Employee Information

Employee First Name:
Employee Last Name:
Employee SSN:
Employee Gender:
Employee Date of Birth:
Employee Residence Address: Apt#:
City:
County:
State:
Zip Code:
Email:
Job Title:
Employee Home Phone:
Employee Cell Phone:
Maiden Name(s) and/or Alias
Relationship to Veteran:

Veteran Information

Veteran Last Name:
Veteran First Name:
Veteran Address:
City:
County:
State:
Zip Code:
Veteran Telephone:
Veteran Email:

Authorized Rep Information Does Vet have a rep? ○ yes ◉ no

Authorized Rep Last Name:
Authorized Rep First Name: Rep Full Name
Authorized Rep Address:
City:
County:
State:
Zip Code:
Authorized Rep Telephone:
Authorized Rep Email:

Hourly Rate Chosen:
# of Hours per Week Chosen:

Employer of Record: _____

Relationship to Employer of Record: ○ Parent ○ Spouse ○ Child <21 ○ Other _____ ○ None

yellow highlights are for employer of record signatures

pink highlights are for employee signatures

EMPLOYEE NAME: _____ # _____

Veteran Name: _____

VDC Employee Paperwork Checklist

- ☐ Employee Welcome letter provided to Employee
- ☐ Employee/Worker Set-up Form
- ☐ Employee Application
- ☐ I-9 Employment eligibility Verification
- ☐ W-4
- ☐ State Withholding (as applicable)
- ☐ City Withholding (as applicable)
- ☐ Employee/Provider Agreement (task list, schedule)
- ☐ Relationship Status Form
- ☐ Fraud & Abuse Statement (Employee)
- ☐ Background check obtained (Date _____)
- ☐ Nurse Abuse check obtained (Date _____)
- ☐ Direct Deposit Option (Yes _____ NO _____)
- ☐ Authorization Agreement for Electronic Pay Stub
- ☐ Back-up Employee Acknowledgement provided to worker
- ☐ Timesheets provided to worker
- ☐ Timesheet Instructions provided to worker
- ☐ Timesheet Due Dates provided to worker

Case Manager _____

Date _____

Return signed originals to your Case Manager
at your designated Spoke Agency.

Retain copies for your records.

PeADD Use Only

Start Date: _____

- ☐ Spending Plan Approved
- ☐ Timesheets Sent
- ☐ Accufund
- ☐ New Hire Reporting
- ☐ Scanned

Veteran Directed Care (VDC) Program
Employment Packet

Dear Employee:

You have received this packet because a participant in the Veteran Directed Care (VDC) Program has selected you to provide services.

The Veterans Medical Center has contracted with Pennyrile Area Development District (PeADD) to act as the Financial Management Administrator for the VDC participants. PeADD will make payments on behalf of participants who employ providers. The timesheets that you will complete will be submitted to your case manager for review and then submitted to PeADD for payment.

Below you will see a list of forms that need to be completed in order for the PeADD to process your paychecks. PeADD cannot pay for any services until a completed packet is received from you. PeADD will issue paychecks to you based on properly completed timesheets. These paychecks will reflect tax withholdings. If you have any questions, please contact the PeADD office and request to speak with VA FMS at 270-886-9484 or 1-800-928-7233.

Forms Required

Employee/Worker Set-up Form. This form is required to enter employee information in the payroll processing system.

Employee Application. This form is required for employment by the employer of record.

USCIS Form I-9. Department of Homeland Security – Employment Eligibility Verification. All employees working in the U.S. must complete this form to document their identity and verify they are able to legally work in the U.S. Ask your employer to certify and sign Section 2 of the I-9 form.

IRS Form W-4. Employer's withholding allowance certificate. This form is used to calculate your federal tax withholding. This form contains instructions developed by the IRS.

State Employer's withholding allowance certificate. This form is only required if you live or work in a state requiring state income tax. The form is used to calculate your state tax withholding. This form contains instructions developed by the appropriate state department of revenue.

Employee/Provider Agreement. This is an agreement between the employer and the employee on a gross rate/hour for each service. It must be signed by both the employer and the employee and returned to your case manager.

Relationship Status Form. This form was prepared by the PeADD to collect information about your relationship with your employer to determine if you meet certain employer tax exemptions.

Fraud and Abuse Form. This form is required to be signed and returned so that you have an understanding of what is considered fraud and abuse.

Background Check/Nurse Abuse Registry Checks. These are required to begin employment. Please discuss with the case manager what steps you need to take to ensure these are completed.

Optional Forms

Direct Deposit Form. This form is used to establish direct deposit of your paycheck with the Pennyrile Area Development District.

Authorization Agreement for Electronic Pay Stub Submission. This form is used to consent an emailed copied of your pay stub if you receive your pay checks via direct deposit. If this is completed, your pay stub will be only emailed and not mailed through USPS.

Forms to Keep

Timesheet. Complete the timesheet according to the Payroll Schedule for any work performed after you have been authorized to provide services.

Timesheet Instructions. Use these instructions to help you complete the timesheet.

Timesheet Due Date Schedule. Use this schedule to complete timesheets and submit them to your employer.

Veteran Directed Care (VDC) Program
Employee/ Worker (Personal Assistant) Set-Up Form

DIRECTIONS: Complete & Provide to assigned Case Manager (copy will be submitted to PeADD FMS staff).

EMPLOYEE INFORMATION			
Last Name:		First Name:	
SSN:		Gender:	
Date of Birth:		Status:	ACTIVE
Residence Address:			
City:		County:	
State:		Zip Code:	
Email:		Job Title	
Home Phone:		Cell Phone:	

Relationship to Employer of Record: __None ___ Child __Parent Spouse __Other_____

VETERAN INFORMATION

Veteran Last Name_____ First Name_____

Address_____

City_____ County_____ State_____ Zip Code _____

Telephone_____E-mail_____

AUTHORIZED REPRESENTATIVE INFORMATION (AS APPLICABLE)

Rep. Last Name_____ First Name _____

Address _____

City_____ County_____ State_____ Zip Code _____

Telephone_____E-mail_____

Veteran Directed Care (VDC) Program

Employment Application

Veteran's Name: _____

Date of Application: _____

Personal Information

_____

Last Name First Name Middle Initial Date of Birth SS#

_____

Address City State Zip Apt. #

_____

P.O. Box City State Zip

_____

Phone Number(s)

_____

Maiden Name(s) and/or Alias

Are you legally eligible for employment in the United States? ☐ Yes ☐ No

Do you have a high school diploma? ☐ Yes ☐ No

Additional Information

What is your relationship to the Veteran? _____

Have you ever been arrested or convicted of a criminal offense other than a minor traffic violation (do not include convictions that have been expunged, sealed or adjudicated delinquent)? Yes (If so, what & when) ☐ No

Have you ever had an administrative finding of Abuse, Neglect or Theft? ☐ Yes (If so, what & when) ☐ No

Certification

Are you currently certified in CPR? Yes ☐ No

If yes, please provide documentation. _____

Are you currently certified in First Aid? ☐ Yes ☐ No
If yes, please provide documentation. _____

Work Experience

Do you have experience as a caregiver? ☐ Yes ☐ No
If yes, please provide details: _____

_____

Please list your last 3 jobs beginning with the most recent.

1. _____
Name of Employer Address

_____
Start Date Date Left Reason for Leaving Phone:

2. _____
Name of Employer Address

_____
Start Date Date Left Reason for Leaving Phone:

3. _____
Name of Employer Address

_____
Start Date Date Left Reason for Leaving Phone:

References

Name & Address	Occupation	Phone Number

Emergency Contact Information

Name	Address	Relationship	Phone Number

I certify that the information provided is true and correct to the best of my knowledge.

Signature: _____ Date: _____

Employment Eligibility Verification

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS Form I-9

OMB No.1615-0047

Expires 05/31/2027

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. An alien 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)					
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)					

Additional Information

☐ 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.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.
* Documents extended by the issuing authority are considered unexpired.
Employees may present one selection from List A or a
combination of one selection from List B and one selection from List C.
Examples of many of these documents appear in the Handbook for Employers (M-274).

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, sex, 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, sex, 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 an individual temporarily authorized to work for a specific employer because of his or her status or parole: **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 individual's status or parole 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 For examples, see **Section 7** and **Section 13** of the M-274 on **uscis.gov/i-9-central**. The Form I-766, Employment Authorization Document, is a List A, **Item Number 4.** document, not a List C document.
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		**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		

Acceptable Receipts

May be presented in lieu of a document listed above for a temporary period.
For receipt validity dates, see the M-274.

• Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with “RE” notation or refugee stamp issued to a refugee.	**OR**	Receipt for a replacement of a lost, stolen, or damaged List B document.	Receipt for a replacement of a lost, stolen, or damaged List C document.

*Refer to the Employment Authorization Extensions page on **I-9 Central** for more 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

2026

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) ☐ **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.)

Caution: To claim certain credits or deductions on your tax return, you (and/or your spouse if married filing jointly) are required to have a social security number valid for employment. See page 2 for more information.

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

Verify that box (c) does not need to be checked

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 Step 2(b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, Step 2(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):

(a) Multiply the number of qualifying children under age 17 by $2,200 . . . . . **3(a)** $

(b) Multiply the number of other dependents by $500 . . . **3(b)** $

Add the amounts from Steps 3(a) and 3(b), plus the amount for other credits. Enter the total here . . . . . **3** $

Step 4: 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. Use the Deductions Worksheet on page 4 to determine the amount of deductions you may claim, which will reduce your withholding. (If you skip this line, your withholding will be based on the standard deduction.) Enter the result here . . **4(b)** $

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

Exempt from withholding

I claim exemption from withholding for 2026, and I certify that I meet **both** of the conditions for exemption for 2026. See *Exemption from withholding* on page 2. I understand I will need to submit a new Form W-4 for 2027 . ☐

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

Section references are to the Internal Revenue Code unless otherwise noted.

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 2026 if you meet both of the following conditions: you had no federal income tax liability in 2025 **and** you expect to have no federal income tax liability in 2026. You had no federal income tax liability in 2025 if (1) your total tax on line 24 on your 2025 Form 1040 or 1040-SR is zero (or less than the sum of lines 27a, 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 2026 tax return. To claim exemption from withholding, certify that you meet both of the conditions by checking the box in the *Exempt from withholding* section. 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 16, 2027.

Your privacy. Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

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

1. Are submitting this form after the beginning of the year;

2. Expect to work only part of the year;

3. Have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), or number of dependents, or changes in your deductions or credits;

4. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or

5. Prefer the most accurate withholding for multiple job situations.

TIP: Have your most recent pay stub(s) from this year available when using the estimator to account for federal income tax that has already been withheld this year. At the beginning of next year, use the estimator again to recheck your withholding.

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. Submit a separate Form W-4 for each job.

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

Instead, if you (and your spouse) have a total of only two jobs, you may 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 accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount of tax withheld 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 (and/or your spouse if married filing jointly) must have the required social security number to claim certain credits. 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. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. 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.

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 15, if you expect to claim deductions other than the basic standard deduction on your 2026 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for qualified tips, overtime compensation, and passenger vehicle loan interest; student loan interest; IRAs; and seniors. You (and/or your spouse if married filing jointly) must have the required social security number to claim certain deductions. For additional eligibility requirements, see Pub. 501.

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 when you file your tax return.

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. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

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 5. 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 5 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 5 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 (plus any other additional amount you want withheld) . . . . . **4** $ _____

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

See the Instructions for Schedule 1-A (Form 1040) for more information about whether you qualify for the deductions on lines 1a, 1b, 1c, 3a, and 3b.

1 Deductions for qualified tips, overtime compensation, and passenger vehicle loan interest.

- **a** **Qualified tips.** If your total income is less than $150,000 ($300,000 if married filing jointly), enter an estimate of your qualified tips up to $25,000 . . . . . **1a** $
- **b** **Qualified overtime compensation.** If your total income is less than $150,000 ($300,000 if married filing jointly), enter an estimate of your qualified overtime compensation up to $12,500 ($25,000 if married filing jointly) of the "and-a-half" portion of time-and-a-half compensation . . . . . **1b** $
- **c** **Qualified passenger vehicle loan interest.** If your total income is less than $100,000 ($200,000 if married filing jointly), enter an estimate of your qualified passenger vehicle loan interest up to $10,000 **1c** $

2 Add lines 1a, 1b, and 1c. Enter the result here . . . . . **2** $

3 **Seniors age 65 or older.** If your total income is less than $75,000 ($150,000 if married filing jointly):

- **a** Enter $6,000 if you are age 65 or older before the end of the year . . . . . **3a** $
- **b** Enter $6,000 if your spouse is age 65 or older before the end of the year and has a social security number valid for employment . . . . . **3b** $

4 Add lines 3a and 3b. Enter the result here . . . . . **4** $

5 Enter an estimate of your student loan interest, deductible IRA contributions, educator expenses, alimony paid, and certain other adjustments from Schedule 1 (Form 1040), Part II. See Pub. 505 for more information . . . . . **5** $

6 **Itemized deductions.** Enter an estimate of your 2026 itemized deductions from Schedule A (Form 1040). Such deductions may include qualifying:

- **a** **Medical and dental expenses.** Enter expenses in excess of 7.5% (0.075) of your total income . **6a** $
- **b** **State and local taxes.** If your total income is less than $505,000 ($252,500 if married filing separately), enter state and local taxes paid up to $40,400 ($20,200 if married filing separately) . **6b** $
- **c** **Home mortgage interest.** If your home acquisition debt is less than $750,000 ($375,000 if married filing separately), enter your home mortgage interest expense (including mortgage insurance premiums) . . . . . **6c** $
- **d** **Gifts to charities.** Enter contributions in excess of 0.5% (0.005) of your total income . . . . **6d** $
- **e** **Other itemized deductions.** Enter the amount for other itemized deductions . . . . . **6e** $

7 Add lines 6a, 6b, 6c, 6d, and 6e. Enter the result here . . . . . **7** $

8 **Limitation on itemized deductions.**

- **a** Enter your total income . . . . . **8a** $
- **b** Subtract line 4 from line 8a. If line 4 is greater than line 8a, enter -0- here and on line 10. Skip line 9 **8b** $

9 Enter:
- $768,700 if you're married filing jointly or a qualifying surviving spouse
- $640,600 if you're single or head of household
- $384,350 if you're married filing separately

. . . . . **9** $

10 If line 9 is greater than line 8b, enter the amount from line 7. Otherwise, multiply line 7 by 94% (0.94) and enter the result here . . . . . **10** $

11 **Standard deduction.**

Enter:
- $32,200 if you're married filing jointly or a qualifying surviving spouse
- $24,150 if you're head of household
- $16,100 if you're single or married filing separately

. . . . . **11** $

12 **Cash gifts to charities.** If you take the standard deduction, enter cash contributions up to $1,000 ($2,000 if married filing jointly) . . . . . **12** $

13 Add lines 11 and 12. Enter the result here . . . . . **13** $

14 If line 10 is greater than line 13, subtract line 11 from line 10 and enter the result here. If line 13 is greater than line 10, enter the amount from line 12 . . . . . **14** $

15 Add lines 2, 4, 5, and 14. Enter the result here and in Step 4(b) of Form W-4 . . . . . **15** $

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person 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 territories 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 Surviving Spouse

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	$0	$480	$850	$850	$1,020	$1,020	$1,020	$1,020	$1,020	$1,020	$1,020
$10,000 - 19,999	0	480	1,480	1,850	2,050	2,220	2,220	2,220	2,220	2,220	2,220	2,620
$20,000 - 29,999	480	1,480	2,480	3,050	3,250	3,420	3,420	3,420	3,420	3,420	3,820	4,820
$30,000 - 39,999	850	1,850	3,050	3,620	3,820	3,990	3,990	3,990	3,990	4,390	5,390	6,390
$40,000 - 49,999	850	2,050	3,250	3,820	4,020	4,190	4,190	4,190	4,590	5,590	6,590	7,590
$50,000 - 59,999	1,020	2,220	3,420	3,990	4,190	4,360	4,360	4,760	5,760	6,760	7,760	8,760
$60,000 - 69,999	1,020	2,220	3,420	3,990	4,190	4,360	4,760	5,760	6,760	7,760	8,760	9,760
$70,000 - 79,999	1,020	2,220	3,420	3,990	4,190	4,760	5,760	6,760	7,760	8,760	9,760	10,760
$80,000 - 99,999	1,020	2,220	3,420	4,240	5,440	6,610	7,610	8,610	9,610	10,610	11,610	12,610
$100,000 - 149,999	1,870	4,070	6,270	7,840	9,040	10,210	11,210	12,210	13,210	14,210	15,360	16,560
$150,000 - 239,999	1,870	4,100	6,500	8,270	9,670	11,040	12,240	13,440	14,640	15,840	17,040	18,240
$240,000 - 319,999	2,040	4,440	6,840	8,610	10,010	11,380	12,580	13,780	14,980	16,180	17,380	18,580
$320,000 - 364,999	2,040	4,440	6,840	8,610	10,010	11,380	12,580	13,860	15,860	17,860	19,860	21,860
$365,000 - 524,999	2,720	5,920	9,390	12,260	14,760	17,230	19,530	21,830	24,130	26,430	28,730	31,030
$525,000 and over	3,140	6,840	10,540	13,610	16,310	18,980	21,480	23,980	26,480	28,980	31,480	33,990

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	$90	$850	$1,020	$1,020	$1,020	$1,070	$1,870	$1,870	$1,870	$1,870	$1,870	$1,970
$10,000 - 19,999	850	1,780	1,980	1,980	2,030	3,030	3,830	3,830	3,830	3,830	3,930	4,130
$20,000 - 29,999	1,020	1,980	2,180	2,230	3,230	4,230	5,030	5,030	5,030	5,130	5,330	5,530
$30,000 - 39,999	1,020	1,980	2,230	3,230	4,230	5,230	6,030	6,030	6,130	6,330	6,530	6,730
$40,000 - 59,999	1,020	2,880	4,080	5,080	6,080	7,080	7,950	8,150	8,350	8,550	8,750	8,950
$60,000 - 79,999	1,870	3,830	5,030	6,030	7,100	8,300	9,300	9,500	9,700	9,900	10,100	10,300
$80,000 - 99,999	1,870	3,830	5,100	6,300	7,500	8,700	9,700	9,900	10,100	10,300	10,500	10,700
$100,000 - 124,999	2,030	4,190	5,590	6,790	7,990	9,190	10,190	10,390	10,590	10,940	11,940	12,940
$125,000 - 149,999	2,040	4,200	5,600	6,800	8,000	9,200	10,200	10,950	11,950	12,950	13,950	14,950
$150,000 - 174,999	2,040	4,200	5,600	6,800	8,150	10,150	11,950	12,950	13,950	14,950	16,170	17,470
$175,000 - 199,999	2,040	4,200	6,150	8,150	10,150	12,150	13,950	15,020	16,320	17,620	18,920	20,220
$200,000 - 249,999	2,720	5,680	7,880	10,140	12,440	14,740	16,840	18,140	19,440	20,740	22,040	23,340
$250,000 - 449,999	2,970	6,230	8,730	11,030	13,330	15,630	17,730	19,030	20,330	21,630	22,930	24,240
$450,000 and over	3,140	6,600	9,300	11,800	14,300	16,800	19,100	20,600	22,100	23,600	25,100	26,610

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	$280	$850	$950	$1,020	$1,020	$1,020	$1,020	$1,560	$1,870	$1,870	$1,870
$10,000 - 19,999	280	1,280	1,950	2,150	2,220	2,220	2,220	2,760	3,760	4,070	4,070	4,210
$20,000 - 29,999	850	1,950	2,720	2,920	2,980	2,980	3,520	4,520	5,520	5,830	5,980	6,180
$30,000 - 39,999	950	2,150	2,920	3,120	3,180	3,720	4,720	5,720	6,720	7,180	7,380	7,580
$40,000 - 59,999	1,020	2,220	2,980	3,570	4,640	5,640	6,640	7,750	8,950	9,460	9,660	9,860
$60,000 - 79,999	1,020	2,610	4,370	5,570	6,640	7,750	8,950	10,150	11,350	11,860	12,060	12,260
$80,000 - 99,999	1,870	4,070	5,830	7,150	8,410	9,610	10,810	12,010	13,210	13,720	13,920	14,120
$100,000 - 124,999	1,870	4,270	6,230	7,630	8,900	10,100	11,300	12,500	13,700	14,210	14,720	15,720
$125,000 - 149,999	2,040	4,440	6,400	7,800	9,070	10,270	11,470	12,670	14,580	15,890	16,890	17,890
$150,000 - 174,999	2,040	4,440	6,400	7,800	9,070	10,580	12,580	14,580	16,580	17,890	18,890	20,170
$175,000 - 199,999	2,040	4,440	6,400	8,510	10,580	12,580	14,580	16,580	18,710	20,320	21,620	22,920
$200,000 - 249,999	2,720	5,920	8,680	10,900	13,270	15,570	17,870	20,170	22,470	24,080	25,380	26,680
$250,000 - 449,999	2,970	6,470	9,540	12,040	14,410	16,710	19,010	21,310	23,610	25,220	26,520	27,820
$450,000 and over	3,140	6,840	10,110	12,810	15,380	17,880	20,380	22,880	25,380	27,190	28,690	30,190

Veteran Directed Care (VDC) Program
Agreement between Veteran and Employee / Worker

This agreement is between the veteran / representative (if applicable) _____ (print name), who is the employer of record, and the employee/worker _____ (print name).

The employee (Personal Assistant / in-home worker) agrees to the following:

1. I will perform the tasks on the attached task list and other duties as directed by the veteran / employer of record or authorized representative.
2. I am authorized to work for the veteran who is the employer of record for _____ hours per week and I understand that I will not be compensated for any time worked beyond the authorized hours stated in this Agreement.
3. I will be on time, and if I am late or unable to work at a scheduled time, I will call the veteran / employer of record or authorized representative.
4. I will tell the veteran / employer of record two weeks in advance when I need time off.
5. I will complete the approved time sheet on a semi-monthly basis in a manner that accurately reflects the number of hours of service delivered to the veteran / employer of record.
6. I will submit my time sheets to the veteran / employer of record or authorized representative for his/her signature.
7. If I submit my time sheet late to the veteran / employer of record or authorized representative, I understand that my time sheet will be processed in the next payroll cycle.
8. I understand that Pennyrile Area Development District is the Financial Management organization for the veteran / employer of record and that the Pennyrile Area Development District is responsible for processing my payroll.
9. I will communicate with the veteran / employer of record or authorized representative openly about all work related issues.
10. I will give the veteran / employer of record two weeks' notice if I decide to terminate my employment agreement.
11. I understand that I am neither an employee nor an agent of the Pennyrile Area Development District or Pennyrile Area Agency on Aging & Independent living.
12. I release Pennyrile Area Development District and Pennyrile Area Agency on Aging & Independent living which includes the Case Manager from all responsibility and liability for any injury incurred or loss of property resulting from the delivery of service to the veteran / employer of record.
13. I understand that failure to perform agreed upon expectations or violate any terms as described in the "Program Manual for Veterans" under the "Terminating an Employee Agreement" can and will be grounds for termination.
14. I understand that employment is contingent on providing all information required to successfully be enrolled in the VF/EA FMS entity's payroll system.

_____
Printed Name of Employee

_____ _____
Signature of Employee Date

The veteran or authorized representative agrees to the following:

1. I will pay the employee /worker an hourly rate of _____ (or closest to, depending on taxes-may fluctuate year to year) for services delivered under this contract.

2. I will ensure a safe work environment for the employee / worker.

3. I will assign clear duties and job responsibilities.

4. I will submit timesheets to the Pennyrile Area Development District in a timely manner to ensure that the employee / worker can be paid promptly.

5. I will communicate with the employee / worker openly about all work related issues.

I have been fully informed of the results of the employee / worker's background check prior to making the decision to hire the employee / worker.

_____
Printed Name of Veteran / Employer of Record

_____ _____
Signature of Veteran / Employer of Record Date

Employee / Worker Task List

Veteran: _____ Employee / Worker: _____

Please check off the tasks for which you require assistance. Note special instructions regarding task, time, and frequency in the appropriate column.

TASKS	CHECK	FREQUENCY AND INSTRUCTIONS
Meal Preparation		
Breakfast		
Lunch		
Dinner		
Laundry		
Do laundry at home		
Bring to Laundromat		
Prepare for laundry service		
Fold clothes		
Put clothes away		
Change bed linens		
Cleaning		
Kitchen		
Bathroom		
Bedroom		
Living Room		
Dusting		
Mopping		
Vacuuming/Sweeping		
Take out trash		
Shopping/Errands/Miscellaneous		

TASKS	CHECK	FREQUENCY AND INSTRUCTIONS
Prepare shopping list		
Shop		
Unpack, put away items		
Other		
Periodic Cleaning		
Windows		
Oven, Stove, Microwave		
Refrigerator		
Seasonal Maintenance		
Shovel Snow		
Other		

HOURS OF SERVICE: _____

PERSONAL CARE TASKS	CHECK	FREQUENCY AND INSTRUCTIONS
Bathing		
Grooming/Shaving		
Oral Hygiene		
Dressing/undressing		
Eating		
Ambulation		
Transfers		
Toileting		
Skin Care		
Repositioning		

PERSONAL CARE TASKS	CHECK	FREQUENCY AND INSTRUCTIONS
Prosthesis/brace/splint: put on or off		
Other		

HOURS OF SERVICE: _____

ADDITIONAL TASKS:

Employee / Worker Schedule

Veteran Name: _____

Employee / Worker Name: _____

Employee / Worker Phone Number: _____

Employee / Worker Start Date: _____

Work Schedule
The employee's work schedule will be as follows:

			Total Hours
Monday	_____ am/pm to _____ am/pm	_____ am/pm to _____ am/pm	_____
Tuesday	_____ am/pm to _____ am/pm	_____ am/pm to _____ am/pm	_____
Wednesday	_____ am/pm to _____ am/pm	_____ am/pm to _____ am/pm	_____
Thursday	_____ am/pm to _____ am/pm	_____ am/pm to _____ am/pm	_____
Friday	_____ am/pm to _____ am/pm	_____ am/pm to _____ am/pm	_____
Saturday	_____ am/pm to _____ am/pm	_____ am/pm to _____ am/pm	_____
Sunday	_____ am/pm to _____ am/pm	_____ am/pm to _____ am/pm	_____

Veteran Directed Care (VDC) Program
Relationship Status Form

Employer of Record: _____

What is your relationship to the Employer of Record (Authorized Representative or Veteran)?

I am their:

- Parent ☐
- Spouse ☐
- Child ☐

- No family relationship ☐

You <u>must</u> notify Pennyrile Area Development District if your status changes.

_____

Employee Signature Date

_____

Employee Name Printed

Veteran Directed Care (VDC) Program
Fraud & Abuse Statement

Fraud is defined as an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself for herself or some other person. In other works. Fraud includes obtaining something of value through misrepresentation or concealment of facts. Fraud is committed when a person or business deceives or distorts facts or information to get something they would not be otherwise entitled to. Fraud can range from a solo act to a broad-based operation by an institution or a group. Anyone can commit fraud.

Examples of Fraud include, but are not limited to:

- Knowingly and/or purposefully filling out an employee's timesheet incorrectly for hours or services that were not provided during the times listed or on the day listed;
- Knowingly and/or purposefully allowing the Financial Management Service (FMS) to bill for services that were not provided;
- Knowingly and /or purposefully using the VDC budget for any other purpose that what has been approved in the participant's individual spending plan.
- Knowingly and /or purposefully allowing an employee to document services or hours that were not provided
- Knowingly and/or purposefully submitting invoices to the FMS for goods and services that were not provided.
- Knowingly and/or purposefully having the FMS pay an individual for goods and/or services actually provided by someone else. (This is also tax fraud).
- Knowingly and/or purposefully making a "side deal" with an employee to split their pay check with the participant and his/her representative. (This is also tax fraud).
- Knowingly and/or purposely having the FMS pay for an approved individual-directed good included in the participants budget, and then return the approved individual-directed good to get the cash or use it for something else that has not been approved.

Abuse is defined as practices that are inconsistent with sound fiscal, business, or medical practices, and result in an unnecessary cost to the program, or in reimbursement for services that are not medically necessary or fail to meet professionally recognized standards for health care. It also includes recipient practices that result in unnecessary costs to the program.

Examples of Abuse include:

- Making errors when filling out timesheets and not immediately reporting the error to the FMS to remedy the situation.
- Being late in handing in participant/representative-employer related paperwork to the FMS or the participants Case Manager.

Fraud and Abuse is a crime against all taxpayers and is both a state and federal offense. All reports or allegations of fraud and abuse within the VDC program will be referred to the VA. Participants suspected of fraud or abuse also face termination from the VDC program.

I have read the Fraud and Abuse Statement, I understand it and agree to comply with it.

_____

Employee Signature Date

Veteran Directed Care (VDC) Program
Payroll Direct Deposit

Name:	
Date:	
Social Security Number:	

I hereby authorize the Pennyrile Area Development District (FMS Staff) / Veteran Directed Care Program (VDC) to initiate credit entries to the account designated below. In the event there is an error in crediting my pay to this account, I also authorize the deposi tory institution (bank, union, etc.) to debit my account for the purpose of correcting this error.

Signature:	

Bank Information

Enter the name of your banking institution. Complete the account information requested. The transit number is located in the lower left hand corner of your check. Your account number follows this number. The remaining digits are the actual check number. Print the account name. Check the appropriate box for either checking or savings.

Name of Banking Institution:	
Bank Transit Number:	
Account Number:	
Account Name: (Both names if joint account)	

Check One:

Checking Account →		Savings Account →	

Attach a voided check. If no check is available or it is a card only account, please request this from the bank or access the account online and print the routing and account numbers from the account website. Official documentation is required.

A statement of earnings showing gross salary, itemized deductions and the net amount deposited to your account will be forwarded to you on payday.

Your net earnings can be deposited to your checking or savings account at any bank, savings bank or credit union located with the continental United States that is a member of the Automated Clearing House.

Pennyrile ADD

Veteran Directed Care (VDC) Program

Authorization Agreement for Electronic Pay Stub Submission

NAME: _____

E-MAIL ADDRESS: _____

By signing below, I hereby consent to receiving my payroll stubs and any and all payroll-related notices, disclosures, and other communications electronically and by email. I understand that my consent to receive electronic delivery of such communications is voluntary, and may be withdrawn at any time. It is my responsibility to ensure my contact information is accurate, complete, and is updated as often as is necessary. I also understand that any changes I make to contact information, especially my email address, may affect or prevent the electronic delivery of such payroll stubs and communications. I acknowledge that I am solely responsible for the privacy of my email account and maintaining the confidentiality of my password and email account information.

Signature _____ Date _____

Veteran Directed Care (VDC) Program
Back-up Employee Acknowledgement

As an approved employee of a veteran in the Veteran Directed Care (VDC) Program, you are eligible to perform back-up services as required if services provided are approved by the VAMC. If you are already providing full time (40 hours/week) services, please ensure that the veteran's spending plan has approved services for overtime, as those rates are higher. To protect the veteran's budget and increase services, overtime is generally not allowed, but can be approved in certain circumstances. Before filling the role of back-up employee, be sure the additional hours are allowed in the spending plan or emergency back-up funds. Examples of needing to provide back-up services include filling in for another employee unable to work, post-hospitalization requiring additional hours, etc.

Veteran Directed Care Program (VDC)

Pay Period 1. to 1. Employee Number: 3. Tb

Employee Name: 2. Veteran Name: 5.

Employee Address/Zip: 4.

Date Service Provided	Service Provided			Service Provided			Service Provided			Service Provided			Service Provided		
	6.						#N/A								
	Time IN	Time OUT	Total Time	Time IN	Time OUT	Total Time	Time IN	Time OUT	Total Time	Time IN	Time OUT	Total Time	Time IN	Time OUT	Total Time
Saturday	7.	7.	8.												
Sunday															
Monday															
Tuesday															
Wednesday															
Thursday															
Friday															
Weekly Total															
Saturday															
Sunday															
Monday															
Tuesday															
Wednesday															
Thursday															
Friday															
Weekly Total															
Total Hours			9.												

GROSS TOTAL AMOUNT FOR PAY PERIOD			
Service & Billing Code	Hours	Rate	Total

10.

Employee Signature **Date**

11.

Veteran/ Authorized Representative Signature **Date**

Case Manager Signature _____ **Date** _____ **Was Veteran Hospitalized this pay period? Yes No If yes dates:** _____

Veteran Directed Care Program (VDC)

DIRECTIONS: You may submit timesheets to your assigned case manager by fax, mail, or encrypted email.

Important Notes:

1. Time sheets may be scanned & emailed, faxed, or original mailed
2. Proper way to correct an error is 1 line through error, initial, date in which corrections were made, and correction

Failure to fix an error correctly will result in the timesheet being sent back & may delay payment.

Case Manager Signature _____ **Date** _____ **Was Veteran Hospitalized this pay period? Yes No If yes dates:** _____

Timesheet Instructions and Required Fields

All of these fields must be completed for the timesheet to be paid. This list corresponds to the template included.

1. **Pay Period.** You are given a pay period and check schedule Please enter the beginning date and end date to clearly mark which pay period this timesheet represents.
2. **Employee Name.** Ensure the employee name is correct.
3. **Employee Number.** This is the number assigned to the provider. Please do not change.
4. **Employee Address.** Ensure the employee address is correct. If it is not, please provide an updated address form.
5. **Veteran Name.** Ensure the name of the person receiving services (Veteran) is correct.
6. **Service Type.** Ensure the services provided are approved on the Veteran Spending Plan. Any column with hours should be labeled appropriately. Examples include Personal Care, Respite, Homemaking, etc.
7. **Time In/Time Out.** Enter the time you started working and the time you finished working under each service provided. Please reference AM/PM on your time in/out.
8. **Total Time.** Please input the total hours worked on the appropriate day under each service provided. Make sure to round minutes to quarter hours:
   15 minutes = .25
   30 minutes = .50
   45 minutes = .75
   60 minutes (1 hrs) = 1.00
   For example, 1 hour & 30 minutes = 1.5
9. **Total Hours**. Add the total number of hours worked per service category to calculate your total hours.
10. **Employee Signature & Date.** The provider (employee) would sign and date the time sheet.
11. **Veteran/Authorized Representative Signature & Date.** The person receiving services (Veteran or Authorized Representative) will sign and date.

Suggestions

- Fill timesheets out clearly with black or blue ink.
- Fill in all required fields. You will not be paid unless all of the fields are filled in.
- **If Veteran is admitted to a medical facility or institution, hours cannot be submitted for the days that the Veteran is hospitalized.**
- If you make an error, please mark a single line through the error, initial it and make the correction nearby.
- Timesheet are to be submitted to participant (Veteran) for signature. Veteran will then forward to assigned case manager.

Obtaining Timesheets

- You can make copies of timesheets we give you, or
- You can contact your assigned case manager or VDC Staff Accountant, at (270) 886-9484 or 1-800-928-7233.

Veterans Directed Care Program (VDC)

FY 2027 TIME SHEET DUE DATES: BI-WEEKLY

Pay Period Beginning Date	Pay Period Ending Date	Timesheet Due Date	Timesheet Due to Case Manager	Paydate (Direct Deposit or Check Date)
7/11/26	7/24/26	7/25/26	7/28/26	8/7/26
7/25/26	8/7/26	8/8/26	8/11/26	8/21/26
8/8/26	8/21/26	8/22/26	8/25/26	9/4/26
8/22/26	9/4/26	9/5/26	9/8/26	9/18/26
9/5/26	9/18/26	9/19/26	9/22/26	10/2/26
9/19/26	10/2/26	10/3/26	10/6/26	10/16/26
10/3/26	10/16/26	10/17/26	10/20/26	10/30/26
10/17/26	10/30/26	10/31/26	11/3/26	11/13/26
10/31/26	11/13/26	11/14/26	11/17/26	11/27/26
11/14/26	11/27/26	11/28/26	12/1/26	12/11/26
11/28/26	12/11/26	12/12/26	12/15/26	12/25/26
12/12/26	12/25/26	12/26/26	12/29/26	1/8/27
12/26/26	1/8/27	1/9/27	1/12/27	1/22/27

If Pay Date falls on holiday, you will be paid on the preceding business day. Indicated in Orange.

If Timesheet Due Date falls on a holiday, timesheets will be due the preceding business day. Indicated in Orange.