



About Conduit Inc. PRP

Conduit PRP (Psychiatric Rehabilitation Program) is a community-based program that provides resources and services to consumers, families, community partners, and other agencies based upon the areas of need. Our program is designed to provide rehabilitative services to individuals with mental health diagnosis who require various levels of structure and guided approaches to recovery.

Our mission is to create an atmosphere where individuals along with families can be provided with innovative and effective interventions on issues surrounding the complexity of mental health and social relationships. We service consumers in Baltimore City and surrounding counties in the state of Maryland.

Contact:

Rosemary Battle

(410) 365-8642

HR Manager

Conduit Behavioral Health Services

CONDUIT

JOB POSITION DESCRIPTIONS

EMPLOYEE NAME: _____ DATE OF HIRE: _____

POSITION:	PRP Rehab Specialist
SUPERVISED BY:	Program Director/Clinical Director
POSITION/INDIVIDUALS SUPERVISED:	None
POSITION PURPOSE:	
The PRP Rehab Specialist is responsible to provide 24-hour management of the clinical function of the facility. He/she is responsible for providing effective leadership to the clinical staff, has knowledge of the organization and function of the facility and directs all activities within Conduit Inc. in accordance with standards of State and Federal regulations.	
POSITION REQUIREMENTS/QUALIFICATIONS	
1. EDUCATION:	Master's Degree in Social Work or equivalent master's degree in a recognized mental health field preferred
2. EXPERIENCE:	A minimum of one (1) year clerical experience
3. LICENSURE/CERTIFICATION:	None
4. KNOWLEDGE AND TRAINING REQUIRED AT TIME OF HIRE:	<ol style="list-style-type: none">1. Excellent written and verbal communications skills.2. Must be able to speak and comprehend English fluently.3. Demonstrate experience and skills in case management, marital and family group therapy, time management, and crisis intervention common to acute patients, as well as to non-violent crises intervention practices.4. Familiarity with follow-up resource services available to adult chemically dependent and eating disorder patients.5. Ability to clearly summarize pertinent clinical information via written correspondence and medical records documentation.6. Willingness to work flexible hours including weekends and evenings.7. Ability to work effectively with all facility staff to ensure a spirit of harmony, cooperation, and excellence in employee satisfaction.

	8. In the absence of these qualification upon hire, must demonstrate ability to learn these concepts and develop these skills within a reasonable time frame. 9. Ability to clearly summarize pertinent clinical information via written correspondence and medical records documentation.																																																																																																					
5. AGE SPECIFIC INDIVIDUALS SERVED/ RESPONSIBILITY:	Adults/Children																																																																																																					
6. EMPLOYEE CLASSIFICATION:	Non-Exempt																																																																																																					
WORKPLACE ENVIRONMENT																																																																																																						
1. ENVIRONMENTAL CONDITIONS:	Position is required to work in a temperature-controlled environment; 80%-90% of the time spent indoors. No potential exposure to airborne / blood-borne pathogens or other potentially infectious materials.																																																																																																					
2. MACHINES/EQUIPMENT USED:	Computer Telephone System Fax Machine Calculator Xerox Machine																																																																																																					
3. PHYSICAL & MENTAL DEMANDS:	<table><tr><th colspan="5">PHYSICAL DEMANDS</th></tr><tr><th>Physical Tasks</th><th>0-25%</th><th>26-50%</th><th>51-75%</th><th>76-100%</th></tr><tr><td>Standing</td><td>X</td><td></td><td></td><td></td></tr><tr><td>Walking</td><td>X</td><td></td><td></td><td></td></tr><tr><td>Bending</td><td>X</td><td></td><td></td><td></td></tr><tr><td>Crouching</td><td>X</td><td></td><td></td><td></td></tr><tr><td>Carrying</td><td></td><td>X</td><td></td><td></td></tr><tr><td>Pushing</td><td>X</td><td></td><td></td><td></td></tr><tr><td>Pulling</td><td>X</td><td></td><td></td><td></td></tr><tr><td>Sitting</td><td></td><td></td><td></td><td>X</td></tr><tr><td>Reaching</td><td>X</td><td></td><td></td><td></td></tr><tr><td>Reading</td><td></td><td></td><td></td><td>X</td></tr><tr><td>Driving</td><td>X</td><td></td><td></td><td></td></tr></table> <table><tr><th colspan="5">LIFTING/LOWERING</th></tr><tr><td>Light (1-20 lbs.)</td><td>X</td><td></td><td></td><td></td></tr><tr><td>Medium (21-50 lbs.)</td><td>X</td><td></td><td></td><td></td></tr><tr><td>Heavy (51+ lbs.)</td><td>X</td><td></td><td></td><td></td></tr></table> <table><tr><th colspan="4">MENTAL DEMANDS</th></tr><tr><th>Psychological</th><th>High</th><th>Medium</th><th>Low</th></tr><tr><td>Mental Stress</td><td>X</td><td></td><td></td></tr><tr><td>Work with Others</td><td></td><td>X</td><td></td></tr></table>	PHYSICAL DEMANDS					Physical Tasks	0-25%	26-50%	51-75%	76-100%	Standing	X				Walking	X				Bending	X				Crouching	X				Carrying		X			Pushing	X				Pulling	X				Sitting				X	Reaching	X				Reading				X	Driving	X				LIFTING/LOWERING					Light (1-20 lbs.)	X				Medium (21-50 lbs.)	X				Heavy (51+ lbs.)	X				MENTAL DEMANDS				Psychological	High	Medium	Low	Mental Stress	X			Work with Others		X	
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4. JOB CATEGORY STANDARD PRECAUTIONS:	Category III - Routine tasks involve no exposure to blood, body fluids, or tissues (although situations may arise in which the employee might encounter potential exposure to any of the above.)																																																																																																					

5. PERSONAL PROTECTIVE EQUIPMENT:	None/ May require Mask during Covid-19
6. POTENTIAL WORKPLACE HAZARDS:	None
7. POTENTIAL WORKPLACE VIOLENCE:	Low / Medium
SPECIFIC AREAS OF RESPONSIBILITY TO POSITION	
<p>1. General Responsibilities:</p> <ol style="list-style-type: none"> 1. Provide information to outside sources about the program. 2. Provide individual supervision to all PRP Rehab staff weekly. 3. Oversee clinical direction of the agency pertaining to COMAR. 4. Provide on-going review of charts online and charts located in the office. 5. Develop on-site groups for clients. 6. Enforce disciplinary consequences; e.g. memo for lateness and fines. 7. Conduct six-month employee evaluations. 8. Review quarterly reports and treatment plans, as needed, before submitting to Clinical Director. 9. Ensure participation of PRP workers in CEU trainings in the office and community 10. Attend management meeting with CEO, Director of Operations, PRP Coordinator and Rehab Specialist every Monday at 10:00 a.m. 11. Ensure availability of staff by telephone during office hours. 12. Provide crisis intervention. 13. Ensure PRP workers are provided with the names, addresses and telephone numbers of emergency care facilities. 14. Review & Approve Notes of support coaches that are on your caseload <p>2. PRP Responsibilities:</p> <p>A. Ensure that the program provides rehabilitation activities for patients directed towards the development or restoration of skills pertaining to them individualized treatment plan:</p> <ol style="list-style-type: none"> 1. Self-Care skills: (personal grooming, hygiene, nutrition, and self-administration of medication. 2. Social skills: linkages with and supporting the individual's participation in community activities. 3. Independent living skills: living in an unsupervised setting and maintaining living environment. 4. Substance abuse education. 5. Prevention of injury and illness at home, and in the community. 6. Grooming, social skills development, maintaining independent living, substance abuse prevention and compliance with medication management. 	

- B. Conduct Rehab Assessments for new clients.
- C. Maintain a minimum of 60 active clients per month (all clients must be seen by PRP staff).
- D. Provide Optum authorizations for new clients.
- E. Ensure all clients have 4 and 6 visits required each month for billing
- F. Ensure all documents are completed in the S.N. program

3. Clinical Responsibilities:

A. Initial Visit with Adult Client:

Session 1

1. Complete Consent Form
2. Complete ROI for Physician
3. Complete ROI for Group Home, If applicable
4. Complete ROI for School, if applicable
5. Complete Assessment for Adult
6. Complete Profile and all Icons on Client Home Page
7. Complete Advance Directive
8. Complete OMS (paper form) and enter into Optum Maryland

Session II

1. Conduct orientation with client (review goals, expectations, etc.)
2. Complete Treatment Plan
3. Complete Individual Session Note

B. Monthly/Yearly Responsibilities:

Adults

1. Complete Treatment Update Form every six months
2. Complete session notes after every session **except** for sessions requiring Diagnostic Assessment.
3. Ensure that **new** ROI for school, physician, and group homes are issued and signed by client every year.

Child

1. Ensure that Treatment Plans are updated every three months.
2. Ensure that CANS are updated every six months.
3. Ensure that ROI Forms are renewed every year.
4. Ensure that weekly sessions are scheduled in S.N. one week ahead of time.

4. Other Responsibilities:

1. Ensure Discharge Summary is completed when a client is no longer receiving services from Conduit
2. Ensure that Initial Treatment Plan is completed by the client's 30 days. **NO EXCEPTIONS.**
3. Ensure that Optum's OMS is updated before expiration of authorization (usually 6 months). Update using the Optum Maryland website.
4. Ensure that Treatment Plans are reviewed and updated every 3 months (minor) or 6 months (adults)
5. Perform other duties assigned.

S.N. = Sharenote

I hereby certify that I have reviewed a complete copy of my position description and workplace environment and understand my duties, responsibilities, and workplace environment as described in the job description. I agree to perform the duties herein.

Employee Signature

Date

Supervisor Signature & Title

Date

Complete this form for each 1099 contractor

Contractor Type	Individual	Business
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Address _____

Email Address _____

Social Security No. _____

Has the contractor already been paid this calendar year? __ Yes __ No
If yes, enter the total compensation and/or reimbursement amounts that have been paid.

Compensation Amount \$_____

Reimbursement Amount \$_____

[illegible]



Employment Application

Application Information

Full Name _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State Zip Code*

Phone: () _____ Email Address: _____

Date Available: _____ Social Security No.: _____ Desired Salary: _____

Position Applied For: _____

Are you a citizen of the United States? ☐ Yes ☐ No If no, are you authorized to work. In the U.S.? ☐ Yes ☐ No

Have you ever worked for this company? ☐ Yes ☐ No If yes, when? _____

Have you ever been convicted of a felony? ☐ Yes ☐ No _____

If yes, explain: _____

Education

High School: Address: _____
From: _____ To: _____ Did you graduate? ☐ Yes ☐ No Degree: _____

College: Address: _____
From: _____ To: _____ Did you graduate? ☐ Yes ☐ No Degree: _____

College: Address: _____
From: _____ To: _____ Did you graduate? ☐ Yes ☐ No Degree: _____

College: Address: _____

References

Please list three professional references

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____ City: _____ Zip Code: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____ City: _____ Zip Code: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____ City: _____ Zip Code: _____

Previous Employment

Company: _____ Phone: () _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: _____ Ending Salary: _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? Yes ☐ No ☐ _____

Company: _____ Phone: () _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: _____ Ending Salary: _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? Yes ☐ No ☐ _____

Company: _____ Phone: () _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: _____ Ending Salary: _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? Yes ☐ No ☐ _____

Military Service

Branch: _____ From: _____ To: _____
Rank at Discharge: _____ Type of Discharge: _____
If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

Office Use Only:

Hire Date: ____/____/____

Termination Date: ____/____/____

Background Checks

***MUST have STATE & FEDERAL**

***1600003580** Authorization Number used at both locations

Where to go:

Positive I.D

- 103 Sudbrook Ln. Pikesville, MD 21208
- # 410-602-2479
- (see next page for form)

OR

CJIS

- 6776 Reisterstown Rd. Baltimore, MD 21215
- # 410-764-4501



POSITIVE ID

103 Sudbrook Lane Suite 2 Pikesville Md. 21208
410-602-2479

Agency or Authorization no. _____1600003580_____

Last name _____ First name _____

Middle name _____ Maiden Name _____

Citizenship _____ DOB _____

Place of Birth _____ Gender _____

Hair Color _____ Race _____

Height _____ (feet/Inches) Eye Color _____

Weight _____

Current Address _____

City _____ State _____ Zipcode _____

Daytime Phone _____ Email Address _____

Applicants required to make disclosure MUST complete the statement below:

I (your name) _____, do hereby declare or affirm under the
Penalty of Perjury, that I (Check one) _____ **HAVE** or _____ **HAVE NOT**
been convicted, received probation before judgement, received a not criminally
responsible disposition and that I (Check one) _____ **AM** or _____ **AM**
NOT the subject of pending criminal charges.

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC	Exempt payee code (if any) _____
	<input type="checkbox"/> C Corporation	Exemption from FATCA reporting code (if any) _____
	<input type="checkbox"/> S Corporation	(Applies to accounts maintained outside the U.S.)
	<input type="checkbox"/> Partnership	
<input type="checkbox"/> Trust/estate		
<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____		
Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.		
<input type="checkbox"/> Other (see instructions) ► _____		
5 Address (number, street, and apt. or suite no.) See instructions.		
6 City, state, and ZIP code		
7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number	
____	____
or	
Employer identification number	
____	____

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ►	Date ►
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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-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.



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

USCIS
Form I-9
OMB No. 1615-0047
Expires 10/31/2022

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

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

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

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

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

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

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

Signature of Employee	Today's Date (mm/dd/yyyy)
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Preparer and/or Translator Certification (check one):

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

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

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



Employer Completes Next Page





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

USCIS
Form I-9
OMB No. 1615-0047
Expires 10/31/2022

Section 2. Employer or Authorized Representative Review and Verification

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

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		<div>Additional Information</div> <div>QR Code - Sections 2 & 3 Do Not Write In This Space</div>		
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions)

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)		Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative		First Name of Employer or Authorized Representative		Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)			City or Town		State ZIP Code

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)		First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)

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

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

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

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

All documents must be UNEXPIRED

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

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 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 		<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 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 	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 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. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

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

Refer to the instructions for more information about acceptable receipts.