



Steps for completion of the Form I-9

AN EMPLOYEE CAN NOT GO TO WORK UNTIL THE FORM I-9 IS COMPLETE

The Form I-9 is included with the Employee Packet to be given to employees after acceptance of a job.

- **Section 1 is to be completed by the Employee.** In the date section after the signature area, the Employee should put the date the paperwork is filled out as that is the date he/she accepted employment. **STOP!** Give the form along with identification to be used to complete Section 2 (see lists attached to Form I-9) to the Employer/Representative.
- **Section 2 (back page) is to be completed by the Employer/Representative.** Be sure that all information is written or printed legibly. Print the Employee's name along the top. Then complete either List A or both List B & C, using the identification provided by the employee.

To complete List A: The Employer/Representative will need to see one of the following for this employee:

- US Passport
- Permanent Resident Card (or other identification listed on attached sheet)

To complete List B and C: *This is the choice most of the time.*

- **List B:** Typically, a Driver's License is used. (or other identification listed on attached sheet). It would be completed this way:
 - Document title: Driver's License
 - Issuing Authority: State of _____
 - Document #: Fill in license number
 - Expiration Date: (be sure it is not expired as that would not be acceptable)
- **List C:** Typically, a Social Security Card is used. (or other identification listed on attached sheet). It would be completed this way:
 - Document title: Social Security Card
 - Issuing Authority: USA SSA
 - Document #: Fill in Social Security Number
 - Expiration Date: N/A

*** In the event that the HCBS Participant's guardian elects to pay themselves to provide support, the Designated Representative should complete Section 2 of the Form I-9***

To complete Certification section:

- Enter the date the employee accepted employment (the date he/she filled out paperwork) under "Employee's first day of employment."
- Sign under "Signature of Employer or Authorized Representative".
- The date section for the signature should be no more than 3 business days from the date employee accepted employment.
- Write "Authorized Representative" under "Title of Employer or Authorized Representative."
- Print your Last Name and First Name
- Write the name of the HCBS Participant receiving services under "Employer's Business or Organization Name."
- Write the address of the home of the Participant.

Do not send copies of identification (i.e., copy of Social Security Card or Driver's License) as we cannot use these copies for documentation. The Employer/Representative **MUST** see original documents

The original Form I-9 MUST BE MAILED to the Life Patterns office. Faxed or emailed Form I-9s are not accepted by The Department of Homeland Security.

IF THE FORM I-9 IS NOT COMPLETE, THE EMPLOYEE CAN NOT GO TO WORK!

THE AUTHENTICARE NUMBER WILL NOT BE ISSUED UNTIL RECEIPT OF THE ORIGINAL FORM I-9 IN THE LIFE PATTERNS OFFICE.