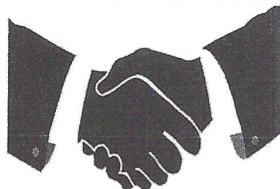




D&D Homecare, LLC

D&D HOMECARE, LLC  
4495 Atlanta Hwy Ste 100C  
Loganville Ga.30052  
Phone: 706-349-1455  
Fax: 888-390-6062



Welcome!

Dear Prospective Employee,

Thank you for considering D&D Homecare as your employer. The package that you received today includes documents that are require for hirer. All Aides (CNA, PCA) working within our client's homes providing support with daily living tasks, and personal care under the supervision of a Registered Nurse. Please fill out all documents and send all requested forms as soon as possible. Please include these following documents along with your completed application.

- Current CNA License
- Current TB/PPD Test Results /Chest X-Ray if positive
- Current Local Background Check
- CPR/ First Aid
- Color Copy of Your Driver's License
- Color Copy Social Security Card
- Two (2) References
- Reliable Transportation

Please be advised that if hired you will be classified as employee W-2. Please also be advised you will be able to start as an employee of D&D Homecare until we have received all your completed documents. If you have any question or concerns, please contact our office.

# **D&D Home Care, LLC**

## **MISSION STATEMENT**

It is the mission of D&D Home Care to provide its clients with the highest quality Private Home Care services.

It is the mission of D&D Home Care to respect the dignity of the client, and to respect the sanctity of their home while delivering high quality Private Home Care service.

It is the mission of D&D Home Care to provide services consisting of nursing services, personal care services, and to provide companion/ sitter services. The type of clients served will be the elderly, mentally frail or medically compromised, of which Private Home services can be provided in accordance with Rules of the Department of Community Health, Public Health Chapter 111-8-65.

It is the mission of D&D Homecare to assure that only the highest caliber staff be assigned to Private Home Care services and that D&D Home Care is committed to a program of quality improvement to assure that the level of care and services maintain the high standard to which D&D Home Care committed.

# Employee Availability Sheet

Name \_\_\_\_\_

Phone Number \_\_\_\_\_

E-mail: \_\_\_\_\_

Date: \_\_\_\_\_

Please write the times you are available to work  
(mornings, afternoons, evenings, specific hours,  
etc.)

Monday \_\_\_\_\_

Tuesday \_\_\_\_\_

Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_

Friday \_\_\_\_\_

Saturday \_\_\_\_\_

Sunday \_\_\_\_\_

**D&D HOMECARE, LLC.**  
**APPLICATION FOR EMPLOYMENT**  
 An Equal Opportunity Employer

This application cannot be accepted unless **both sides** have been completed and it is **signed and dated** by the applicant.

**PERSONAL INFORMATION**

|                                   |  |                                                                                                                                                                                                                                                 |             |                        |       |
|-----------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------|-------|
| NAME (LAST NAME, FIRST NAME, MI)  |  |                                                                                                                                                                                                                                                 |             | SOCIAL SECURITY NUMBER |       |
| PRESENT ADDRESS                   |  |                                                                                                                                                                                                                                                 | APT.<br>NO. | CITY                   | STATE |
| PERMANENT ADDRESS                 |  |                                                                                                                                                                                                                                                 | APT.<br>NO. | CITY                   | STATE |
| ARE YOU 18 YEARS OF AGE OR OLDER? |  | D&D Homecare, LLC REQUIRES YOU TO MAINTAIN A WORKING TELEPHONE AT YOUR RESIDENCE. DO YOU HAVE A TELEPHONE?<br>HOME PHONE NUMBER                      MOBILE PHONE                      PAGER NUMBER                      OTHER MEANS OF CONTACT |             |                        |       |

**DESIRED EMPLOYMENT**

|                                               |        |                                                    |                |
|-----------------------------------------------|--------|----------------------------------------------------|----------------|
| POSITION YOU ARE APPLYING FOR                 |        | DATE YOU CAN START                                 | SALARY DESIRED |
| ARE YOU CURRENTLY EMPLOYED?                   |        | IF "YES," MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? |                |
| HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? | WHERE? | WHEN?                                              |                |
| HAVE YOU EVER WORKED FOR THIS COMPANY BEFORE? | WHERE? | WHEN?                                              |                |
| REASON FOR LEAVING                            |        |                                                    |                |
|                                               |        |                                                    |                |
| NAME OF LAST SUPERVISOR AT THIS COMPANY       |        |                                                    |                |
| WHO REFERRED YOU TO THIS COMPANY?             |        |                                                    |                |

**EDUCATION**

| SCHOOL LEVEL                                          | NAME AND ADDRESS OF SCHOOL | #. YEARS<br>ATTENDED | GRADUATE? | SUBJECTS STUDIED |
|-------------------------------------------------------|----------------------------|----------------------|-----------|------------------|
| GRAMMAR                                               |                            |                      |           |                  |
| HIGH SCHOOL                                           |                            |                      |           |                  |
| COLLEGE                                               |                            |                      |           |                  |
| TRADE, BUSINESS,<br>CORRESPONDENCE<br>OR OTHER SCHOOL |                            |                      |           |                  |

**GENERAL INFORMATION**

|                                              |
|----------------------------------------------|
| SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK   |
| SPECIAL TRAINING/SKILLS                      |
| LICENSES OR CERTIFICATIONS (include numbers) |
| AWARDS/RECOGNITION                           |
| COMMUNITY/CIVIC INVOLVEMENT                  |

**SERVICE RECORD**

|                   |                     |
|-------------------|---------------------|
| BRANCH OF SERVICE | DISCHARGE DATE/RANK |
|-------------------|---------------------|

**CRIMINAL BACKGROUND**

|                                                                                                                                                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------|
| HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO IF "YES," WHEN? _____ IF "YES," EXPLAIN BELOW (WILL NOT NECESSARILY EXCLUDE YOU FROM CONSIDERATION) |
|------------------------------------------------------------------------------------------------------------------------------------------------------|



**WORK HISTORY** COMPLETE THIS SECTION EVEN IF YOU ARE ATTACHING A RESUME. LIST YOUR LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT ONE FIRST.

|                          |               |                                        |           |
|--------------------------|---------------|----------------------------------------|-----------|
| PRESENT OR LAST EMPLOYER |               |                                        |           |
| ADDRESS                  |               | CITY                                   | STATE ZIP |
| STARTING DATE            | LEAVING DATE  | JOB TITLE                              |           |
| STARTING SALARY          | ENDING SALARY | MAY WE CONTACT YOUR SUPERVISOR? YES NO |           |
| NAME OF SUPERVISOR       |               | TITLE                                  | PHONE     |
| DESCRIPTION OF WORK      |               |                                        |           |
|                          |               |                                        |           |
| REASON FOR LEAVING       |               |                                        |           |

|                          |               |                                        |           |
|--------------------------|---------------|----------------------------------------|-----------|
| PRESENT OR LAST EMPLOYER |               |                                        |           |
| ADDRESS                  |               | CITY                                   | STATE ZIP |
| STARTING DATE            | LEAVING DATE  | JOB TITLE                              |           |
| STARTING SALARY          | ENDING SALARY | MAY WE CONTACT YOUR SUPERVISOR? YES NO |           |
| NAME OF SUPERVISOR       |               | TITLE                                  | PHONE     |
| DESCRIPTION OF WORK      |               |                                        |           |
|                          |               |                                        |           |
| REASON FOR LEAVING       |               |                                        |           |

|                          |               |                                        |           |
|--------------------------|---------------|----------------------------------------|-----------|
| PRESENT OR LAST EMPLOYER |               |                                        |           |
| ADDRESS                  |               | CITY                                   | STATE ZIP |
| STARTING DATE            | LEAVING DATE  | JOB TITLE                              |           |
| STARTING SALARY          | ENDING SALARY | MAY WE CONTACT YOUR SUPERVISOR? YES NO |           |
| NAME OF SUPERVISOR       |               | TITLE                                  | PHONE     |
| DESCRIPTION OF WORK      |               |                                        |           |
|                          |               |                                        |           |
| REASON FOR LEAVING       |               |                                        |           |

**REFERENCES** GIVE THE NAMES OF TWO PERSONS YOU ARE NOT RELATED TO, WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR.

| NAME | COMPLETE ADDRESS AND PHONE | BUSINESS | YEARS KNOWN |
|------|----------------------------|----------|-------------|
|      |                            |          |             |
|      |                            |          |             |

**AUTHORIZATION:** I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN (INCLUDING INFORMATION ON THE EXISTENCE OF ANY CRIMINAL RECORDS AS WELL AS THE REFERENCES AND EMPLOYERS LISTED ABOVE) TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE. I RELEASE BOTH THE BUSINESS/PERSON GIVING THE INFORMATION AND THE BUSINESS/PERSON RECEIVING THE INFORMATION FROM ANY AND ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FOR UTILIZATION OF SUCH INFORMATION, INCLUDING FAILURE TO SECURE EMPLOYMENT DUE TO AN UNSATISFACTORY REFERENCE.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE.

APPLICANT'S SIGNATURE

DATE



D&D Homecare, LLC

### **JOB DESCRIPTION: Personal Care Assistant**

**PRIMARY FUNCTION:** To increase the level of comfort for Private Home Care clients and to provide temporary relief to the family from total personal care responsibility by providing the client with personal aspects of care.

**FIELD SUPERVISION** Assigned Registered Nurse

### **QUALIFICATIONS**

Successful completion of an approved Nurse Aide Training program and competency evaluation; or successful completion of a competency examination for Nurse Aides recognized by the Department; or successful completion of a health care or personal care credentialing program recognized by the Department; or be registered by the Georgia Nurse Aide Registry as a Certified Nurse Aide; or successful completion or progress in the completion of a 40 hour training program provided by a private Home Care provider which addresses at least the following:

1. Ambulation and transfer of clients, including positioning.
2. Assistance with bathing, toileting, grooming, shaving, dental care, dressing, and eating.
3. Caring for clients with special conditions and needs so long as the services provided are within the scope of the tasks authorized to be performed by the PCA by competency demonstration.
4. Home management and proper nutrition.
5. Home safety, sanitation, and infection control.
6. Medically related activities including taking vital signs. Observing and reporting changes in a client's condition, arranging trips to the doctor, picking up prescription drugs, accompanying clients on medical appointments, documenting client's food and/or liquid intake and output, and reminding clients to take medication and assisting with self-administration of medication.
7. Record keeping.
8. Understand the needs and characteristics of the elderly, the handicapped, or convalescing individuals.
9. Basic First Aid and CPR.



D&D Homecare, LLC

JD: **Personal Care Assistant**

page 2

## TRAINING

Orientation to Home Care services and any other training that may be necessary to complete the assigned duties effectively.

## DUTIES

1. Provide personal hygiene aspects of care to clients, including bathing, oral hygiene, skin care and hair care.
2. Assist with transfer of client, e.g., bed to chair, bed to commode, chair/commode to bed.
3. Assist with ambulation and exercise of client as ordered and so assigned.
4. Assist with or provide meal preparation and related tasks.
5. Assist with feeding of client.
6. Maintain a clean, safe and comfortable environment for the client.
7. Have an awareness of the emotional status of client and be able to understand the emotional problems associated with the illness.
8. Coordinate care with primary nurse and/or the clinical manager.
9. Maintain accurate and up-to-date records of visits.
10. Attend regular meetings of the Private Home Care team and have direct involvement in developing, implementing and evaluating the plan of care.
11. Report client progress and problems to supervisory personnel and procedure for handling medical emergencies or other incidents that affect the delivery of services in accordance with the client's service plan.
12. Perform other duties as assigned by supervisor.

---

Signature of Employee

---

Date

---

Signature of Administrator

---

Date





D&D Homecare, LLC

**THE PRIVATE HOME AGENCY**

**PRIVATE HOMECARE-CAREGIVER STATEMENT**

I have never been shown by credible evidence evidence (e.g., court or jury, a department investigation or other reliable evidence) to have abused, neglected, sexually assaulted, exploited, or deprived any persona or to have subjected any person to serious injury as a result of intentional or grossly negligent misconduct an evident by an oral or written statement to this effect obtained at the time application.

Print Employee's Name \_\_\_\_\_

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_





D&D Homecare, LLC

## PAYROLL POLICY, PROCESS AND FORMS

### Payroll Policy:

I acknowledge that all timesheet for missed punches must be submitted by Monday at 12:00pm. If the timesheets are not received by the deadline, a paycheck will not be issued until the timesheet is completed and accurate. I understand that I may submit the timesheets to D&D via fax or email; however, the original copy must be mailed or delivered to the office.

**PAYCHECKS WILL NOT BE ISSUED IF A COMPLETED TIMESHEET HAS NOT BEEN RECEIVED.**

Employee signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor signature: \_\_\_\_\_ Date: \_\_\_\_\_

# D&D Private Home Care

## PRIVATE HOME CARE PROVIDER CAREGIVER'S 8 HOUR ORIENTATION CHECKLIST

| <u>AREA</u>                                                                                                                                           | <u>DATE COMPLETED - HOURS</u> |            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|------------|
|                                                                                                                                                       | Date                          | # of Hours |
| 1. Mission Statement /Review of Services                                                                                                              | _____                         | _____      |
| 2. Incident Reporting Policy/Form                                                                                                                     | _____                         | _____      |
| 3. Documentation of Services                                                                                                                          | _____                         | _____      |
| 4. HFR Client Rights                                                                                                                                  | _____                         | _____      |
| 5. Service Agreement/ Policy                                                                                                                          | _____                         | _____      |
| 6. Review of Service Plan Policy, CCSP Nursing Care Plan,<br>Aide documentation forms, and client goals.<br>The importance of the Service Plan goals. | _____                         | _____      |
| 7. Procedures for Handling Emergencies                                                                                                                | _____                         | _____      |
| 8. Employee policies/dress code                                                                                                                       | _____                         | _____      |
| 9. Confidentiality of Records/ Information                                                                                                            | _____                         | _____      |
| 10. Home Safety/Fire Safety                                                                                                                           | _____                         | _____      |
| 11. Reporting Client Progress and problems to Supervisor                                                                                              | _____                         | _____      |
| 12. TB Exposure Reporting / infection Control                                                                                                         | _____                         | _____      |
| 13. Privacy/Confidentiality (HIPPA)                                                                                                                   | _____                         | _____      |
| 14. Handling of Complaints                                                                                                                            | _____                         | _____      |
| 15. HIV/HEP-B - Precautions/Infection Control                                                                                                         | _____                         | _____      |
| 16. Review of Employees' Job Responsibilities                                                                                                         | _____                         | _____      |
| 17. CCSP Rights and Responsibilities                                                                                                                  | _____                         | _____      |
| 18. CCSP Policies and Procedures                                                                                                                      | _____                         | _____      |
| 19. Review of Company Policies and Procedures                                                                                                         | _____                         | _____      |

*My signature verifies that I have received orientation/training in the above areas.*

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*My signature verifies that \_\_\_\_\_ meets the qualification of the job description \_\_\_\_\_ as outlined in the policy and procedure manual and has completed the required 8-hour orientation.*

Trainer Signature: \_\_\_\_\_ Date: \_\_\_\_\_



D&D Homecare, LLC

## CONFIDENTIALITY STATEMENT

I \_\_\_\_\_, understand that as an employee of D&D Homecare, LLC, I will routinely have access to documents containing sensitive client, employee, or agency information. I acknowledge that client records and other data are provided solely for the purpose of delivering services and that maintaining client trust depends on all D&D Homecare staff treating this information as strictly confidential and not disclosing any information without seeking guidance from the policies and procedures of D&D Homecare. I acknowledge that all client record and agency data are property of D&D Homecare.

By signing this statement, I agree to adhere to D&D Home Care's Policies and Procedures. I understand that federal and state laws govern certain types of information, and that violating agency policies and procedures may also result in violation of these laws. I take full responsibility for my own actions and understand that any breach of confidentiality may result in immediate termination of employment and/or legal action.

By signing below, I acknowledge that I have read, understand, and agree to comply with this confidentiality statement.

Employee \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_



D&D Homecare, LLC

## CODE OF ETHICS

*Form to completed by all employees*

I understand that while employed by **D&D Homecare, LLC** I agree to governed by this code of ethics. I further understand that failure to do so will result in disciplinary actions, up to and including termination.

**D&D Homecare, LLC** prohibits all employees from the following:

1. Documenting activities were completed that were not.
2. Performing activities not authorized in the Care Plan
3. Consuming client food
4. Using the client telephone for personal calls
5. Accepting gifts or financial gratuities (tips) from client/representative
6. Using client car for personal reasons
7. Lending money or other items to the client; borrowing money or other items from the client or client's representative.
8. Discussing political or religious beliefs, or personal problems with client
9. Selling foods, gifts other items to or for the client
10. Purchasing any items for the client not directed in the care plan.
11. Bringing other visitor's (i.e., employee relatives, friends, pets, etc.)
12. Smoking in the client's home, with/with out permission form the client or representative
13. Reporting for duty under the influence of alcohol or other illegal substance
14. Sleeping at the client's home at an inappropriate time that is not an overnight duty.
15. Remaining in client's home after services have been completed.

---

**Employee's Signature**

---

**Date**





D&D Homecare, LLC

### NON-COMPETE AGREEMENT

It is against D&D Homecare's policy for a client to directly hire a D&D Homecare's employee. It is also against D&D Homecare's policy for an employee to solicit a client into hiring the employee directly.

1. This policy applies to all temporary and full-time employees.
2. A client cannot hire D&D Homecare's employee either directly or indirectly, if introduced to them by D&D Homecare while the employee is in the employ of D&D Homecare, or for a period of 1 year thereafter. If this agreement is broken, the employee will pay D&D Home care a placement fee of [\$3,000.00].

---

Employee Signature

---

Date



D&D Homecare, LLC

### THINGS TO REPORT

All employees must report and of the following conditions:

- The client goes in the hospital (**Services cannot be provided is a client is in the hospital**)
- The client's condition is changes: Progress/Decline, abnormal observations.
- The client is involved in any type of accident.
- The client develops bruises, unusual swelling. Laceration or skin breaks
- The client does not receive services for any reason.
- You leave earlier or stay longer than the schedule time.
- The client has a new service added or deleted such as therapy, oxygen, or Home Delivered Meals.
- Any signs or suspected abuses or neglect
- You come in contact with or contact a communicable disease such as TB, Hepatitis, or AIDS

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_



D&D Homecare, LLC

## TIME AND ATTENDANCE POLICY

Policy: All hourly employees will abide by the time and attendance policy.

Purpose: To ensure adequate time to allow the completion of job duties in a satisfactory manner.

### Policy

- All employees shall report at the scheduled time.
- Tardiness will be documented for anytime any employee arrives after the scheduled time without the consent of the Nurse Manager or Administrative staff of D&D Homecare, LLC. Please follow the chain of command.
- Absence will be documented.
- Tardiness and absences will be tabulated on a six-month basis. Each tardiness and absence will be kept on file for six months.
- Unexcused absences will be removed when a doctor's excuse is brought into the office. The office manager will determine if an absence is excusable when there is no written doctor excuse. An inexcusable absence will be considered for all absences with less than 4 hour notice.

| Guidelines for Absences  |                   |                     |
|--------------------------|-------------------|---------------------|
| # of Absences            | Documentation     | Correction Action   |
| 3                        | Verbal Counseling | In File (temporary) |
| 6                        | Documented Verbal | Placed in file      |
| 7                        | Written Warning   | 3 months' probation |
| 8                        | Documentation     | TERMINATION         |
| Guidelines for Tardiness |                   |                     |
| # of Tardies             | Documentation     | Correction Action   |
| 4                        | Verbal Counseling | Placed in file      |
| 8                        | Documented Verbal | Placed in file      |
| 9                        | Written Warning   | 3 months' probation |
| 10                       | Documentation     | TERMINATION         |

I have read the above time and attendance policy. This policy has been verbally explained to me. I understand that I will be governed by the statement listed in this policy.

Employee signature: \_\_\_\_\_ Date: \_\_\_\_\_



D&D Homecare, LLC

## EVV (Electronic Visit Verification) & Timekeeping Reporting Acknowledgement Form

### Acknowledgement of Understanding

I, \_\_\_\_\_, acknowledge that I have read, understand, and agree to comply with the EVV\* Timekeeping compliance policy of D&D Homecare, LLC. I understand that failure to adhere to this policy; to ensure federal and state regulations.

### Initial \_\_\_\_\_ **Clocking In and Out Requirements**

- Employees must clock in and out at the client's location using the designated EVV system.
- Time adjustments for late clock-ins will only be permitted with a valid explanation and supporting documentation.
- If an employee forgets to clock in, they must immediately record the missed clock-in within the EVV app and submit a signed timesheet from the client as verification.

### Initial \_\_\_\_\_ **Late Arrivals & Schedule Adjustments:**

- Employees who arrive late must make up the lost time by staying later, unless otherwise approved by the office.
- Any changes to a client's scheduled service time must be approved by the office prior to implementation.
- Employees are not permitted to clock in more than 5 to 10 minutes before their scheduled shift.

### Initial \_\_\_\_\_ **Billing & Payment Compliance:**

- All EVV requirements must be met for services to be billed. This includes:
- Proper clock-in and clock-out at the client's location
- A valid client signature verifying services were provided
- Submission of all required documentation
- Failure to meet these requirements will result in non-payment, as incomplete or unverifiable services cannot be billed.

### Initial \_\_\_\_\_ **Fraud Prevention & Legal Consequences:**

- Falsifying time records, clocking in or claiming hours for time not actually worked, or manipulating EVV data is a federal offense.
- Penalties for fraudulent timekeeping may include:
- Fines up to \$100,000 per violation
- Imprisonment of up to 10 years
- Employment termination and permanent disqualification from Medicaid-funded services

Employee Name: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_





D&D Homecare, LLC

### HOURS OF WORK POLICY

D&D Homecare does not guarantee that CNA/PCA/PSA will receive 40 hours of work per week. The number of hours that an employee works depends entirely on client needs, scheduling availability, and the agency's operational requirement. Employee schedule-including days and hours of service- may be adjusted at any time based on the client requests, change in care plans or decisions made by the office manager in the best interest of the client. If you are assigned to a client who initially did not require weekend care but later has change in their schedule to include weekend hours, you are expected to adjust accordingly. This includes working every other weekend for that client as needed. While we strive to keep schedule changes to a minimum, flexibility is essential to ensure quality care.

I acknowledge that I have read and understand the Hours of Work Policy and agree to the terms as specified above.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_



D&D Homecare, LLC

### EMPLOYEE EMERGENCY INFORMATION

DATE COMPLETED: \_\_\_\_\_

NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

### EMERGENCY CONTACTS:

|    |               |                                      |
|----|---------------|--------------------------------------|
| 1. | RELATIONSHIP: | HOME PHONE:<br>WORK PHONE:<br>OTHER: |
| 2. | RELATIONSHIP: | HOME PHONE:<br>WORK PHONE:<br>OTHER: |

**REVIEW DATE:** (Information must be reviewed for changes at least annually). Record date review or any time changes are made to the information.

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2511004015

# STATE OF GEORGIA EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

|                                                   |                                 |
|---------------------------------------------------|---------------------------------|
| 1a. YOUR FULL NAME                                | 1b. YOUR SOCIAL SECURITY NUMBER |
| 2a. HOME ADDRESS (Number, Street, or Rural Route) | 2b. CITY, STATE AND ZIP CODE    |

PLEASE READ INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING LINES 3 - 8

**3. MARITAL STATUS**

Enter letter below on Line 7.

- A. Single  
 B. Married Filing Separate or Married Filing Joint, both spouses working  
 C. Married Filing Joint, one spouse working  
 D. Head of Household

**4. DEPENDENT ALLOWANCES**

[ ]

**5. GEORGIA ADJUSTMENTS ALLOWANCE** [ ]

(See instructions for details. Worksheet below must be completed)

**6. ADDITIONAL WITHHOLDING** \$ \_\_\_\_\_

## WORKSHEET FOR CALCULATING ADDITIONAL ALLOWANCES

(Must be completed for step 5)

- A. Federal Estimated Itemized Deductions (If Itemizing Deductions).....\$ \_\_\_\_\_  
 B. Georgia Standard Deduction (enter one):  
     Single/Head of Household .....\$12,000  
     Married Filing Joint .....\$24,000  
     Married Filing Separate .....\$12,000  
 C. Subtract Line B from Line A (If zero or less, enter zero) .....\$ \_\_\_\_\_  
 D. Allowable Georgia Adjustments to Federal Adjusted Gross Income .....\$ \_\_\_\_\_  
 E. Add the Amounts on Lines C and D .....\$ \_\_\_\_\_  
 F. Estimate of Taxable Income not Subject to Withholding .....\$ \_\_\_\_\_  
 G. Subtract Line F from Line E (if zero or less, stop here).....\$ \_\_\_\_\_  
 H. Divide the Amount on Line G by \$4,000. Enter total here and on Line 5 above .....\$ \_\_\_\_\_  
 (This is the number of Georgia Adjustments Allowances you can claim. If the remainder is over \$1,500 round up)

**7. LETTER USED** (Marital Status A, B, C or D) \_\_\_\_\_ **TOTAL ALLOWANCES** (Total of Lines 4 - 5) \_\_\_\_\_  
 (Employer: The letter indicates the tax tables in Employer's Tax Guide)

**8. EXEMPT:** (Do not complete Lines 4 - 7 if claiming exempt) Read the Line 8 instructions on page 2 before completing this section.

- a) I claim exemption from withholding because I incurred no Georgia income tax liability last year and I do not expect to have a Georgia income tax liability this year. **Check here** ☐  
 b) I certify that I am not subject to Georgia withholding because I meet the conditions set forth under the Servicemembers Civil Relief Act as provided on page 2. My state of residence is \_\_\_\_\_. My spouse's (servicemember) state of residence is \_\_\_\_\_. The states of residence must be the same to be exempt. **Check here** ☐

I certify under penalty of perjury that I am entitled to the number of withholding allowances or the exemption from withholding status claimed on this Form G-4. Also, I authorize my employer to deduct per pay period the additional amount listed above.

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Employer: Complete Line 9 and mail entire form only if the employee claims over 14 allowances or exempt from withholding.** If necessary, mail form to: Georgia Department of Revenue, Taxpayer Services Division, P.O. Box 105685, Atlanta, GA 30348-5685

**9. EMPLOYER'S NAME AND ADDRESS:****EMPLOYER'S FEIN:** \_\_\_\_\_**EMPLOYER'S WH#:** \_\_\_\_\_

Do not accept forms claiming additional allowances unless the worksheet has been completed. Do not accept forms claiming exempt if numbers are written on Lines 4 - 7.



# **INSTRUCTIONS FOR COMPLETING FORM G-4**

Enter your full name, address and social security number in boxes 1a through 2b.  
 Line 3: Write the letter on Line 7 according to your marital status.

- A. Single
- B. Married Filing Separate or Married Filing Joint, both spouses working
- C. Married Filing Joint, one spouse working
- D. Head of Household

Line 4: Enter the number of dependent allowances you are entitled to claim. The term "dependent" shall have the same meaning as in the Internal Revenue Code of 1986; provided, however, that any unborn child with a detectable human heartbeat, as such terms are defined in Code Section 1-2-1, shall qualify as a dependent minor.

Line 5: Complete the worksheet on Form G-4 if you claim Georgia adjustments Allowances. Enter the number from Line H here.  
**Failure to complete and submit the worksheet will result in automatic denial on your claim.**

Line 6: Enter a specific dollar amount that you authorize your employer to withhold in addition to the tax withheld based on your marital status and number of allowances.

Line 7: Enter the letter of your marital status from Line 3. Enter total of the numbers on Lines 4-5.  
 Line 8:

- a) Check the first box if you qualify to claim exempt from withholding. You can claim exempt if you filed a Georgia income tax return last year and the amount of Line 4 of Form 500EZ or Line 16 of Form 500 was zero, and you expect to file a Georgia tax return this year and will not have a tax liability. You cannot claim exempt if you did not file a Georgia income tax return for the previous tax year. **Receiving a refund in the previous tax year does not qualify you to claim exempt.**

**EXAMPLES:** Your employer withheld \$500 of Georgia income tax from your wages. The amount on Line 4 of Form 500EZ (or Line 16 of Form 500) was \$100. Your tax liability is the amount on Line 4 (or Line 16); therefore, you **do not qualify** to claim exempt.

Your employer withheld \$500 of Georgia income tax from your wages. The amount on Line 4 of Form 500EZ (or Line 16 of Form 500) was \$0 (zero). Your tax liability is the amount on Line 4 (or Line 16) and you filed a prior year income tax return; therefore you **qualify** to claim exempt.

- b) Check the second box if you are not subject to Georgia withholding and meet the conditions set forth under the Servicemembers Civil Relief Act. Under the Act, a spouse of a servicemember may be exempt from Georgia income tax on income from services performed in Georgia if:
  - 1. The servicemember is present in Georgia in compliance with military orders;
  - 2. The spouse is in Georgia solely to be with the servicemember;
  - 3. The servicemember maintains domicile in another state; and
  - 4. The domicile of the spouse is the same as the domicile of the servicemember or the spouse of the servicemember has elected to use the same residence for purposes of taxation as the servicemember.

Additional information for employers regarding the Military Spouses Residency Relief Act:

- 1. On the W-2 the employer should not report any of the wages as Georgia wages.
- 2. If the spouse of a servicemember is entitled to the protection of the Military Spouses Residency Relief Act in another state and files a withholding exemption form in such other state, the spouse is required to submit a Georgia Form G-4 so that withholding will occur as is required by Georgia Law when a Georgia domiciliary works in another state and withholding is not required by such other state. If the spouse does not fill out the form, the employer shall withhold Georgia income tax as if the spouse is single with zero allowances.

**Worksheet for calculating additional allowances.** Enter the information as requested by each line. For Line D, enter items such as Retirement Income Exclusion, U.S. Obligations, and other allowable deductions per Georgia Law, see the IT-511 booklet for more information.

**Do not complete Lines 4-7 if claiming exempt.**

**O.C.G.A. § 48-7-102** requires you to complete and submit Form G-4 to your employer in order to have tax withheld from your wages. By correctly completing this form, you can adjust the amount of tax withheld to meet your tax liability. Failure to submit a properly completed Form G-4 will result in your employer withholding tax as though you are single with zero allowances.

Employers are required to mail any Form G-4 claiming more than 14 allowances or exempt from withholding to the Georgia Department of Revenue. Employers should honor the properly completed form as submitted unless otherwise notified by the Department. Such forms remain in effect until changed or until February 15 of the following year. Employers who know that a G-4 is erroneous should not honor the form and should withhold as if the employee is single claiming zero allowances until a corrected form has been received.



# Employee's Withholding Certificate

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

OMB No. 1545-0074

**2025**

|                                                     |                                                                                                                                                                                                                                                                                                                                   |           |                                                                                                                                                                                                     |
|-----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Step 1:</b><br><b>Enter Personal Information</b> | (a) First name and middle initial                                                                                                                                                                                                                                                                                                 | Last name | (b) Social security number                                                                                                                                                                          |
|                                                     | Address                                                                                                                                                                                                                                                                                                                           |           |                                                                                                                                                                                                     |
|                                                     | City or town, state, and ZIP code                                                                                                                                                                                                                                                                                                 |           | Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> . |
|                                                     | (c) <input type="checkbox"/> Single or Married filing separately<br><input type="checkbox"/> Married filing jointly or Qualifying surviving spouse<br><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.) |           |                                                                                                                                                                                                     |

**TIP:** Consider using the estimator at [www.irs.gov/W4App](http://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](http://www.irs.gov/W4App).

|                                                        |                                                                                                                                                                                                                                                                                                                                            |
|--------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Step 2:</b><br><b>Multiple Jobs or Spouse Works</b> | 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.<br>Do <b>only one</b> of the following.                                                                                   |
|                                                        | (a) Use the estimator at <a href="http://www.irs.gov/W4App">www.irs.gov/W4App</a> for the most accurate withholding for this step (and Steps 3-4). If you or your spouse have self-employment income, use this option; <b>or</b>                                                                                                           |
|                                                        | (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; <b>or</b>                                                                                                                                                                                                                                           |
|                                                        | (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate <span style="float: right;"><input type="checkbox"/></span> |

**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.)

|                                                            |                                                                                                                                                                                                                                                   |      |    |
|------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|----|
| <b>Step 3:</b><br><b>Claim Dependent and Other Credits</b> | If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):<br>Multiply the number of qualifying children under age 17 by \$2,000 \$ _____                                                                      | 3    | \$ |
|                                                            | Multiply the number of other dependents by \$500 . . . . . \$ _____                                                                                                                                                                               |      |    |
|                                                            | Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here . . . . .                                                                                           |      |    |
| <b>Step 4 (optional):</b><br><b>Other Adjustments</b>      | (a) <b>Other income (not from jobs).</b> 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) <b>Deductions.</b> 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) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . .                                                                                                                                                | 4(c) | \$ |
|                                                            |                                                                                                                                                                                                                                                   |      |    |

|                                    |                                                                                                                                      |                          |                                      |
|------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------------------|
| <b>Step 5:</b><br><b>Sign Here</b> | 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                                 |
| <b>Employers Only</b>              | 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](http://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 2025 if you meet both of the following conditions: you had no federal income tax liability in 2024 and you expect to have no federal income tax liability in 2025. You had no federal income tax liability in 2024 if (1) your total tax on line 24 on your 2024 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), 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 2025 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 17, 2026.

**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](http://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](http://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 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. 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 (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 2025 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. 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](http://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 2025 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: 

|                                                                              |   |            |
|------------------------------------------------------------------------------|---|------------|
| • \$30,000 if you're married filing jointly or a qualifying surviving spouse | } | 2 \$ _____ |
| • \$22,500 if you're head of household                                       |   |            |
| • \$15,000 if you're single or married filing separately                     |   |            |
- 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 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<br>Annual Taxable<br>Wage & Salary | Lower Paying Job Annual Taxable Wage & Salary |                      |                      |                      |                      |                      |                      |                      |                      |                      |                        |                        |
|------------------------------------------------------|-----------------------------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|------------------------|------------------------|
|                                                      | \$0 -<br>9,999                                | \$10,000 -<br>19,999 | \$20,000 -<br>29,999 | \$30,000 -<br>39,999 | \$40,000 -<br>49,999 | \$50,000 -<br>59,999 | \$60,000 -<br>69,999 | \$70,000 -<br>79,999 | \$80,000 -<br>89,999 | \$90,000 -<br>99,999 | \$100,000 -<br>109,999 | \$110,000 -<br>120,000 |
| \$0 - 9,999                                          | \$0                                           | \$0                  | \$700                | \$850                | \$910                | \$1,020              | \$1,020              | \$1,020              | \$1,020              | \$1,020              | \$1,020                | \$1,020                |
| \$10,000 - 19,999                                    | 0                                             | 700                  | 1,700                | 1,910                | 2,110                | 2,220                | 2,220                | 2,220                | 2,220                | 2,220                | 2,220                  | 2,220                  |
| \$20,000 - 29,999                                    | 700                                           | 1,700                | 2,760                | 3,110                | 3,310                | 3,420                | 3,420                | 3,420                | 3,420                | 3,420                | 3,420                  | 3,420                  |
| \$30,000 - 39,999                                    | 850                                           | 1,910                | 3,110                | 3,460                | 3,660                | 3,770                | 3,770                | 3,770                | 3,770                | 4,770                | 5,770                  | 6,770                  |
| \$40,000 - 49,999                                    | 910                                           | 2,110                | 3,310                | 3,660                | 3,860                | 3,970                | 3,970                | 3,970                | 4,970                | 5,970                | 6,970                  | 7,970                  |
| \$50,000 - 59,999                                    | 1,020                                         | 2,220                | 3,420                | 3,770                | 3,970                | 4,080                | 4,080                | 5,080                | 6,080                | 7,080                | 8,080                  | 9,080                  |
| \$60,000 - 69,999                                    | 1,020                                         | 2,220                | 3,420                | 3,770                | 3,970                | 4,080                | 5,080                | 6,080                | 7,080                | 8,080                | 9,080                  | 10,080                 |
| \$70,000 - 79,999                                    | 1,020                                         | 2,220                | 3,420                | 3,770                | 3,970                | 5,080                | 6,080                | 7,080                | 8,080                | 9,080                | 10,080                 | 11,080                 |
| \$80,000 - 99,999                                    | 1,020                                         | 2,220                | 3,420                | 4,620                | 5,820                | 6,930                | 7,930                | 8,930                | 9,930                | 10,930               | 11,930                 | 12,930                 |
| \$100,000 - 149,999                                  | 1,870                                         | 4,070                | 6,270                | 7,620                | 8,820                | 9,930                | 10,930               | 11,930               | 12,930               | 14,010               | 15,210                 | 16,410                 |
| \$150,000 - 239,999                                  | 1,870                                         | 4,240                | 6,640                | 8,190                | 9,590                | 10,890               | 12,090               | 13,290               | 14,490               | 15,690               | 16,890                 | 18,090                 |
| \$240,000 - 259,999                                  | 2,040                                         | 4,440                | 6,840                | 8,390                | 9,790                | 11,100               | 12,300               | 13,500               | 14,700               | 15,900               | 17,100                 | 18,300                 |
| \$260,000 - 279,999                                  | 2,040                                         | 4,440                | 6,840                | 8,390                | 9,790                | 11,100               | 12,300               | 13,500               | 14,700               | 15,900               | 17,100                 | 18,300                 |
| \$280,000 - 299,999                                  | 2,040                                         | 4,440                | 6,840                | 8,390                | 9,790                | 11,100               | 12,300               | 13,500               | 14,700               | 15,900               | 17,100                 | 18,300                 |
| \$300,000 - 319,999                                  | 2,040                                         | 4,440                | 6,840                | 8,390                | 9,790                | 11,100               | 12,300               | 13,500               | 14,700               | 15,900               | 17,100                 | 18,300                 |
| \$320,000 - 364,999                                  | 2,040                                         | 4,440                | 6,840                | 8,390                | 9,790                | 11,100               | 12,470               | 14,470               | 16,470               | 18,470               | 20,470                 | 22,470                 |
| \$365,000 - 524,999                                  | 2,790                                         | 6,290                | 9,790                | 12,440               | 14,940               | 17,350               | 19,650               | 21,950               | 24,250               | 26,550               | 28,850                 | 31,150                 |
| \$525,000 and over                                   | 3,140                                         | 6,840                | 10,540               | 13,390               | 16,090               | 18,700               | 21,200               | 23,700               | 26,200               | 28,700               | 31,200                 | 33,700                 |

**Single or Married Filing Separately**

| Higher Paying Job<br>Annual Taxable<br>Wage & Salary | Lower Paying Job Annual Taxable Wage & Salary |                      |                      |                      |                      |                      |                      |                      |                      |                      |                        |                        |
|------------------------------------------------------|-----------------------------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|------------------------|------------------------|
|                                                      | \$0 -<br>9,999                                | \$10,000 -<br>19,999 | \$20,000 -<br>29,999 | \$30,000 -<br>39,999 | \$40,000 -<br>49,999 | \$50,000 -<br>59,999 | \$60,000 -<br>69,999 | \$70,000 -<br>79,999 | \$80,000 -<br>89,999 | \$90,000 -<br>99,999 | \$100,000 -<br>109,999 | \$110,000 -<br>120,000 |
| \$0 - 9,999                                          | \$200                                         | \$850                | \$1,020              | \$1,020              | \$1,020              | \$1,370              | \$1,870              | \$1,870              | \$1,870              | \$1,870              | \$1,870                | \$2,040                |
| \$10,000 - 19,999                                    | 850                                           | 1,700                | 1,870                | 1,870                | 2,220                | 3,220                | 3,720                | 3,720                | 3,720                | 3,720                | 3,890                  | 4,090                  |
| \$20,000 - 29,999                                    | 1,020                                         | 1,870                | 2,040                | 2,390                | 3,390                | 4,390                | 4,890                | 4,890                | 4,890                | 5,060                | 5,260                  | 5,460                  |
| \$30,000 - 39,999                                    | 1,020                                         | 1,870                | 2,390                | 3,390                | 4,390                | 5,390                | 5,890                | 5,890                | 6,060                | 6,260                | 6,460                  | 6,660                  |
| \$40,000 - 59,999                                    | 1,220                                         | 3,070                | 4,240                | 5,240                | 6,240                | 7,240                | 7,880                | 8,080                | 8,280                | 8,480                | 8,680                  | 8,880                  |
| \$60,000 - 79,999                                    | 1,870                                         | 3,720                | 4,890                | 5,890                | 7,030                | 8,230                | 8,930                | 9,130                | 9,330                | 9,530                | 9,730                  | 9,930                  |
| \$80,000 - 99,999                                    | 1,870                                         | 3,720                | 5,030                | 6,230                | 7,430                | 8,630                | 9,330                | 9,530                | 9,730                | 9,930                | 10,130                 | 10,580                 |
| \$100,000 - 124,999                                  | 2,040                                         | 4,090                | 5,460                | 6,660                | 7,860                | 9,060                | 9,760                | 9,960                | 10,160               | 10,950               | 11,950                 | 12,950                 |
| \$125,000 - 149,999                                  | 2,040                                         | 4,090                | 5,460                | 6,660                | 7,860                | 9,060                | 9,950                | 10,950               | 11,950               | 12,950               | 13,950                 | 14,950                 |
| \$150,000 - 174,999                                  | 2,040                                         | 4,090                | 5,460                | 6,660                | 8,450                | 10,450               | 11,950               | 12,950               | 13,950               | 15,080               | 16,380                 | 17,680                 |
| \$175,000 - 199,999                                  | 2,040                                         | 4,290                | 6,450                | 8,450                | 10,450               | 12,450               | 13,950               | 15,230               | 16,530               | 17,830               | 19,130                 | 20,430                 |
| \$200,000 - 249,999                                  | 2,720                                         | 5,570                | 7,900                | 10,200               | 12,500               | 14,800               | 16,600               | 17,900               | 19,200               | 20,500               | 21,800                 | 23,100                 |
| \$250,000 - 399,999                                  | 2,970                                         | 6,120                | 8,590                | 10,890               | 13,190               | 15,490               | 17,290               | 18,590               | 19,890               | 21,190               | 22,490                 | 23,790                 |
| \$400,000 - 449,999                                  | 2,970                                         | 6,120                | 8,590                | 10,890               | 13,190               | 15,490               | 17,290               | 18,590               | 19,890               | 21,190               | 22,490                 | 23,790                 |
| \$450,000 and over                                   | 3,140                                         | 6,490                | 9,160                | 11,660               | 14,160               | 16,660               | 18,660               | 20,160               | 21,660               | 23,160               | 24,660                 | 26,160                 |

**Head of Household**

| Higher Paying Job<br>Annual Taxable<br>Wage & Salary | Lower Paying Job Annual Taxable Wage & Salary |                      |                      |                      |                      |                      |                      |                      |                      |                      |                        |                        |
|------------------------------------------------------|-----------------------------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|------------------------|------------------------|
|                                                      | \$0 -<br>9,999                                | \$10,000 -<br>19,999 | \$20,000 -<br>29,999 | \$30,000 -<br>39,999 | \$40,000 -<br>49,999 | \$50,000 -<br>59,999 | \$60,000 -<br>69,999 | \$70,000 -<br>79,999 | \$80,000 -<br>89,999 | \$90,000 -<br>99,999 | \$100,000 -<br>109,999 | \$110,000 -<br>120,000 |
| \$0 - 9,999                                          | \$0                                           | \$450                | \$850                | \$1,000              | \$1,020              | \$1,020              | \$1,020              | \$1,020              | \$1,870              | \$1,870              | \$1,870                | \$1,890                |
| \$10,000 - 19,999                                    | 450                                           | 1,450                | 2,000                | 2,200                | 2,220                | 2,220                | 2,220                | 3,180                | 4,070                | 4,070                | 4,090                  | 4,290                  |
| \$20,000 - 29,999                                    | 850                                           | 2,000                | 2,600                | 2,800                | 2,820                | 2,820                | 3,780                | 4,780                | 5,670                | 5,690                | 5,890                  | 6,090                  |
| \$30,000 - 39,999                                    | 1,000                                         | 2,200                | 2,800                | 3,000                | 3,020                | 3,980                | 4,980                | 5,980                | 6,890                | 7,090                | 7,290                  | 7,490                  |
| \$40,000 - 59,999                                    | 1,020                                         | 2,220                | 2,820                | 3,830                | 4,850                | 5,850                | 6,850                | 8,050                | 9,130                | 9,330                | 9,530                  | 9,730                  |
| \$60,000 - 79,999                                    | 1,020                                         | 3,030                | 4,630                | 5,830                | 6,850                | 8,050                | 9,250                | 10,450               | 11,530               | 11,730               | 11,930                 | 12,130                 |
| \$80,000 - 99,999                                    | 1,870                                         | 4,070                | 5,670                | 7,060                | 8,280                | 9,480                | 10,680               | 11,880               | 12,970               | 13,170               | 13,370                 | 13,570                 |
| \$100,000 - 124,999                                  | 1,950                                         | 4,350                | 6,150                | 7,550                | 8,770                | 9,970                | 11,170               | 12,370               | 13,450               | 13,650               | 14,650                 | 15,650                 |
| \$125,000 - 149,999                                  | 2,040                                         | 4,440                | 6,240                | 7,640                | 8,860                | 10,060               | 11,260               | 12,860               | 14,740               | 15,740               | 16,740                 | 17,740                 |
| \$150,000 - 174,999                                  | 2,040                                         | 4,440                | 6,240                | 7,640                | 8,860                | 10,860               | 12,860               | 14,860               | 16,740               | 17,740               | 18,940                 | 20,240                 |
| \$175,000 - 199,999                                  | 2,040                                         | 4,440                | 6,640                | 8,840                | 10,860               | 12,860               | 14,860               | 16,910               | 19,090               | 20,390               | 21,690                 | 22,990                 |
| \$200,000 - 249,999                                  | 2,720                                         | 5,920                | 8,520                | 10,960               | 13,280               | 15,580               | 17,880               | 20,180               | 22,360               | 23,660               | 24,960                 | 26,260                 |
| \$250,000 - 449,999                                  | 2,970                                         | 6,470                | 9,370                | 11,870               | 14,190               | 16,490               | 18,790               | 21,090               | 23,280               | 24,580               | 25,880                 | 27,180                 |
| \$450,000 and over                                   | 3,140                                         | 6,840                | 9,940                | 12,640               | 15,160               | 17,660               | 20,160               | 22,660               | 25,050               | 26,550               | 28,050                 | 29,550                 |





**ACKNOWLEDGEMENT OF APPLICANT'S NON-CRIMINAL JUSTICE  
PRIVACY RIGHTS AND CONSENT TO BE INCLUDED  
IN THE CAREGIVER PORTAL**

**SECTION I - PRIVACY RIGHTS - TO BE COMPLETED BY INDIVIDUAL BEING FINGERPRINTED:**

- APPLICANT TYPE: ☐ Owner (Facility)  
☐ Applicant for Employment/Direct Access Employee (Facility)  
☐ Non-Employee (Facility Volunteer)  
☐ Contractor/Direct Access (Facility)

PRINT FULL NAME \_\_\_\_\_  
Last First Middle Date of Birth  
(mm/dd/yyyy)  
Home Address \_\_\_\_\_  
Street City State Zip

Email Address \_\_\_\_\_ Telephone No. \_\_\_\_\_

Name of Facility \_\_\_\_\_  
Street City State Zip

I hereby authorize the Georgia Department of Community Health (DCH), Office of Inspector General, to receive any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia. I understand a State and Federal fingerprint criminal background check will be conducted. By signing below, I am indicating that I have read and understand the terms and conditions of the attached Non-Criminal Justice Applicant's Privacy Rights and Policy Act Statements.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**SECTION II - CAREGIVER PORTAL - TO BE COMPLETED ONLY BY AN APPLICANT OR EMPLOYEE BEING  
FINGERPRINTED AS PART OF FACILITY LICENSURE. DOES NOT INCLUDE OWNERS OR FAMILY EMPLOYERS.**

- APPLICANT TYPE ☐ Applicant for Employment/Direct Access Employee (Licensed Facility)  
☐ Non-Employee (Volunteer at Licensed Facility)  
☐ Contractor/Direct Access Employee (Licensed Facility)

The Georgia Caregiver Portal only contains the eligibility status of applicants and employees who have successfully passed the background screening process. The Caregiver Portal does not contain the names of applicants and employees who are ineligible. Family employers can access the Caregiver Portal to view a prospective applicant or current employee's eligibility to determine their suitability for employment to provide personal care services to that employer's elderly family member or wards. All services are performed at locations not licensed by DCH. Individuals should check one of the boxes below.

- ☐ I agree to the results of my background check determination being available to family employers in the Georgia Caregiver Portal.  
☐ I am seeking employment only by licensed healthcare employers. I do not want or agree to the results of my background check determination being available to family employers.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

# Authorization for Direct Deposit - Employee Form

This authorizes D&D Homecare, LLC (the "Company") to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my (our) account(s) indicated below and to other accounts I (we) identify in the future (the "Account"). This authorizes the financial institution holding the Account to post all such entries.

**Note:** Enter your company name in the blank space above.

## Account #1

Account #1 Type (check one): ☐ Checking ☐ Savings

Employee Bank Name

Bank Routing # (ABA#)

Account #

Percentage or Dollar Amount to be Deposited to This Account

## Account #2 (remainder to be deposited to this account)

Account #2 Type (check one): ☐ Checking ☐ Savings

Employee Bank Name

Bank Routing # (ABA#)

Account #

*Please attach a voided check for each account here.*

This authorization will be in effect until the Company receives a written termination notice from myself and has a reasonable opportunity to act on it.

Signature

Printed Name

Employee ID #

Date

**IMPORTANT:** This document must be signed by employees requesting automatic deposit of paychecks and retained on file by the employer. Do not send this form to Intuit. Employees must attach a voided check for each of their accounts to help verify their account numbers and bank routing numbers.

**Employee: Please fill out and return to your employer.**

**Employer: Please save for your files only.**