

Applicant Information

Name: _____

Phone: _____

Address: _____

Email: _____

Birthdate: _____

SSN: _____

State ID/Drivers _____

How were you referred? _____

Position(s) applying for: _____

What days & hours are you available to work? _____

If hired, what date can you begin work? _____

Can you work weekends? () Y or () N

Can you work evenings? () Y or () N

Salary desired: _____

Have you ever applied to/ worked for Pride Academy before? () Y or () N

If yes, please explain _____

Do you have any friends or relatives
that currently work for Pride Academy? () Y or () N

If yes, please state name & relationship: _____

Applicant Information

If hired, do you have reliable transportation to/from work? () Y or () N

If hired, are you able to present evidence of your U.S. Citizenship or proof of your legal right to work in the United States? () Y or () N

If hired, are you willing to submit to and able to pass a controlled substance test? () Y or () N

Are you able to perform the essential functions of the job for which you are applying, either with/without reasonable accommodation? () Y or () N

If no, describe any functions that cannot be performed: _____

Physical Examination

Date of Exam: _____

Employee Name: _____

Employee DOB: _____

Medical History

I. List any past hospitalizations or operations: _____

II. Communicable Diseases:	Month/Year
Measles	_____
Rubella (German Measles)	_____
Chicken Pox	_____
Mumps	_____
Scarlet Fever	_____
Whooping Cough	_____
Tuberculosis	_____
Other: _____	_____

III. Present Conditions:

a. Allergies: _____

b. Chronic Health Conditions: _____

c. Current Medications: _____

Physical Examination

Date of Exam: _____

Employee Name: _____

II. Communicable Diseases:

- a. Skin _____
- b. Lymphnodes _____
- c. Eyes _____
- d. Ears _____
- e. Nose & Throat _____
- f. Teeth & Mouth _____
- g. Heart _____
- h. Blood Pressure _____
- i. Lungs _____
- j. Abdomen _____
- k. Genitalia _____
- l. Skeleton _____
- m. Other _____

Please note any unusual findings: _____

II. TB Skin test

Date: _____ Result: _____

Chest X-ray if above skin test is positive

Date: _____ Result: _____

- III. Does this person have any health condition that would be hazardous either to them or to children in a group setting as a result of participation in normal activities (including semi-rigorous physical activity)? () Y or () N

If yes, please explain: _____

Physician Signature

Date

All Student Name(s): _____

Please provide a copy of your driver's license and send completed form to your student's school.



Indiana State Police
Criminal History Information
Limited Criminal History
& Fee Exemption
317-233-5424
www.IN.gov/ISP

ID Billing Number
Or Customer ID #

* This agency is requesting disclosure of your Social Security Number in accordance with IC 4-1-8-1; disclosure is voluntary and you will not be penalized for refusal.

PLEASE TYPE OR PRINT ALL INFORMATION.

RECORD CHECK ON:

PLEASE PRINT CLEARLY

Last Name (grid)

First Name (grid) M.I. (checkbox)

Social Security Number* (grid)

Place of Birth (grid)

Date of Birth MM/DD/YYYY (grid)

Sex (checkboxes) M = Male, F = Female

Race (checkboxes) W = White, B = Black, U = Unknown, M = Multi Racial, I = American Indian Alaskan, A = Asian / Pacific Islander

REASON FOR SEARCH
Field Trip
Volunteer at School
Private Adoption, Employment, Licensing (type), etc.

Name Lake Central (where this response will be sent)
School Corporation
Mailing Address (number and street) 8260 Wicker Ave.
City, State, ZIP Code St. John, IN 46373

Daytime Telephone Number

ATTENTION:

Limited Criminal History Information - Reason for Request
The cost is \$7.00. Mark an "X" in one box below for this request.
Certified check or money order must be enclosed if request is mailed.
(Money orders will be accepted only if marked "Certified")

- (1) [] Has applied for employment with a non-criminal justice organization or individual;
(2) [] Has applied for a license or is maintaining a license; and has provided criminal history data as required by law to be provided in connection with the license.
(3) [] Employment with a state or local governmental entity.
(4) [] Is a candidate for public office or a public official;
(5) [] Is in the process of being apprehended by a law enforcement agency;
(6) [] Is placed under arrest for the alleged commission of a crime;
(7) [] Has charged that his rights have been abused repeatedly by criminal justice agencies;
(8) [] Is the subject of judicial decision or determination with respect to the setting of bond, plea bargaining, sentencing, or probation;
(9) [] Has volunteered services that involve contact with, care of, or supervision over a child who is being placed, matched, or monitored by a social services agency, or a nonprofit corporation;
(10) [] Is employed by an entity that seeks to enter into a contract with a public school (as defined in IC 20-10.1-1-2) or a non-public school (as defined in IC 20-10.1-1-3), if the subject of the request is expected to have direct, ongoing contact with school children within the scope of the subject's employment;
(11) [] Has volunteered services at a public school (as defined in IC 20-10.1-1-2) or non-public school (as defined in IC 20-10.1-1-3) that involve contact with, care of, or supervision over a student enrolled in the school; Student Teacher IC 5-2-5-5.
(12) [] Is being investigated for welfare fraud by an investigator of the Division of Family Resources, or a county office of the Division of Family Resources;
(13) [] Is being sought by the parent locator service of the Child Support Bureau of the Division of Family Resources;
(14) [] Is or was required to register as a sex and violent offender under IC 5-2-12; or
(15) [] Has been convicted of any of the following:
(A) Rape (IC 35-42-4-1), if the victim is less than eighteen (18) years of age.
(B) Criminal deviate conduct (IC 35-42-4-2), if the victim is less than eighteen (18) years of age.
(C) Child molesting (IC 35-42-4-3).
(D) Child exploitation (IC 35-42-4-4(b)).

(Continued on page 2)

- (E) Possession of child pornography (IC 35-42-4-4(c)).
- (F) Vicarious sexual gratification (IC 35-42-4-5).
- (G) Child solicitation (IC 35-42-4-6).
- (H) Child seduction (IC 35-42-4-7).
- (I) Sexual misconduct with a minor as a *Class A or Class B* felony (IC 35-42-4-9).
- (J) Incest (IC 35-46-1-3), if the victim is less than eighteen (18) years of age.
- (K) Attempt under IC 35-41-5-1 to commit an offense listed in clauses (A) through (J).
- (L) Conspiracy under IC 35-41-5-2 to commit an offense listed in clauses (A) through (J).
- (M) An offense in any other jurisdiction in which the elements of the offense for which the conviction was entered are substantially similar to the elements of an offense described under clauses (A) through (J).

A Subject

(16) is identified as a possible perpetrator of child abuse or neglect in an assessment conducted by the department of child services under IC 31-33-8; or

(17) is:

- (A) a parent, guardian or custodian of a child; or
- (B) an individual who is at least eighteen (18) years of age and resides in the home of the parent, guardian or custodian; with whom the department of child services or a county probation department has a case plan, dispositional decree, or permanency plan approved under IC 31-34 or IC 31-37 that provides for reunification following an out-of-home placement.

REASON FOR NO FEE REQUEST

Before checking any box below read the defined Indiana Code IC 10-13-3-36

- A. Has been in existence for ten (10) years and has a primary purpose of providing an individual relationship for a child with an adult volunteer, if the request is made as part of a background investigation of a prospective adult volunteer for the organizations; (i.e. Big Brothers & Big Sisters)
- B. Home Health Agency (Copy of license must accompany this request).
- C. Community mental retardation and other developmental disabilities centers, for purposes of IC 12-29. (Copy of CARF Certificate must be submitted with this request).
- D. Is a supervised group living facility licensed under IC 12-28-5.
- E. An area agency on aging designated under IC 12-10-1.
- F. Community action agency (as defined in IC 12-14-23-2).
- G. Owner operator of a hospice program licensed under IC 16-25-3.
- H. Community mental health center (as defined in IC-7-2-38).
- I. Department of Child Services (as defined in IC 1-13-3-27-5).
- J. Is a School Corporation, Special Education Cooperative, or Nonpublic School (as defined in IC 20-18-2-12).
- K.
 - (1) The church or religious society is a religious organization exempt from federal income taxation under Section 501 of the Internal Revenue Code;
 - (2) The request is made as part of a background investigation of a prospective or current adult volunteer; and
 - (3) The employee or volunteer works in a nonprofit program or ministry of the church or religious society, including a child care ministry registered under IC 12-17.2-6.

WARNING PENALTY FOR MISUSE

A non-criminal justice organization or individual receiving a limited criminal history may not utilize it for purposes other than those stated in the request or which deny the subject any civil right to which the subject is entitled. IC 10-13-3-27: Any person who uses limited criminal history for any purpose not specified in the request commits a Class A misdemeanor offense.

I affirm, under penalty of perjury, that the Limited Criminal History Information requested will be used as specified.

Terry A. Mucha

 PRINT Name of Requester

Terry A. Mucha

 Signature of Requester

6/25/2019

 Date (month, day, year)

We accept certified checks and money orders in person only. "NO" personal checks.

All checks made payable to the STATE OF INDIANA.

Mail request to:

Indiana State Police, Criminal History Limited Check
 P.O. Box 6188
 Indianapolis, Indiana 46206-6188

Physical Examination

Employee Full Name: _____
First Middle Initial Last (Maiden Name)

Married Name (1): _____ Married Name (2): _____

Employee Address: _____
(Number and Street)

City State Zip Code

Phone: _____ Cell Phone: _____

Email Address: _____

Social Security Number: _____

Gender: _____ Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Place of Birth: _____
City State Country



CONSENT TO RELEASE INFORMATION FOR LICENSED CENTER, LICENSED HOMES, UNLICENSED REGISTERED MINISTRIES, AND CCDF LLEPs

State Form 53323 (R9 / 9-18)
OFFICE OF EARLY CHILDHOOD AND OUT OF SCHOOL LEARNING

The information in this document is governed by privacy protection standards under IC 4-1-6.

In accordance with IC 12-17.2-4-3, IC 12-17.2-5-3, IC 12-17.2-3.5-12, and IC 12-17.2-6-14, each staff member and/or volunteer shall complete a section of this form in order to have his or her background information checked.

You must return this completed form to your consultant. If information is missing or illegible, the form will be returned.

Name of facility / licensee / LLEP / applicant		County	
Address of facility (number and street)	City	State	ZIP code
Mailing address of facility (number and street)	City	State	ZIP code
E-mail address of facility			
License / registration number / LLEP number	License / registration / certification expiration date (mm/dd/yy)	Name of consultant	

By signing below, I hereby consent to a release of information from Child Protective Services and the Criminal Justice System to the Indiana Child Care Licensing Section, Office of Early Childhood and Out of School Learning, and to the licensee / applicant. The information may contain any prior criminal history, arrest record, or child protective service history and is sought to ensure the safety of children in child care settings. I also verify that all information given here is correct.

Your fingerprints will be used to check the criminal history records of the Federal Bureau of Investigation (FBI). You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28, CFR, 16.34.

Legal Name (please print) First	Middle	Last	Maiden or other name
---------------------------------	--------	------	----------------------

Type
 Applicant Staff Volunteer Contractor Practicum Student Household member (should be over eighteen (18) years old)

Do you have a Social Security number? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, number.)	Date of birth (mm/dd/yy)	Sex	Race
--	--------------------------	-----	------

Telephone number () () ()	Cellular number () () ()	E-mail address
------------------------------	-----------------------------	----------------

Mailing address (number and street)	City	State	ZIP code
-------------------------------------	------	-------	----------

List all other addresses you have lived at in the last five (5) years. (Please use reverse side if more room is needed.)

Number and street	City	State	ZIP code	Beginning Date (mm/yy)	Ending Date (mm/yy)

I certify that while employed by a child care provider in the State of Indiana or while seeking employment from a child care provider in the State of Indiana, I have received a qualifying background check from Office of Early Childhood and Out of School Learning (OECOSL) within the past three (3) years. I also certify that I am employed by a child care provider in the State of Indiana or have been separated from employment with a child care provider in the State of Indiana for a period of not more than 180 consecutive days.

Signature	Date signed (mm/dd/yy)
-----------	------------------------

Anyone under the age of eighteen (18) must have the signature of the parent / legal guardian.

Signature	Date signed (mm/dd/yy)
-----------	------------------------

FOR OFFICE USE ONLY

OECOSL STAFF ONLY		Is this a Pre-K Provider that takes CCDF? <input type="checkbox"/> Yes <input type="checkbox"/> No	
NCH <input type="checkbox"/> RF <input type="checkbox"/> NII <input type="checkbox"/> REJ <input type="checkbox"/> EXP <input type="checkbox"/> NRF <input type="checkbox"/> PEND <input type="checkbox"/> FBI NS		SOR <input type="checkbox"/> RF <input type="checkbox"/> VERIFY <input type="checkbox"/> NRF	
Date checked (mm/dd/yy) Staff initials		Date checked (mm/dd/yy) Staff initials	
Inkless date (mm/dd/yy)		Assessment number (s)	
<input type="checkbox"/> Q <input type="checkbox"/> PREV. Q <input type="checkbox"/> DQ <input type="checkbox"/> PREV. DQ		<input type="checkbox"/> Q <input type="checkbox"/> PREV. Q <input type="checkbox"/> DQ <input type="checkbox"/> PREV. DQ	
Staff initials	Date (mm/dd/yy)	Staff initials	Date (mm/dd/yy)
DQ reason		DQ reason	
Staff initials that logged in:		Staff initials that logged out:	

Orientation of new employees

Employee Name: _____

Date Employed: _____

Orientation Date: _____

The following is a checklist of topics discussed with new employees:

ITEMS REQUIRED BY LICENSING RULES:

Prior to Contact with Children and/or Food

	Names, ages, specific needs of children assigned
	Policy on confidentiality of record
	Child Discipline Policy
	Meal patterns, food handling policy
	Emergency evacuation procedures
	General Health Policy
	Universal Precautions Training
	Health Hazards
	Diapering Procedures
	Handwashing Procedures
	Feeding of infants/toddlers
	Policy for correcting ratios
	Continuity of Care Policy
	Child abuse and neglect detection, prevention, reporting procedures
	Developmentally appropriate practices
	Program goals and philosophy
	Daily schedules, routines, transitions
	Recognizing symptoms of illness
	Cleaning, sanitizing, disinfecting procedures
	Special needs inclusion policy
	Center confidentiality policy
	Specific special needs training
	Licensing rules
	Parent Communication Policy

OTHER

Paperwork

	Application complete
	Criminal History Check / FBI
	W-4 completed / Direct deposit form
	Time Sheet
	Physical form with TB test
	Job Description (explained and signed)
	Personnel Policies and Procedures
	Parent Handbook
	Drug screening
	Purchase requisitions & purchase orders
	Mileage reimbursement
	Extra hours request
	Petty cash
	Driver's license
	Social security card
	I-9 completed
	Signed Emergency Treatment authorization

Benefits

	Vacation/Personal/Sick Days
	Staff evaluations
	Leave with/without pay
	Paid Holidays
	Other benefits (tuition reimbursement, child care reduction, retirement, etc)
	Pay Schedule
	Health/Medical Benefits
	Salary

Work Environment

	Reporting an absence policy		CLASSROOM OBSERVERS (WHO & WHY)
	School routine/hours		Administration
	Staff schedules		Child Care Licensing Unit
	Naptime Policy		Child Care Health Unit
	Leaving building during work hours		CACFP Program
	Snacking/Drinking Policy in classrooms		Title XX
	Glass containers in classrooms policy		United Way
	TOUR		Parents
	Tour of other sites if applicable		High School & College students
	Meeting with Executive Director		Accrediting Agencies
	Adult Restroom		Housekeeping/Office Supplies
	Fiscal Department		First Aid Certification
	Kitchen		First Aid Supplies
	Parent Bulletin Board		Opening/closing procedures
	Supplies		Phone calls/messages
	Menu		Smoking Policy
	GENERAL DUTIES		Buliding safety (Lockdown)
	Attendance		TRAINING & EDUCATIONAL OPPORTUNITIES
	Parent Conferences		Staff Meetings
	Notes to Parents		Library/Video Materials
	Working with Special Needs Children		Tuition Reimbursement
	Working with other staff		In-Service Training
	Equipment repair/care		Workshops
	Medication (dispensing)		Safe Sleep/Shaken baby
	Accident/Incident report form		
	Children's Files (pull & explain)		
	Intake Agreement		
	Emergency Information/ Preparedness Response		
	Pick-up permission		
	Allergies		
	Child Information Form		
	Self-Evaluation		

Work Environment (Cont)

	THE AGENCY		OTHER
	General Purpose/Philosophy		Supervisory responsibilities
	Sources of Funding		Reporting to Supervisor
	Organizational Structure		Field Trips
	Other programs		Lesson Plans
			Planning Periods
	Working with children/ Classroom Management		Telephone Etiquette
	Discipline Policy/Procedures		Socialization
	Curriculum		Parking
	Children Entering/Leaving Building		Dress Code
	Learning Through Play		
	Intergration		
	Food/Meals as Learning Experience		

Date of Orientation: _____

Employee Signature: _____

Supervisor Signature: _____





Authorization Agreement for Automatic Deposit

Employer Name _____ Company Code _____

I hereby authorize ASAP Payroll Service, Hereinafter called Company, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account indicated below and the depository named below, hereinafter called Depository, to credit and/or debit the same to such amount.

Bank Name _____

Branch _____

City _____ State _____ Zip _____

Attach voided check

_____ Initial here if attaching deposit ticket. Deposit tickets **not** always accurate. If not initialed, deposit will be pre-noted. ASAP Payroll Service is not responsible for misdirected deposit from deposit ticket.

Account 1

Account 2

Account Number _____ Account Number _____

Bank Routing Number _____ Bank Routing Number _____

Account Type Checking Saving Account Type Checking Saving

Amount (NP For Net Pay) _____ Amount (NP For Net Pay) _____

This authority is to remain in full force and effect until Company has received written notification from me of its termination in such time and in such manner as to afford Company and Depository a reasonable opportunity to act on it.

Name _____

Signature _____

Social Security Number _____ Date _____

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.**

2022

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying widow(er) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at www.irs.gov/W4App, and privacy.

Step 2: Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4); **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . ▶

TIP: To be accurate, submit a 2022 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependents	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ _____		
	Multiply the number of other dependents by \$500 ▶ \$ _____		
	Add the amounts above and enter the total here	3	\$
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$

Step 5: Sign Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

▶ **Employee's signature** (This form is not valid unless you sign it.)

▶ **Date**

Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)

General Instructions

Section references are to the Internal Revenue Code.

Future Developments

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

Purpose of Form

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

Exemption from withholding. You may claim exemption from withholding for 2022 if you meet both of the following conditions: you had no federal income tax liability in 2021 **and** you expect to have no federal income tax liability in 2022. You had no federal income tax liability in 2021 if (1) your total tax on line 24 on your 2021 Form 1040 or 1040-SR is zero (or less than the sum of lines 27a, 28, 29, and 30), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2022 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2023.

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

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

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

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

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

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

Specific Instructions

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

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

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

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



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

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 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 2022 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

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

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



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

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

- 1 Two jobs. If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3
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
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
c Add the amounts from lines 2a and 2b and enter the result on line 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.
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)

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



- 1 Enter an estimate of your 2022 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
2 Enter: { \$25,900 if you're married filing jointly or qualifying widow(er), \$19,400 if you're head of household, \$12,950 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-"
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
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Married Filing Jointly or Qualifying Widow(er)

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$110	\$850	\$860	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,770	\$1,870
\$10,000 - 19,999	110	1,110	1,860	2,060	2,220	2,220	2,220	2,220	2,220	2,970	3,970	4,070
\$20,000 - 29,999	850	1,860	2,800	3,000	3,160	3,160	3,160	3,160	3,910	4,910	5,910	6,010
\$30,000 - 39,999	860	2,060	3,000	3,200	3,360	3,360	3,360	4,110	5,110	6,110	7,110	7,210
\$40,000 - 49,999	1,020	2,220	3,160	3,360	3,520	3,520	4,270	5,270	6,270	7,270	8,270	8,370
\$50,000 - 59,999	1,020	2,220	3,160	3,360	3,520	4,270	5,270	6,270	7,270	8,270	9,270	9,370
\$60,000 - 69,999	1,020	2,220	3,160	3,360	4,270	5,270	6,270	7,270	8,270	9,270	10,270	10,370
\$70,000 - 79,999	1,020	2,220	3,160	4,110	5,270	6,270	7,270	8,270	9,270	10,270	11,270	11,370
\$80,000 - 99,999	1,020	2,820	4,760	5,960	7,120	8,120	9,120	10,120	11,120	12,120	13,150	13,450
\$100,000 - 149,999	1,870	4,070	6,010	7,210	8,370	9,370	10,510	11,710	12,910	14,110	15,310	15,600
\$150,000 - 239,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	15,340	16,540	16,830
\$240,000 - 259,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	15,340	16,540	17,590
\$260,000 - 279,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	16,100	18,100	19,190
\$280,000 - 299,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	13,700	15,700	17,700	19,700	20,790
\$300,000 - 319,999	2,040	4,440	6,580	7,980	9,340	11,300	13,300	15,300	17,300	19,300	21,300	22,390
\$320,000 - 364,999	2,100	5,300	8,240	10,440	12,600	14,600	16,600	18,600	20,600	22,600	24,870	26,260
\$365,000 - 524,999	2,970	6,470	9,710	12,210	14,670	16,970	19,270	21,570	23,870	26,170	28,470	29,870
\$525,000 and over	3,140	6,840	10,280	12,980	15,640	18,140	20,640	23,140	25,640	28,140	30,640	32,240

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$400	\$930	\$1,020	\$1,020	\$1,250	\$1,870	\$1,870	\$1,870	\$1,870	\$1,970	\$2,040	\$2,040
\$10,000 - 19,999	930	1,570	1,660	1,890	2,890	3,510	3,510	3,510	3,610	3,810	3,880	3,880
\$20,000 - 29,999	1,020	1,660	1,990	2,990	3,990	4,610	4,610	4,710	4,910	5,110	5,180	5,180
\$30,000 - 39,999	1,020	1,890	2,990	3,990	4,990	5,610	5,710	5,910	6,110	6,310	6,380	6,380
\$40,000 - 59,999	1,870	3,510	4,610	5,610	6,680	7,500	7,700	7,900	8,100	8,300	8,370	8,370
\$60,000 - 79,999	1,870	3,510	4,680	5,880	7,080	7,900	8,100	8,300	8,500	8,700	8,970	9,770
\$80,000 - 99,999	1,940	3,780	5,080	6,280	7,480	8,300	8,500	8,700	9,100	10,100	10,970	11,770
\$100,000 - 124,999	2,040	3,880	5,180	6,380	7,580	8,400	9,140	10,140	11,140	12,140	13,040	14,140
\$125,000 - 149,999	2,040	3,880	5,180	6,520	8,520	10,140	11,140	12,140	13,320	14,620	15,790	16,890
\$150,000 - 174,999	2,040	4,420	6,520	8,520	10,520	12,170	13,470	14,770	16,070	17,370	18,540	19,640
\$175,000 - 199,999	2,720	5,360	7,460	9,630	11,930	13,860	15,160	16,460	17,760	19,060	20,230	21,330
\$200,000 - 249,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,310
\$250,000 - 399,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,310
\$400,000 - 449,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,470
\$450,000 and over	3,140	6,290	8,880	11,380	13,880	16,010	17,510	19,010	20,510	22,010	23,380	24,680

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$760	\$910	\$1,020	\$1,020	\$1,020	\$1,190	\$1,870	\$1,870	\$1,870	\$2,040	\$2,040
\$10,000 - 19,999	760	1,820	2,110	2,220	2,220	2,390	3,390	4,070	4,070	4,240	4,440	4,440
\$20,000 - 29,999	910	2,110	2,400	2,510	2,680	3,680	4,680	5,360	5,530	5,730	5,930	5,930
\$30,000 - 39,999	1,020	2,220	2,510	2,790	3,790	4,790	5,790	6,640	6,840	7,040	7,240	7,240
\$40,000 - 59,999	1,020	2,240	3,530	4,640	5,640	6,780	7,980	8,860	9,060	9,260	9,460	9,460
\$60,000 - 79,999	1,870	4,070	5,360	6,610	7,810	9,010	10,210	11,090	11,290	11,490	11,690	12,170
\$80,000 - 99,999	1,870	4,210	5,700	7,010	8,210	9,410	10,610	11,490	11,690	12,380	13,370	14,170
\$100,000 - 124,999	2,040	4,440	5,930	7,240	8,440	9,640	10,860	12,540	13,540	14,540	15,540	16,480
\$125,000 - 149,999	2,040	4,440	5,930	7,240	8,860	10,860	12,860	14,540	15,540	16,830	18,130	19,230
\$150,000 - 174,999	2,040	4,460	6,750	8,860	10,860	12,860	15,000	16,980	18,280	19,580	20,880	21,980
\$175,000 - 199,999	2,720	5,920	8,210	10,320	12,600	14,900	17,200	19,180	20,480	21,780	23,080	24,180
\$200,000 - 449,999	2,970	6,470	9,060	11,480	13,780	16,080	18,380	20,360	21,660	22,960	24,250	25,360
\$450,000 and over	3,140	6,840	9,630	12,250	14,750	17,250	19,750	21,930	23,430	24,930	26,420	27,730



Form WH-4
State Form 48845
(R3 / 5-15)

State of Indiana Employee's Withholding Exemption and County Status Certificate

This form is for the employer's records. Do not send this form to the Department of Revenue.
The completed form should be returned to your employer.

Full Name _____ Social Security Number or ITIN _____

Home Address _____ City _____ State _____ Zip Code _____

Indiana County of Residence as of January 1: _____ (See instructions)

Indiana County of Principal Employment as of January 1: _____ (See instructions)

How to Claim Your Withholding Exemptions

1. You are entitled to one exemption. If you wish to claim the exemption, enter "1" _____
Nonresident aliens must skip lines 2 through 6. See instructions

2. If you are married and your spouse does not claim his/her exemption, you may claim it, enter "1" _____
3. You are allowed one (1) exemption for each dependent. Enter number claimed _____

4. Additional exemptions are allowed if: (a) you and/or your spouse are over the age of 65 and/or
(b) if you and/or your spouse are legally blind.

Check box(es) for additional exemptions: You are 65 or older or blind Spouse is 65 or older or blind
Enter the total number of boxes checked _____

5. Add lines 1, 2, 3, and 4. Enter the total here

6. You are entitled to claim an additional exemption for each qualifying dependent (see instructions)

7. Enter the amount of additional state withholding (if any) you want withheld each pay period \$ _____

8. Enter the amount of additional county withholding (if any) you want withheld each pay period \$ _____

I hereby declare that to the best of my knowledge the above statements are true.

Signature: _____ Date: _____

Instructions for Completing Form WH-4

This form should be completed by all resident and nonresident employees having income subject to Indiana state and/or county income tax.

Print or type your full name, Social Security number or ITIN and home address. Enter your Indiana county of residence and county of principal employment as of January 1 of the current year. If you neither lived nor worked in Indiana on January 1 of the current year, enter 'not applicable' on the line(s). If you move to (or work in) another county after January 1, your county status will not change until the next calendar tax year.

Nonresident alien limitation. A nonresident alien is allowed to claim only one exemption for withholding tax purposes. If you are a nonresident alien, enter "1" on line 1, then skip to line 7. You are considered to be a nonresident alien if you are not a citizen of the United States and do not meet the green card test and the substantial presence test (get Publication 519 from www.irs.gov for information about these tests).

All other employees should complete lines 1 through 7.

Lines 1 & 2 - You are allowed to claim one exemption for yourself and one for your spouse (if he/she does not claim the exemption for him/herself). If a parent or legal guardian claims you on their federal tax return, you may still claim an exemption for yourself for Indiana purposes. You cannot claim more than the correct number of exemptions; however, you are permitted to claim a lesser number of exemptions if you wish additional withholding to be deducted.

Line 3 - Dependent Exemptions: You are allowed one exemption for each of your dependents based on state and federal guidelines. To qualify as your dependent, a person must receive more than one-half of his/her support from you for the tax year and must have less than \$1,000 gross income during the tax year (unless the person is your child and is under age 19 or under age 24 and a full-time student at least during 5 months of the tax year at a qualified educational institution).

Line 4 - Additional Exemptions. You are also allowed one exemption each for you and/or your spouse if either is 65 or older and/or blind.

Line 5 - Add the total of exemptions claimed on lines 1, 2, 3, and 4. Enter the total in the box provided.

Line 6 - Additional Dependent Exemptions. An additional exemption is allowed for certain dependent children that are included on line 3. The dependent child must be a son, stepson, daughter, stepdaughter and/or foster child.

Lines 7 & 8 - If you would like an additional amount to be withheld from your wages each pay period, enter the amount on the line provided. **NOTE:** An entry on this line does not obligate your employer to withhold the amount. You are still liable for any additional taxes due at the end of the tax year. If the employer does withhold the additional amount, it should be submitted along with the regular state and county tax withholding.

You may file a new Form WH-4 at any time if the number of exemptions **increases**. You must file a new Form WH-4 within 10 days if the number of exemptions previously claimed by you **decreases** for any of the following reasons:

- (a) you divorce (or are legally separated from) your spouse for whom you have been claiming an exemption or your spouse claims him/herself on a separate Form WH-4;
- (b) someone else takes over the support of a dependent you claim or you no longer provide more than one-half of the person's support for the tax year; or
- (c) the person who you claim as an exemption will receive more than \$1,000 of income during the tax year.

Penalties are imposed for willfully supplying false information or information which would reduce the withholding exemption.



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 <i>(Family Name)</i>		First Name <i>(Given Name)</i>		Middle Initial	Other Last Names Used <i>(if any)</i>	
Address <i>(Street Number and Name)</i>			Apt. Number	City or Town		State ZIP Code
Date of Birth <i>(mm/dd/yyyy)</i>	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>	
QR Code - Section 1 Do Not Write In This Space	

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

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 <i>(mm/dd/yyyy)</i>	
Last Name <i>(Family Name)</i>		First Name <i>(Given Name)</i>	
Address <i>(Street Number and Name)</i>		City or Town	State ZIP Code

STOP *Employer Completes Next Page* **STOP**



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		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

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

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

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

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

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

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

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

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

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
--	---------------------------	---

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 	OR	<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 <li style="text-align: center;">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 	AND	<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.

Employee Information

Name: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Emergency Contacts

1) Name: _____ Relation: _____

Cell Phone: _____ Alternate Phone: _____

2) Name: _____ Relation: _____

Cell Phone: _____ Alternate Phone: _____

3) Name: _____ Relation: _____

Cell Phone: _____ Alternate Phone: _____

Health Insurance

Company: _____ Telephone: _____

Physicians Name: _____ Policy #: _____

Medical Conditions

Medications and Dosage

Allergies (Medical, Food, seasonal)

Allergy Reaction (Rash, Nausea)

**Unlicensed Registered Child Care Ministry Substance Abuse
Screening
Test Consent Form**

Ministry Name: Pride Academy Ministry ID: Rm100374A, Rm100372H
 Phone: 317-373-5183 Rm100753-A
 Ministry Address: 5711 N Michigan Rd, 5615 W. 22nd St, 5510 Grand Rd

Person to be screened: _____ Self
 Employee or Volunteer

Indiana Code 12-17-2-5-3.5 requires that each child care ministry shall maintain and make available drug test results which do not show a presence of illegal controlled substance(s) for themselves, all individuals employed or volunteer caring for children prior to application, employment or volunteering. This shall include Amphetamines, Cocaine, Opiates, PCP and THC.

I, the undersigned, have been informed that drug test results must be maintained in the unlicensed registered child care ministry and available to the Division of Family Resources (DFR). Confidentiality of these drug testing results will be maintained by the ministry and will not be disclosed for any other purpose. The results of this drug test will be used to determine compliance with IC-12-17-2-5-3.5. If drug testing results of any individual, required supplying such a test, indicate the presence of an illegal controlled substance, the registered ministry shall immediately suspend or terminate the individual's employment or volunteer service. A registered ministry that does not comply is subject to termination from participation in the Child Care Development Fund (CCDF) voucher program. I further understand that this test and any subsequent test will be conducted at the ministry's or individual's expense. An inconclusive drug test will not be considered a drug test for purposes of determining compliance with IC-12-17-2-5-3.5.

I understand that if I refuse to consent to take the test and maintain the results for inspection by the DFR, that I will not be in compliance with IC-12-17-2-5-3.5.

I have read and understand the Drug Testing Guidelines and consent form that have been provided to me.

I hereby: _____ Consent
 _____ Refuse to Consent

to the drug test, and to providing the results to the ministry that will be maintained and available for inspection by the DFR.

Signed: _____ Date/Time _____
 (Individual undergoing drug testing)
 Witnessed: Wendy Miller Date/Time _____
 Ministry Director: Alisa Johnson Date/Time _____

(Please maintain a copy of this signed release form and drug test results in files accessible to DFR personnel)

Appendix F

Drug Testing Policy
Employee and Volunteer

I, _____ agree to and understand the following policy.

- " All employees and volunteers applicants shall have a drug test prior to providing child care at the facility.
- " All employees and volunteers are subject to random drug testing at any time. Refusal to submit to a random drug test will be classified as a positive drug test result.
- " Any employee and volunteer suspected of being under the influence of drugs or alcohol will be immediately required to submit to a drug test and will be placed on a suspended status until the results of that drug screen are obtained.
- " Any applicant with a positive drug test result will be ineligible for hire, continued employment/service.
- " Any employee or volunteer with a positive drug test will be immediately terminated from their child care duties with the facility.

Signed _____

Date: _____

Unlicensed Registered Child Care Ministry Drug Testing Guidelines
Effective July 1, 2010

Indiana Code 12-17-2-5-3.5 requires each childcare provider to provide drug test results which do not show a presence of illegal controlled substances for themselves, all individuals in the ministry employee or volunteer caring for children on their behalf prior to registration or employment. This drug test shall test for Amphetamines, Cocaine, Opiates, PCP and THC. Each drug test shall meet the following criteria.

1. Chain of Custody shall follow guidelines, which are consistent with U.S. Department of Transportation requirements. (See specific Chain of Custody instructions listed below.)
2. Each drug screen shall be processed by a lab, which has been certified by the Substance Abuse and Mental Health Services Administration (SAMSHA, formerly NIDA).
3. Drug test results shall be reviewed by a nationally certified Medical Review Officer using positive cut-offs established by the U.S. Department of Transportation. Drug test results must include contact information for the Medical Review Officer and signature when possible.
4. Drug test results shall be faxed or mailed to the Licensee.

The following Chain of Custody shall be followed for drug testing results provided to the Family and Social Services Administration as required by Indiana Code.

- The collector shall ask the donor for photo identification.
- After verification of donor's identification, the collector will complete step one of the custody of control form provided by the laboratory.
- The collector will ask the donor to remove any unnecessary outer clothing (coat, etc.) and leave hand carried items (briefcase, etc.) outside toilet enclosure. The donor may be required to empty his/her pockets at collector's discretion.
- The collector will instruct the donor to wash and dry his/her hands.
- The collector will provide the donor a wrapped and sealed collection container and/or specimen bottle. Either the collector or the donor may open the container/bottle in donor's presence.
- If the container and bottle are wrapped together, the donor should be allowed to take container and bottle into toilet enclosure. If container and bottle are wrapped separately, only the collection container should be taken into toilet enclosure. The wrapped bottle should remain outside enclosure and then opened in the donor's presence when the donor gives the filled collection container to the collector.
- The collector will accompany the donor to toilet enclosure when it is time for the donor to provide urine sample. The donor will enter toilet enclosure and shut the door, the collector remains outside the closed door.
- The donor will hand filled collection container to the collector, both the donor and the collector should maintain visual contact of the specimen until labels and seals are placed over bottle caps.
- The collector checks specimen and reading of the specimen temperature indicator within four minutes of receiving the specimen from the donor. The collector then marks the appropriate box on custody of control form.
- The collector checks specimen volume ensuring there is at least thirty milliliters of urine in a single specimen collection.
- The collector checks specimen for unusual color, odor or other physical qualities that may indicate an attempt to adulterate the specimen.
- The collector will pour at least thirty milliliters into the specimen bottle.
- The collector immediately places lid/caps on specimen bottle and then applies tamper evident labels/seals.
- The collector will write the date on label field. The donor will be asked to initial labels/seals when affixed to the bottles.
- After sealing the specimen bottle, the donor will be permitted to wash and dry his/her hands, if he/she so desires.
- The donor will be instructed to read and complete the donor certification section of the custody of control form, including signing certification statement.
- The collector will complete collector's certification section of custody of control form, including signing certification statement.
- The collector will record any remarks concerning collection process in "remarks section" of custody of control form.
- The collector will complete chain of custody block of custody of control form. At a minimum, the collector will complete: the specimen, received by, purpose of, change, date, and released by blocks of the custody of control form.
- The collector will give the donor his/her copy of custody of control form and the donor may leave collection site at completion of this step of the collection process. It is not necessary for the donor to remain at collection site while specimen bottle and custody of control form are prepared and packaged for shipment.
- The collector will prepare the bottle and copies of the custody of control form for shipment to the laboratory. The bottles and custody of control form copies will be shipped in a padded mailer or shipping container secured with an outer seal.
- The collector will initial and date the seal on the shipping container.
- Finally, the collector will send the MRO copy of the form directly to the MRO addressed on the form and the employer copy to the designated representative (ministry Director).

Revised 06/25/08

APPENDIX H

Tobacco and Substance Policy
Child Care Development Fund

I, _____, have been informed that my participation in the Child Care Development Fund Voucher
{Director's Name}

Program requires me to provide assurance that I will not allow anyone to participate in the following acts during the hours in which I provide child care.

- = I will not use tobacco anywhere in the child care facility (including outdoor play areas) during child care hours.
- = I will not allow any staff member or guest to use tobacco anywhere in the child care facility (including outdoor play areas) during child care hours.
- = I will not use alcohol anywhere in the child care facility (including outdoor play areas) during child care hours.
- = I will not allow any guest to use alcohol anywhere in the child care facility (including outdoor play areas) during child care hours.
- = I will not use any substance labeled harmful or fatal if swallowed or inhaled in a manner other than its intended purpose in the child care facility (including outdoor play areas) during child care hours.
- = I will not allow any guest to use any substance labeled harmful or fatal if swallowed or inhaled in a manner other than its intended purpose in the child care facility (including outdoor play areas) during child care hours.
- = I will not use or have possession of any illegal substance on the premises of the child care facility.
- = I will not allow any guest to use or possess any illegal substance on the premises of the child care facility.

I understand by my signature below that my failure to comply with the above statements may result in the Ministry's inability to participate in the Child Care Development Fund Program.

Signature _____ Date _____

Paths To Quality

“Planning Time - Commitment”

I, _____, am committing to 1 (one) hour planning time during naptime each day which will promote excellence in education.

Teacher commitment is a key factor influencing the teaching-learning process.

Teacher Name

Date

www.judahministriesinc.org

Any one occurrence of the following behaviors conducted on Pride Academy premises or off-site where employee is representing Pride Academy may result in immediate termination of employment:

1. Administering of any type of physical, verbal, sexual or emotional abuse/punishment to a child;
2. Leaving children unsupervised by allowing children in your direct care to be out of your sight and/or hearing distance according to Indiana Licensed Child Care Guidelines or by placing a classroom out of ratio by leaving the classroom for any amount of time or through the utilization of personal communication devices (cell phones, laptops, computer, etc)
3. Taking children to any unauthorized area which is restricted for staff use only or is not conducive to children health/safety;
4. Cell phones and/or personal items are not allowed in the classroom at any time.
5. Leaving work without permission for any reason when you were counted in ratio for the supervision of children is considered job abandonment and child neglect which will be reported to Child Protection Services.

Please sign and date below confirming your understanding and agreement of Pride Academy policy as stated above.

Printed Name	Date	Signature
--------------	------	-----------



DRESS CODE POLICY

Employees are expected to present themselves as professionals at all times. This includes appropriate dress. Therefore, the following clothing is **NOT ACCEPTABLE** during working scheduled work hours:

- Bare feet
- Exposed undergarments
- Observable lack of undergarments and exposed undergarments
- Clothing that is ripped or torn, excessively stained and/or has bleach spots
- Employees are expected to attend work well groomed and presentable- combed hair, respectful body odor, clean shaven, clean clothes and shoes
- Employees of Pride Academy will be required to wear the following uniform:

- **SHIRT CHOICES:**

- Pride Academy Logo t-shirts and/or polo shirts.
- No patches, holes, dingy or bleach stains/spots
- **Administration and Directors** can wear business casual clothing or center uniform as stated within this document.

- **PANTS, SHORTS, CAPRI, SKIRT OR SCRUBS CHOICES:**

- Solid colored pants in either beige, khaki or black (Capri, skorts and skirts are acceptable)
- Cannot expose undergarments or private body areas
- Scrubs may be worn in the classrooms.

- **ABSOLUTELY NO BLUE JEANS**

- **NONCOMPLIANCE CONSEQUENCES**

- Dress code violations affect attendance because employee are not able to work if employee is not following the dress code and thus will be classified as Dress Code Violation. Failure to comply with the dress code policy without proper authorizations from the Executive Director may result in any of the following:
 - 1st Occurrence: employee will receive a written reprimand and will be sent home unpaid for the remainder of work day;
 - 2nd Occurrence: apply consequences for 1st Occurrence and unpaid suspension of employment for one additional day;
 - 3rd Occurrence: apply consequences for 1st Occurrence and unpaid suspension of employment for 3 days;
 - Any additional occurrences of dress code violation will result in employee being terminated without further notice.

The Dress Code Policy is effective immediately or on upon signing this document

Employee Signature

Date

www.judahministriesinc.org

EMPLOYEE ABSENCES

Supervisors are responsible for monitoring any employee absences that occur without the requested two week notification, as well as implementing any necessary disciplinary action. The following guidelines will be utilized to monitor absences and implement disciplinary action on a fiscal calendar year basis, from August 1 through July 31.

Number of Absences	Action
3	Verbal Warning
4	1 Day Suspension
5	2 Day Suspension
6	Written Reprimand & 3-day Suspension
7	Termination

Nothing herein prohibits a supervisor from using progressive discipline with an employee for failing to call or notify his/her supervisor in advance of an absence. In addition progressive discipline policies will be used to long-standing repetitive pattern abuses of the attendance procedure and shall be considered as resigned their positions.

CLOCKING IN AND OUT

It is your responsibility to clock in at the correct time of entry and departure at Pride Academy. Any failure to clock in or out properly may result in a delay in payment of wages and possible termination.

TARDINESS

Tardiness is defined as any punch-in or report for work later than an employee's scheduled time. A grace period is granted to those that are three (3) minutes late to work or less. Such grace periods will be limited to five (5) periods in any six (6) calendar months. In certain instances, such as traffic accidents or flat tires, no disciplinary action will be taken. Verifiable evidence must be provided in these instances within 48 hours of the tardy. The following guidelines will be utilized to monitor tardiness and implement disciplinary action on a fiscal calendar year basis, from August 1st through July 31st.

Number of Occurrences	Action
2	Counseling
3	Written Reprimand
4	Written Reprimand & 3-day suspension
5	Recommendation for Termination

Employee Signature

Date

Employee Acknowledgement Form

I have received and read that Pride Academy Employee Policy and Procedures Handbook. I expect to be guided by the rules and policies contained therein.

I further understand and agree that my employment with Pride Academy is at will and may be terminated by the Director of Pride Academy at any time for any reason or without reason. I understand that nothing in the Personnel Policies and Procedures handbook or in any oral statement or representation by any employee or representative of Pride Academy shall be deemed to create a contract of employment or any other modification of the at-will employment relationship. I also understand that any or all of the provisions contained in the Employee Policy and Procedures Handbook may be modified, amended, or eliminated by Pride Academy at any time with or without notice.

Employee Name & Signature

Date

www.judahministriesinc.org

Dear Pride Academy Staff,

Since IACCRR is phasing out we will be utilizing the I LEAD site to complete the required trainings. The following steps must be completed in order to gain access to the website:

1. Please go the following website
<https://secure.in.gov/apps/fssa/childcare/portal/home>
2. Click Log-in on the upper right hand corner of the page.
3. The it will direct you to the Welcome to FSSA page. At the bottom on the screen click on "Don't have an account? Sign up now".
4. Then it will direct you to another page. Go to STEP 1 first and enter your email to receive a verification code. Once the verification code is sent, enter the verification code in the space provided.
5. Once the verification has been entered then you will be able to set up your password, first and last name, and number.
6. It will direct you to a page that says Sign-In. You will enter your email and password
7. A page will display "Childcare I-LEAD Home/Dashboard" and under that will be a green display link that says "Start your Indiana Learning Path". Click on the link it will take you to the course work page.

How to access the trainings:

1. Scroll down to the training that is needed.
2. Click on the button that says "Register"
3. The page will take you to a description of the course.
4. Look on the left hand side of your page and there should be the name or your course in blue.
5. Click on the link and it will take you to the class.

How to access your certificates:

1. Once you have completed and passed the course. go to the tab that says "Reports".
2. Click on the icon that looks like a printer to display your certificate.
3. Print out the certificate.



Training Title**Credit Hours**

Attachment Relationships	1
Breathe Easy: Asthma information for Early Educators Moduals 1 and 2	1
Challenging Behavior: Reveal the Meaning	1
Child Abuse and Neglect Detection and Prevention - Online 2018 -2019	1
Child Assessment	1
Determining and Developing Relationships with Referral Partners	1
Exploring Primary Caregiving and Continuity of Care of Group Care Settings	1
Family Leadership Training - Module 1: Defining Parent Leadership	1
Family Leadership Training - Module 2: Critical Elements of Collaboration	1
Family Leadership Training - Module 3: Building blocks of Effective Meetings	1
Family Leadership Training - Module 4: A Framework for Advocacy	1
Fathers in Child Care	0.5
First Steps Home Visiting Series Webinar 1: Addressing the Opioid Crisis as an Early Interventionist	1
First Steps Home Visiting Series Webinar 2: Autism	1
First Steps Home Visiting Series Webinar 3: Indiana Funding Maze and Community Resources	1
First Steps Home Visiting Series Webinar 4: Care coordination with DCS/ Foster care	1
First Steps National Webinar: Dr. Robin McWilliams	1
First Steps National Webinar: Emerging Issues in Early Intervention	1
First Steps: Breaking the Iron Care of Poverty: An Insider Perspective	1

First Steps: Introduction for Providers to the New Family Assessment Tool	1
First Steps: The Role of Family Assessment in Family Centered Home Visiting	1
Helping Parents Develop Skills that Support Social and Emotional Development	1
How to Implement Authentic Assessment in Early Childhood Settings	1
How Trauma Affects Adults and Parenting Behaviors: Part 1	1
How Trauma Affects Adults and Parenting Behaviors: Part 2	1
Indiana Early Childhood Family Engagement Toolkit Module	3
Indiana's Early Learning Development Framework: Approaches to Play and Learning	1
Indiana's Early Learning Development Framework: Social Emotional	1
Indiana's Introduction to the Early Childhood and Out of School Learning Profession - Module 1 - Child Development	2
Indiana's Introduction to the Early Childhood and Out of School Learning Profession - Module 2 - Health	4
Indiana's Introduction to the Early Childhood and Out of School Learning Profession - Module 3 - Safety	4
Indiana's Introduction to the Early Childhood and Out of School Learning Profession - Module 4 - Child Development (School Age)	2
Infant Mental Health: Basic Concepts and Background	1
Introductions to the NEW Indiana Early Learning FOUNDATIONS	1
Introduction to Trauma and Toxic Stress: Effects in Early Childhood	1
Learning Environment	1
Let's Get the Lead Out!	1
Let's Talk about Mealtime (Face to Face)	1
Navigating the ISTAR-KR online system	0.5
Orientation I Online	1
Orientation II - A requirement for family child care providers to become licensed (Face to Face)	3
Preparing for Emergency & Disaster in the Child Care Setting	1
Preventing Expulsion I: The Teaching Pyramid	1



Preventing Expulsion 2: Nurturing Relationships	1
Preventing Expulsion 3: Supportive Classrooms	1
Preventing Expulsion 4: Understanding Behavior	1
Preventing Expulsion 5: Describing Behavior	1
Preventing Expulsion 6: Working with Families	1
Promoting Children's Success: Building Relationships and Creating Supportive Environments - Preschool	2
Refresher Workshop for Safe Sleeping Practices	1
Safe Sleeping Practices and Reducing the Risk of SIDS in Child Care (Face to Face)	2.5
Serving Families and Children Experiencing Homelessness	1
Social Emotional Development within the context of Relationships - Infant and Toddler	2
Strengthening Your Skills in Infant and Early Childhood Mental Health	1
Teaching with intention	1
The Juggling Act: Schedules, Routines, and Transitions	1
Universal Precautions (Live Webinar)	1
Using Interpersonal Methods: Relationship-Based Approach, Parallel Process, and Professional Use of Self	1
Using Screening Tools and Methods with Families Exposed to Trauma: Part 1	1
Using Screening Tools and Methods with Families Exposed to Trauma: Part 2	1
What do you Charge? Rate Considerations, Sliding Fee Schedules, Scholarships, and Discounts	1
Why we access Young Children	0.5
Working with Difficult Populations in Difficult Situations (Face to Face)	2

TOTAL TRAINING HOURS

80

www.judahministriesinc.org