

NEW HIRE PACKET

DIRECT SUPPORT WORKER NAME: _____

CONSUMER NAME: _____



Living Independently in Northwest Kansas

2401 E. 13th St.
(785) 625-6942 (V/TT)

Hays, KS 67601
(785) 625-2334 (FAX)
(785) 625-6137 Payroll Fax

DIRECT SUPPORT WORKER ENROLLMENT FORMS

DO NOT FAX

- ☐ Employment Services Agreement
- ☐ Wage Determination
- ☐ Direct Support Worker Information
- ☐ W-4
- ☐ K-4
- ☐ I-9 - Employment Eligibility Verification
- ☐ Section 1 – Employee (DSW)
- ☐ Section 2 – Employer (Self Directing Individual)
- ☐ Record Check Request
- ☐ Adult Abuse, Neglect, Exploitation Central Registry
- ☐ Child Abuse and Neglect Central Registry
- ☐ DMV Background Check Consent Form
- ☐ Direct Deposit Form

Please fill out the ENTIRE packet and return to LINK, Inc. either by mail or bringing to the Hays LINK, Inc. office.

Please include a Money Order or Cashier's Check Payable to LINK, Inc., or Cash in the amount of \$25.00 to cover the cost of background checks. NO PERSONAL CHECKS ACCEPTED

***The consumer MUST verify identifications and complete and sign Section 2 of the I-9 Form! Contact LINK, Inc. for complete I-9 Instructions if you have any questions.**

Please note Calendars, Handbooks and Forms can be found on our web page at www.linkinc.org

EMPLOYMENT SERVICES AGREEMENT

(Between Consumer/Employer and Direct Support Worker/Employee)

THIS EMPLOYMENT SERVICES AGREEMENT, Made and entered into as of this ____ day of _____, 20____, by and between _____, (Employer) who is a qualified individual, or his/her representative, who has chosen to self-direct his/her direct care services in accordance with his/her Plan of Care (“POC”) or Individual Service Plan (ISP) pursuant to the Vendor Fiscal/Employer Agent (F/EA) Model adopted and authorized by the State of Kansas, hereinafter referred to as the “SDI” (Self Directing Individual) and _____, (Employee) to provide direct support services to the SDI pursuant to his/her POC or ISP, hereinafter referred to as the “DSW” (Direct Support Worker).

WITNESSETH:

WHEREAS, the SDI is a participant in an HCBS Waiver program administered by the Kansas Department for Aging and Disability Services (“KDADS”) and/or Managed Care Organization (MCO), elected to self-direct his or her attendant care services, and has selected the DSW to be his/her self-directed worker for applicable HCBS Waiver services in strict compliance with the SDI’s POC/ISP and any and all other applicable HCBS program requirements; and

WHEREAS, the DSW acknowledges, understands and agrees that the SDI, or his/her representative, is the employer and has the right to direct, supervise and control the direct care services provided, including but not limited to the nature and extent of services, the schedule and the compensation; and

WHEREAS, the SDI has selected _____LINK, Inc._____ as his/her Financial Management Services Provider (“FMS Provider”) and that the FMS Provider is authorized to do background and registry checks, obtain payroll and related human resource type information from the DSW to process such payroll, process time worked by the DSW, compute, withhold, process and pay applicable taxes and withholdings, and provide other assistance to the SDI pursuant to applicable rules and regulations and in accordance with its FMS Provider Agreement with the SDI; and

WHEREAS, KDADS and/or MCO is not a party to this Employment Services Agreement, however the parties intend that KDADS and/or MCO is a third-party beneficiary and agree that KDADS and/or MCO, at its option, may enforce the terms hereof; and

WHEREAS, the SDI desires to employ the DSW and the DSW desires to accept employment for the purpose of providing designated direct support services for the SDI for such compensation and under the terms and conditions set forth in this Employment Services Agreement; and

WHEREAS, the DSW agrees to strictly comply with the SDI’s Plan of Care (POC)/Integrated Service Plan (ISP) and any and all applicable HCBS Waiver Program requirements any and all Kansas statutes, regulations or policies relating or pertaining to services provided.

NOW, THEREFORE, in consideration of the above and foregoing and the mutual promises and agreements contained in this Employment Services Agreement, it is mutually agreed as follows:

1. **EMPLOYMENT AND DUTIES:** The SDI hereby employs the DSW, and DSW accepts such employment for the purpose of providing the designated direct support services for the SDI as are set

forth on Exhibit “A” which is attached hereto and by reference made a part hereof. The SDI, or his/her representative, shall have the right to determine the specific direct support services to be performed by the DSW and the means and the manner by which those duties shall be performed, and to modify those instructions from time to time during the term of this Employment Services Agreement, provided that such determinations are consistent with his/her POC/ISP and in compliance with applicable HCBS program requirements.

The DSW shall perform his or her duties under this Employment Services Agreement in a good and workmanlike manner and in accordance with rules and instructions provided by the SDI and in accordance with applicable HCBS program requirements. The DSW agrees that he/she will at all times faithfully, industriously and truthfully perform all of the duties required of his/her position. In carrying out these duties and responsibilities, the DSW shall comply with all SDI directives, both written and oral, as are announced by the SDI from time to time. It is also understood and agreed to by the DSW that his/her assignment, duties, responsibilities and reporting arrangements may be changed by the SDI without causing termination of this agreement; provided however, such duties shall be subject to the contents and hourly limitations as contained in the SDI HCBS POC/ISP.

In addition to determining the specific direct support services and the manner and frequency with which they are performed, the SDI has the right to control and determine general rules of conduct during the performance of the support services, such as, but not limited to, no smoking.

This is a personal services contract and none of the direct support services may be assigned or transferred by the DSW without the prior written consent of the SDI, or his/her representative.

2. **CONFIDENTIALITY:** The DSW acknowledges that, as a condition of his or her employment by the SDI, he or she may obtain access to confidential information of the SDI or protected health information. The DSW shall not in any manner or at any time during his or her employment, or after the date of the termination of his or her employment, either directly or indirectly, divulge, disclose, or communicate to any person, firm, or corporation any personal information related to the SDI. In addition, the DSW agrees to maintain the confidentiality of all SDI information and affairs. Except as required in the performance of the DSW’s services, the DSW will not, during the term of employment or after termination, use or disclose any confidential or proprietary information of SDI, without first obtaining the consent of the SDI. The SDI agrees to maintain the confidentiality of all such information and affairs. To the extent that the DSW may qualify as a “business associate” as defined by the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), and privacy regulations published by the U.S. Department of Health and Human Services contained at 45 CFR §§ 160 and 164 (“HIPAA Regulations”), which may be periodically revised or amended, and other applicable laws, the DSW agrees to protect and provide for the privacy and security of Protected Health Information (“PHI”), as defined by HIPAA that comes into the DSW’s possession.

3. **TERM:** Both parties acknowledge and agree that this employment relationship is one of employment-at-will and may be terminated by either party at any time with or without cause.

4. **COMPENSATION:** The compensation to be paid to the DSW for the direct support services is set forth on Exhibit “A” which is attached hereto. Compensation for various services may vary. The SDI negotiates the rate of pay with the PCSW. The DSW is responsible for calling the Kansas Authenticare toll free number (800-903-4676) from the SDI’s phone they have registered with FMS Provider. The DSW will call the number at the beginning of their time worked to clock in. At the end of the time worked the DSW will

call the number to clock out and enter the activity codes for each task they did during the time worked. If a clock-in or a clock-out time is missed the SDI should immediately contact FMS Provider and report the time and the activity codes, if applicable, until such time the Authenticare system is made available to the SDI for verification of their DSW's time worked. Payments will be subject to applicable payroll taxes and withholdings. This includes the SDI's request for Workers Compensation coverage on all of their employees regardless of relationship. The FMS Provider will issue payment on behalf of the SDI to the DSW on a twice monthly basis during the term of this Employment Services Agreement. DSW shall strictly comply with all rules, regulations and/or policies (State or Federal), including those maintained by the Authenticare System, regarding logging of units/hours of services provided on a daily basis in order to receive payment for services rendered. Failure to provide accurate and truthful data regarding services rendered may result in termination and referral to State and/or Federal authorities for Medicaid Fraud, criminal prosecution or the like.

The DSW will not seek, request or encourage the SDI to provide him or her with additional compensation or benefits in addition to the compensation described above. The DSW/employee understands they are expected to work within the parameters of the POC/ISP and compensation for hours worked above this are the responsibility of the SDI/Employer to pay out of pocket.

_____ (DSW initials) I understand if I am directed by the SDI to work above the approved ISP/POC I will receive payment for hours above the approved POC/ISP on the payroll following the FMS agent's receipt of payment from the SDI/Employer.

_____ (DSW Initials) DSW's may NOT work over 40 total hours per week per consumer. (Sunday through Saturday)

_____ (DSW initials) I understand if I fail to clock in and out on time any hours above the approved POC/ISP will be billed to the SDI (unless SDI corrects the time in the Authenticare System). I understand I will be paid for these hours on the next payroll after the FMS agent receives receipt of payment from the SDI/Employer.

5. **FRINGE BENEFITS:** There are no fringe benefits provided by the SDI.

6. **TERMINATION:** This Employment Services Agreement may be terminated by either party at any time, with or without cause.

7. **GOVERNING LAW:** It is agreed that this Employment Services Agreement shall be governed by, construed, and enforced in accordance with the laws of the state of Kansas and applicable governmental statutes, rules, and regulations, Medicaid Provider requirements, and other applicable policies and procedures.

8. **MODIFICATION OF AGREEMENT:** Any modification of this Employment Services Agreement shall be binding only if evidenced in writing signed by each party or an authorized representative of each party. The Parties shall not assign, subcontract, or delegate any duties or obligations required by this Agreement to any other individual, agency, or organization. This Agreement supersedes all prior negotiations and agreements between the parties relative to the transaction and services contemplated by this Agreement (written or oral), which contains the entire understanding of the parties. The terms and provisions of this Agreement shall be construed in accordance with and governed by the laws of the State of Kansas. In the

event Judicial Intervention is necessary, the Parties agree that venue shall solely be in the District Court for Shawnee County, Kansas.

9. **BINDING EFFECT:** This Employment Services Agreement shall bind and inure to the benefit of the respective heirs, personal representatives, successors, and assigns of the parties.

10. **BACKGROUND CHECK:**

_____ (DSW Initials) Per HCBS Waiver regulations Parties acknowledge that DSW's employment is subject to his/her passing all background checks at least every two (2) years. During DSW's employment, you will notify your employer and LINK, Inc. if you are convicted/adjudicated of an offense which prohibits employment in an adult or child care home, home health agency, or as an HCBS Provider, service providing employee, contractor or subcontractor in the State of Kansas, pursuant to K.S.A. 39-970, K.S.A. 85-5117 and K.S.A. 39-2009, respectively. Such conviction/adjudication will result in immediate dismissal per the above cited statutes. DSW shall cooperate in providing requisite information regarding the same.

_____ (DSW Initials) I understand that I am responsible for paying **in advance, \$25.00 by Cash (exact change only), Money Order or Cashier's Check only** for ALL initial and subsequent Background checks, as required by the State of Kansas and that I am required to report ANY felonies/misdemeanors after the initial background check is conducted, but before the next 2 year check. **(No personal checks accepted)**

_____ (DSW Initials) In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of the employer.

I understand that if hired, my employment is **at will** and may be severed by either party at any time with or without cause. I agree to submit to all required backgrounds check if hired. I understand that neither this document, nor an offer of employment, constitute an employment contract unless a specific document to that affect is executed by the employer and employee in writing.

_____ (DSW Initials) **UNEMPLOYMENT COMPENSATION**

Upon Separation of employment from a consumer, whether temporary or permanent, I agree to immediately notify LINK FMS Department and request additional work. I acknowledge that failure to do so may disqualify me from unemployment benefits

"SELF DIRECTING INDIVIDUAL" (SDI)/Employer

Signature, individually or by representative

Date: _____

"DIRECT SUPPORT WORKER" (DSW)/Employee

Printed Name

Date: _____

Signature



Living Independently in Northwest Kansas

2401 E. 13th
(785) 625-6942 (V/TT)

Hays, KS 67601
(785) 625-6137 (FAX)

WAGE DETERMINATION FORM

Consumer Name: _____

Direct Support Worker: _____

Effective Date: _____

As the employer, you have the right to choose the wage your Direct Support Worker starts at, as long as it is within the following guidelines:

- The maximum amount your worker can receive is \$10.13/hr.
- The minimum amount your worker can receive is \$7.25/hr.

I (consumer name) _____, wish to start my Direct Support Worker _____, at a rate of \$ _____ Per hour.

- If you wish to change the rate of pay for your DSW, you must request a new Wage Determination Form.

Employer Signature

Date

DSW Signature

Date



IDD Waiver

*****IT IS REQUIRED THAT YOU PROVIDE AN EMAIL ADDRESS*****

DIRECT SUPPORT WORKER INFORMATION

Name _____
First Middle Last

Social Security Number _____/_____/_____

Address _____
NUMBER & STREET CITY STATE ZIP CODE

Mailing Address if different than physical Address (PO Box, etc.) _____

Telephone Numbers: Home (____) _____ - _____ Cell (____) _____ - _____.

Male _____ Female _____ County of Residence _____

****E-mail Address:** _____ Birthdate _____

****All DSW's must be at least 18 years of age****

Please circle correct answer:

Bilingual – Yes or No

Sign Language - Yes or No

Is Worker related to Consumer – Yes or No If Yes, What Relationship _____

Language Accommodation Required – Yes or No

Check the following:

Referral Source: ☐ Friend ☐ State Employment Office

☐ Advertisement. If so, where? _____

☐ Other (Specify) _____

Are you interested in working for another client? ☐ Yes ☐ No

I certify the answers given herein are true and complete to the best of my knowledge. I authorize investigations of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed six (6) months.

Employee's Withholding Certificate

OMB No. 1545-0074

2021

▶ **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.**

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		▶ 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 .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying widow(er) <input type="checkbox"/> 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.)		

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, when to use the estimator at www.irs.gov/W4App, and privacy.

Step 2: Multiple Jobs or Spouse Works	<p>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.</p> <p>Do only one of the following.</p> <p>(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4); or</p> <p>(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; or</p> <p>(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 accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld ▶ <input type="checkbox"/></p> <p>TIP: To be accurate, submit a 2021 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.</p>
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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 Dependents	<p>If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):</p> <p>Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ _____</p> <p>Multiply the number of other dependents by \$500 ▶ \$ _____</p> <p>Add the amounts above and enter the total here 3 \$ _____</p>	
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)

General Instructions

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2021 if you meet both of the following conditions: you had no federal income tax liability in 2020 and you expect to have no federal income tax liability in 2021. You had no federal income tax liability in 2020 if (1) your total tax on line 24 on your 2020 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, 29, and 30), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2021 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2022.

Your privacy. If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as Additional Medicare Tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

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

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

If you (and your spouse) have a total of only two jobs, you may instead check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 972, Child Tax Credit and Credit for Other Dependents. You can also include **other tax credits** in this step, such as education tax credits and the foreign tax credit. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2021 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b) – Multiple Jobs Worksheet *(Keep for your records.)*

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 **1** \$ _____
- 2 Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
 - a** Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a **2a** \$ _____
 - b** Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b **2b** \$ _____
 - c** Add the amounts from lines 2a and 2b and enter the result on line 2c **2c** \$ _____
- 3** Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. **3** _____
- 4 Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) **4** \$ _____

Step 4(b) – Deductions Worksheet *(Keep for your records.)*

- 1** Enter an estimate of your 2021 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income **1** \$ _____
- 2** Enter: $\left\{ \begin{array}{l} \bullet \$25,100 \text{ if you're married filing jointly or qualifying widow(er)} \\ \bullet \$18,800 \text{ if you're head of household} \\ \bullet \$12,550 \text{ if you're single or married filing separately} \end{array} \right\}$ **2** \$ _____
- 3** If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" **3** \$ _____
- 4** Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information **4** \$ _____
- 5 Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 **5** \$ _____

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 with no other entries on the form; 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.

Married Filing Jointly or Qualifying Widow(er)

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$190	\$850	\$890	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,100	\$1,870	\$1,870
\$10,000 - 19,999	190	1,190	1,890	2,090	2,220	2,220	2,220	2,220	2,300	3,300	4,070	4,070
\$20,000 - 29,999	850	1,890	2,750	2,950	3,080	3,080	3,080	3,160	4,160	5,160	5,930	5,930
\$30,000 - 39,999	890	2,090	2,950	3,150	3,280	3,280	3,360	4,360	5,360	6,360	7,130	7,130
\$40,000 - 49,999	1,020	2,220	3,080	3,280	3,410	3,490	4,490	5,490	6,490	7,490	8,260	8,260
\$50,000 - 59,999	1,020	2,220	3,080	3,280	3,490	4,490	5,490	6,490	7,490	8,490	9,260	9,260
\$60,000 - 69,999	1,020	2,220	3,080	3,360	4,490	5,490	6,490	7,490	8,490	9,490	10,260	10,260
\$70,000 - 79,999	1,020	2,220	3,160	4,360	5,490	6,490	7,490	8,490	9,490	10,490	11,260	11,260
\$80,000 - 99,999	1,020	3,150	5,010	6,210	7,340	8,340	9,340	10,340	11,340	12,340	13,260	13,460
\$100,000 - 149,999	1,870	4,070	5,930	7,130	8,260	9,320	10,520	11,720	12,920	14,120	15,090	15,290
\$150,000 - 239,999	2,040	4,440	6,500	7,900	9,230	10,430	11,630	12,830	14,030	15,230	16,190	16,400
\$240,000 - 259,999	2,040	4,440	6,500	7,900	9,230	10,430	11,630	12,830	14,030	15,270	17,040	18,040
\$260,000 - 279,999	2,040	4,440	6,500	7,900	9,230	10,430	11,630	12,870	14,870	16,870	18,640	19,640
\$280,000 - 299,999	2,040	4,440	6,500	7,900	9,230	10,470	12,470	14,470	16,470	18,470	20,240	21,240
\$300,000 - 319,999	2,040	4,440	6,500	7,940	10,070	12,070	14,070	16,070	18,070	20,070	21,840	22,840
\$320,000 - 364,999	2,720	5,920	8,780	10,980	13,110	15,110	17,110	19,110	21,190	23,490	25,560	26,860
\$365,000 - 524,999	2,970	6,470	9,630	12,130	14,560	16,860	19,160	21,460	23,760	26,060	28,130	29,430
\$525,000 and over	3,140	6,840	10,200	12,900	15,530	18,030	20,530	23,030	25,530	28,030	30,300	31,800

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$440	\$940	\$1,020	\$1,020	\$1,410	\$1,870	\$1,870	\$1,870	\$1,870	\$2,030	\$2,040	\$2,040
\$10,000 - 19,999	940	1,540	1,620	2,020	3,020	3,470	3,470	3,470	3,640	3,840	3,840	3,840
\$20,000 - 29,999	1,020	1,620	2,100	3,100	4,100	4,550	4,550	4,720	4,920	5,120	5,120	5,120
\$30,000 - 39,999	1,020	2,020	3,100	4,100	5,100	5,550	5,720	5,920	6,120	6,320	6,320	6,320
\$40,000 - 59,999	1,870	3,470	4,550	5,550	6,690	7,340	7,540	7,740	7,940	8,140	8,150	8,150
\$60,000 - 79,999	1,870	3,470	4,690	5,890	7,090	7,740	7,940	8,140	8,340	8,540	9,190	9,990
\$80,000 - 99,999	2,000	3,810	5,090	6,290	7,490	8,140	8,340	8,540	9,390	10,390	11,190	11,990
\$100,000 - 124,999	2,040	3,840	5,120	6,320	7,520	8,360	9,360	10,360	11,360	12,360	13,410	14,510
\$125,000 - 149,999	2,040	3,840	5,120	6,910	8,910	10,360	11,360	12,450	13,750	15,050	16,160	17,260
\$150,000 - 174,999	2,220	4,830	6,910	8,910	10,910	12,600	13,900	15,200	16,500	17,800	18,910	20,010
\$175,000 - 199,999	2,720	5,320	7,490	9,790	12,090	13,850	15,150	16,450	17,750	19,050	20,150	21,250
\$200,000 - 249,999	2,970	5,880	8,260	10,560	12,860	14,620	15,920	17,220	18,520	19,820	20,930	22,030
\$250,000 - 399,999	2,970	5,880	8,260	10,560	12,860	14,620	15,920	17,220	18,520	19,820	20,930	22,030
\$400,000 - 449,999	2,970	5,880	8,260	10,560	12,860	14,620	15,920	17,220	18,520	19,910	21,220	22,520
\$450,000 and over	3,140	6,250	8,830	11,330	13,830	15,790	17,290	18,790	20,290	21,790	23,100	24,400

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$820	\$930	\$1,020	\$1,020	\$1,020	\$1,420	\$1,870	\$1,870	\$1,910	\$2,040	\$2,040
\$10,000 - 19,999	820	1,900	2,130	2,220	2,220	2,620	3,620	4,070	4,110	4,310	4,440	4,440
\$20,000 - 29,999	930	2,130	2,360	2,450	2,850	3,850	4,850	5,340	5,540	5,740	5,870	5,870
\$30,000 - 39,999	1,020	2,220	2,450	2,940	3,940	4,940	5,980	6,630	6,830	7,030	7,160	7,160
\$40,000 - 59,999	1,020	2,470	3,700	4,790	5,800	7,000	8,200	8,850	9,050	9,250	9,380	9,380
\$60,000 - 79,999	1,870	4,070	5,310	6,600	7,800	9,000	10,200	10,850	11,050	11,250	11,520	12,320
\$80,000 - 99,999	1,880	4,280	5,710	7,000	8,200	9,400	10,600	11,250	11,590	12,590	13,520	14,320
\$100,000 - 124,999	2,040	4,440	5,870	7,160	8,360	9,560	11,240	12,690	13,690	14,690	15,670	16,770
\$125,000 - 149,999	2,040	4,440	5,870	7,240	9,240	11,240	13,240	14,690	15,890	17,190	18,420	19,520
\$150,000 - 174,999	2,040	4,920	7,150	9,240	11,240	13,290	15,590	17,340	18,640	19,940	21,170	22,270
\$175,000 - 199,999	2,720	5,920	8,150	10,440	12,740	15,040	17,340	19,090	20,390	21,690	22,920	24,020
\$200,000 - 249,999	2,970	6,470	9,000	11,390	13,690	15,990	18,290	20,040	21,340	22,640	23,880	24,980
\$250,000 - 349,999	2,970	6,470	9,000	11,390	13,690	15,990	18,290	20,040	21,340	22,640	23,880	24,980
\$350,000 - 449,999	2,970	6,470	9,000	11,390	13,690	15,990	18,290	20,040	21,340	22,640	23,900	25,200
\$450,000 and over	3,140	6,840	9,570	12,160	14,660	17,160	19,660	21,610	23,110	24,610	26,050	27,350

K-4

(Rev. 11-18)

KANSAS

EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

Use the following instructions to accurately complete your K-4 form, then detach the lower portion and give it to your employer. For assistance, call the Kansas Department of Revenue at 785-368-8222.

Purpose of the K-4 form: A completed withholding allowance certificate will let your employer know how much Kansas income tax should be withheld from your pay on income you earn from Kansas sources. Because your tax situation may change, you may want to re-figure your withholding each year.

Exemption from Kansas withholding: To qualify for exempt status you must verify with the Kansas Department of Revenue that: **1)** last year you had the right to a refund of **all** STATE income tax withheld

because you had **no** tax liability; and **2)** this year you will receive a full refund of **all** STATE income tax withheld because you will have **no** tax liability.

Basic Instructions: If you are not exempt, complete the **Personal Allowance Worksheet** that follows. The total on line F should **not** exceed the total exemptions you claim under "Exemptions and Dependents" on your Kansas income tax return.

NOTE: Your status of "Single" or "Joint" may differ from your status claimed on your federal Form W-4).

Using the information from your **Personal Allowance Worksheet**, complete the **K-4** form below, sign it and provide it to your employer. If your employer does not receive

a K-4 form from you, they must withhold Kansas income tax from your wages without exemption at the "Single" allowance rate.

Head of household: Generally, you may claim head of household filing status on your tax return only if you are **unmarried and pay more than 50% of the cost of keeping up a home for yourself and for your dependent(s).**

Non-wage income: If you have a large amount of non-wage Kansas source income, such as interest or dividends, consider making Kansas estimated tax payments on Form K-40ES. Without these payments, you may owe additional Kansas tax when you file your state income tax return.

Personal Allowance Worksheet (Keep for your records)

- A Allowance Rate:** If you are a single filer mark "Single" **A** ☐ Single
 If you are married and your spouse has income mark "Single" ☐ Joint
 If you are married and your spouse does not work mark "Joint"
- B** Enter "0" or "1" if you are married or single and no one else can claim you as a dependent (entering "0" may help you avoid having too little tax withheld) **B** _____
- C** Enter "0" or "1" if you are married and only have one job, and your spouse does not work (entering "0" may help you avoid having too little tax withheld) **C** _____
- D** Enter "2" if you will file head of household on your tax return (see conditions under *Head of household* above) **D** _____
- E** Enter the number of dependents you will claim on your tax return. **Do not** claim yourself or your spouse or dependents that your spouse has already claimed on their form K-4 **E** _____
- F** Add lines **B** through **E** and enter the total here **F** _____

▼ Cut here and give the lower portion to your employer. Keep the top portion for your records. ▼

Kansas Employee's Withholding Allowance Certificate

Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the Kansas Department of Revenue. Your employer may be required to send a copy of this form to the Department of Revenue.

1 Print your First Name and Middle Initial		Last Name		2 Social Security Number	
Mailing address			3 Allowance Rate		
			Mark the allowance rate selected in Line A above.		
			<input type="checkbox"/> Single <input type="checkbox"/> Joint		
4 Total number of allowances you are claiming (from Line F above).....					4
5 Enter any additional amount you want withheld from each paycheck (this is optional).....					5 \$
6 I claim exemption from withholding. (You must meet the conditions explained in the "Exemption from withholding" instructions above.) If you meet the conditions above, write "Exempt" on this line.....					6
Note: The Kansas Department of Revenue will receive your federal W-2 forms for all years claimed Exempt.					
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.					
SIGN HERE					Date
7 Employer's Name and Address					8 EIN (Employer ID Number)



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

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

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

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

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

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

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

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

<input type="checkbox"/> 1. A citizen of the United States
<input type="checkbox"/> 2. A noncitizen national of the United States (<i>See instructions</i>)
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. (<i>See instructions</i>)
Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.
1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____
QR Code - Section 1 Do Not Write In This Space

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

Preparer and/or Translator Certification (check one):

☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



Employer Completes Next Page





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

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

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 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		Today's Date (mm/dd/yyyy)		Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative		First Name of Employer or Authorized Representative		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)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
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 report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
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. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Native American tribal document
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. U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card		6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card		7. Employment authorization document issued by the Department of Homeland Security
		8. Native American tribal document		
		9. Driver's license issued by a Canadian government authority		
		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		
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				

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

RECORD CHECK REQUEST
(NON-CRIMINAL JUSTICE AGENCY SUBMISSION)

Cash (exact change only), Money Order or Cashier's Check for \$25.00 MUST accompany this form

ATTENTION: **It is required that you complete this form and return to LINK.** If you have questions, you may call the LINK FMS I & A at 1-800-569-5926.

TO: WHOM IT MAY CONCERN

A criminal history/APS/Child Abuse and Neglect Central Registry/Nursing Registry records check of the Kansas central records repository is requested for the following individual. **(Print or Type the following information).**

A finger print card is not included.

Full Name: _____
Last First Middle
Alias/Maiden Name: _____
Last First Middle
Other Alias Name: _____
Last First Middle
Other Alias Name: _____
Last First Middle
Current Address: _____

Date of Birth: _____ Social Security No. _____ - _____ - _____
(MM/DD/YY)

Sex: _____ Race: _____ Place of Birth: _____
(City, State or Foreign Country)

EMAIL Address: _____ Telephone Number: _____

I, _____, give permission for the release of any information concerning myself in all
(Print Name of DSW or Employee)

Central Registries to LINK, Inc., Atten: FMS I & A, 2401 E. 13th, Hays, KS 67601, (785) 625-6942. I understand that all information released will be for the exclusive and confidential use of the above named organization/person/agency.

(Signature)

(Date)

FOR OFFICE USE ONLY

Received in Admin Asst _____ (Date) _____ (By)	Submitted to Program Asst. _____ (Date) _____ (By)
KBI Submitted on _____ (Date)	KBI Check Received _____ (Date)
APS Request Emailed _____ (Date)	APS Results Received _____ (Date)
CAR Request Emailed _____ (Date)	CAR Results Received _____ (Date)
DMV Submitted _____ (Date)	DMV Results Received _____ (Date)
OIG Submitted/Received _____ (Date)	KNAR Submitted/Received _____ (Date)
I-9 Completed: _____ (Date)	Consumer Name _____

I, _____, give permission for the release of information concerning

(PRINT Full Name)

myself in the Adult Abuse, Neglect, Exploitation Central Registry to:

Contact Person(s)*

Laura Denny

Phone

785-625-6942

Agency name

LINK, Inc.

Agency mailing address

2401 E. 13th St., Hays, KS 67601

Email address: Will return via Encrypted email unless marked otherwise N/A

Maiden Name and/or Other Names Known By: _____

(PRINT ONLY)

Address: _____

Street

City

State

Zip Code

DOB: _____ SS#: _____

(mm/dd/yyyy)

☐

Male

☐

Female

(mark one)

I understand that all information released will be for the exclusive and confidential use of the above named organization/person. I have read and understand this form and information provided is true and correct to the best of my knowledge.

I give permission for the release of any information concerning myself in the Adult Abuse, Neglect, Exploitation Central Registry each year while I am employed or associated with the above agency. ☐ Yes ☐ No

Signature: _____ Date: _____

(An Ink Signature or a Verified E-Signature is Required for Processing)

(mm/dd/yyyy)

RETURN TO:

Email: DCF.APSRegistry@ks.gov

Mail: Office of Background Investigations

Adult Abuse Registry

500 SW Van Buren St

Topeka, Kansas 66603

(Please allow 3-5 days for processing email requests and an additional 5-7 days if returning by US Postal Service)

For Official Use Only: Mark in this area if PROHIBITED

For Official Use Only: Mark in this area if CLEARED



KANSAS DEPARTMENT FOR CHILDREN AND FAMILIES
Child Abuse and Neglect Central Registry
P.O. Box 2637 • Topeka, KS 66601 • DCF.CentralRegistry@ks.gov
Release of Information

OBI 1011
9/2018
Page 1 of 1

Complete form by printing legibly in ink. Fee of \$10.00 per Release of Information form may be required prior to processing.

All releases and fees are to be sent to the address or email listed above (see below for specifics)

CONFIDENTIALITY: Kansas Department for Children and Family records are confidential. No individual, association, partnership, corporation, or other entity shall willfully or knowingly disclose, permit, or encourage disclosure of the contents of records or reports in violation of the confidentiality requirements of K.S.A. 38-2209. Violation of this statute is a class A nonperson misdemeanor and the court may impose a civil penalty of up to \$1,000.

Contact Person: Laura Denny Agency/Org.: LINK, Inc.
Phone #: 785-625-6942 Address: 2401 E. 13th St.
Email: laurad@linkinc.org City/State/Zip: Hays, KS 67601

Return Results by: ☒ Encrypted email (list if different than above): _____ ☐ Postal Mail

Payment/Account Information (check box which applies)

<input type="checkbox"/> Fee included	\$10 per request. Check, Money Order (payable to DCF) or cash. Postal mail only.
<input type="checkbox"/> Online Payment*	www.dcf.ks.gov - 'Online DCF Payments' icon at bottom of page. Submit receipt with ROI form(s).
<input checked="" type="checkbox"/> Pre-Pay Account*	Agency/Org. has Pre-Pay Account. FEIN: 47-2344901
<input type="checkbox"/> Mentoring Account*	As listed in the Kansas Mentors' Partner Directory. http://mentorkansas.org/Find-a-Program
<input type="checkbox"/> Exempt*	No fee for State government agencies (Sub-contracting agencies not included).

*Release of Information forms may be submitted via email to DCF.CentralRegistry@ks.gov

APPLICANT: Instructions: PRINT CLEARLY. All requested information is required for processing. Incomplete or illegible information will result in processing delays for the Release of Information. Use 'N/A' rather than leaving a space blank.

FIRST, MIDDLE, LAST NAME: _____

I give permission for the release of any of my information in the Child Abuse/Neglect Central Registry to the contact listed above. I understand the information released is for their exclusive and confidential use:

☐ Yes ☐ No

This organization/person/agency may check my information each year I am employed or associated with them:

☐ Yes ☐ No

OTHER NAMES USED: (Any/all aliases, married, maiden, nicknames, etc. 'N/A' if none used.): _____

DATE OF BIRTH: _____

RACE: _____

SOCIAL SECURITY #: _____

GENDER: ☐ Male

☐ Female

CURRENT ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____

EMAIL: _____

SIGNATURE: _____

DATE: _____

DCF ONLY:

MATCH

This applicant is listed in the Child Abuse/Neglect Central Registry.
Per KSA 65-504 and 65-516 this person prohibited from working, residing, or volunteering in a licensed child care home or facility.
(see attached document for more info.)

CLEARED

DMV Background Check Kansas 3rd Party Consent Form

PLEASE PUT THE INFORMATION EXACTLY AS IT IS ON YOUR LICENSE

I hereby certify that my name is _____
(First Name) (Middle Initial) (Last Name)

Address _____
(Street Address) (City) (State) (Zip)

Birthdate _____ Telephone Number _____
(MM/DD/YYYY)

Driver's License Number _____ Don't have one ☐

State Id Number _____

Issuing Authority (State) _____

I hereby authorize LINK Fiscal Agent to obtain my vehicle registration and/or driver's license record information including my personal information on those records.

Signature (Date)

DIRECT DEPOSIT FORM
(Direct Deposit is Required)

DSW Name: _____ **!!! PLEASE PRINT CLEARLY!!!**

➤ If you have a bank account, fill out the bank information below:

Bank Name: _____

Routing #: _____

Checking Acct #: _____ Savings Acct #: _____

(Attach voided blank check)

➤ If you do not have a bank account:

- ☐ Commerce Direct Check Card (complete form below) \$4.95 setup fee will be deducted from first direct deposit.

Authorization for Electronic Entries to Commerce *Direct Check* Card

The undersigned hereby authorizes LINK, Inc. (the Employer) to make electronic credit entries and any necessary adjustments involving these entries in the account identified below at Commerce Bank (the Bank) and authorizes the Bank to accept such entries and make any necessary adjustments. It is agreed that these entries will be made under the rules of the National Automated Clearing House Associations. This authorization will remain in effect until written notice of termination is delivered to the Employer in a timely manner so as to afford the Employer an opportunity to act thereon. In no event shall such termination be effective as to entries processed prior of such notice.

Employee Information

Name _____

Social Security # _____

Home Phone ____ Cell Phone ____

Date of Birth ____/____/____

Mailing Address _____

City, State, Zip _____



Signature: _____ Date: _____