	Page 1: Applicant clearly PRINT responses in all fields (Provided information is used to send background link.)	<input type="checkbox"/>
		Page 2: Participant enters all requested service codes & rates of pay approved in the budget.	<input type="checkbox"/>
		Page 3: Applicant print name, sign, and date	<input type="checkbox"/>
		Page 3: Participant print name, sign and date	<input type="checkbox"/>
Authorization to Work For verification purposes with E-Verify, please provide the document(s) used on the I9 when submitting.	I-9 Form	Page 1, Section 1: Applicant complete all fields, sign, date	<input type="checkbox"/>
		Page 1, Section 2: Participant complete List A or List B AND List C in full	<input type="checkbox"/>
		Page 2, Section 2: Certification section completed in full-participant name, address, signature and date	<input type="checkbox"/>
Tax Forms Please note: We are not tax advisors. We recommend all applicants seek tax advice if they have questions related to forms.	W-4	Step 1: Applicant completes all fields, including SSN and one marital status	<input type="checkbox"/>
		Step 2: Applicant checks the box, if applicable	<input type="checkbox"/>
		Step 3: Applicant uses the instructions to add a total dollar figure based upon number of qualifying dependents. Leave blank if not applicable.	<input type="checkbox"/>
		Step 4: Applicant uses for additional withholding, income, or deductions. **Leave blank if claiming exempt	<input type="checkbox"/>
		**If claiming exempt, enter "Exempt" in the open space under line 4(c) and leave steps 3 and 4 blank.	<input type="checkbox"/>
		Step 5: Applicant signs and dates	<input type="checkbox"/>
		Employers Only: Participant's name and address	<input type="checkbox"/>
	MW507 Form (current year)	Applicant: Complete all fields	<input type="checkbox"/>
		County: County the applicant resides in. If applicant does not reside in MD, then they will enter the Participant's county of residence.	<input type="checkbox"/>
		Marital Status: Applicant selects one box	<input type="checkbox"/>
		Line 1: Applicant enters the number of exceptions (dependents) if NOT claiming exempt	<input type="checkbox"/>
		Line 2: Applicant enters additional amount to withhold per pay, if applicable	<input type="checkbox"/>
		Line 3: **Applicant notate "Exempt" if applicable, check boxes that apply, and include the applicable year	<input type="checkbox"/>
Lines 4-8: Applicant completes if applicable	<input type="checkbox"/>		

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		**If claiming exempt due to Difficulty of Care, write "Exempt" under line B and leave Line 1 blank	<input type="checkbox"/>
		Applicant signature/date and participants name and full address	<input type="checkbox"/>
Special Tax Form Please note: We are not tax advisors. We recommend all applicants seek tax advice if they have questions related to forms.	Special Tax Exemption Form	Applicant must complete questions 1-3, even if not applicable	<input type="checkbox"/>
		If #3 is yes and the Applicant chooses the Difficulty of Care exemption, the "Exempt" instructions may apply to tax forms. Note: We are not tax advisors. We recommend seeking a tax advisor for tax advice.	<input type="checkbox"/>
		If #3 is yes, but the applicant chooses to opt out of the Difficulty of Care exemption, they may write "waive" next to #3 after selecting "yes."	<input type="checkbox"/>
		Applicant must print, sign, and date page 3	<input type="checkbox"/>
		Participant must print, sign, and date page 3	<input type="checkbox"/>
Payroll & Banking Information	Paycom Direct Deposit Form	Applicant: Complete full account number, routing number, bank name, and indicate checking or savings. Complete the bottom of the form is full.	<input type="checkbox"/>
		If the applicant wishes to decline direct deposit, please write "decline" on the form, then complete and sign the bottom.	<input type="checkbox"/>
	Voided check or Bank Letter	Must confirm account name, account number, and routing number. Applicant name must be listed	<input type="checkbox"/>
Employee Agreement	Employee Agreement	Page 3 is signed and dated by the applicant	<input type="checkbox"/>
		Page 3 is signed and dated by the participant	<input type="checkbox"/>
Certifications	CPR Certification	Must ensure training includes in-person skills testing to meet DDA guidelines	<input type="checkbox"/>
	First Aid Certification	Must ensure training includes in-person skills testing to meet DDA guidelines	<input type="checkbox"/>
Identification	Social Security Card	Validates applicant's full legal name for the State of Maryland's New Hire Registry reporting compliance.	<input type="checkbox"/>
	State-Issued Identification	Validates applicant's age to ensure they meet DDA minimum age requirements	<input type="checkbox"/>
	E-Verify	For verification purposes with E-Verify, please provide the document(s) the team used on the I9 when submitting.	<input type="checkbox"/>
Final Review & Submission		Note: Forms with blank fields cannot be processed All documents reviewed for accuracy and completeness. Required signatures are complete. Copies of certifications are attached.	<input type="checkbox"/>