



## INFORMATION/CHECKLIST FOR INDIVIDUAL PROVIDERS (IPs):

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

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

- \_\_\_\_\_ Individual Providers (IP) are considered **independent contractors**. The client you work for is your employer.
- \_\_\_\_\_ All Individual Providers who have been hired **contribute dues to a union** called Service Employees International Union 775NW (SEIU) (phone: 866-371-3200).
- \_\_\_\_\_ Unless otherwise specified in the clients Assessment Details and Service Summary, **work is to take place at the client's home** (exceptions are shopping and transportation).
- \_\_\_\_\_ You must call the case manager or social worker **if your client's condition changes**; he/she is hospitalized or is out of the home for other reasons; has an address or phone number change; you want to stop working for your client or intend to take a vacation,
- \_\_\_\_\_ **DSHS Training requirement** – 2 hours of Caregiver Orientation, 4 hours of Safety Training, 28 hours Fundamentals of Caregiving (within 120 days from employment), or waived if the client is under 18. DSHS pays for the classes, but you are responsible for signing up for training. Unless you are a parent IP, you must take 10 hours of Continuing Education each calendar year after the year you complete Fundamentals (or Modified). Parent providers may have different requirements.
- \_\_\_\_\_ An individual provider is the paid provider and is to satisfactorily perform duties and services as specified in the client's **Assessment Details and Service Summary**. These documents serve as your job description. Failure to comply may result in termination of your contract and/or your employment.
- \_\_\_\_\_ **You cannot be paid for any work done before you sign a contract**, a background check is completed and you have authorization from client's AAA Case Manager or Social Worker from DSHS Home and Community Services, Developmental Disabilities or Children's Administration.
- \_\_\_\_\_ The client's Case Manager will provide a **DSHS Employment Reference Guide** which includes – Basic Health Plan, Frequently Asked Questions, When to Call Your Employer's (client) Case Manager, If You Decide to Leave Your Job and samples of invoices and timesheets.
- \_\_\_\_\_ Your new prospective employer will have a case manager or social worker with DSHS or the Area Agency on Aging and you need to contact the case manager **before** you start work so that you may **be contracted** and **review** the employer service plan.

## Points to Remember About Getting Paid

- \_\_\_\_\_ **Invoice** -- your invoice is mailed once a month. It will be mailed from Olympia around the last week of the month and is not considered late until the 3<sup>rd</sup> working day of the following month. Your invoice will have a service unit - hourly, daily or monthly. You can validate your invoice by 1) writing in your time and signing the form; or 2) use Invoice Express. Do not use both. DO NOT mail or phone in your invoice information until the last working day of the month.
  
- \_\_\_\_\_ **Payment** -- your warrant is not late until 10 working days after the end of the month and after you've mailed it to Olympia or called in your time using Invoice Express.
  
- \_\_\_\_\_ As an IP, you must pay your own **Income taxes**. IRS information 1-800-829-1040/ forms 1-800-829-3676.
  
- \_\_\_\_\_ In most situations, **Social Security and Medicare taxes** will be deducted along with union dues. Keep all documentation that arrives with your check. This paperwork contains important information regarding your deductions.
  
- \_\_\_\_\_ **If your address or telephone changes**, immediately contact your client's Case Manager or Social Worker. WARRANTS CANNOT BE FORWARDED -- YOUR PAY WILL BE DELAYED.
  
- \_\_\_\_\_ **Warrant System Remittance Advice** paperwork that comes with your warrant is the equivalent of a pay stub. You are advised to keep it as it provides a personal record of DSHS payments. You cannot get evidence of income from the Case Manager or Social Worker.
  
- \_\_\_\_\_ **Time Sheet** - fill out completely. You and your client must sign. Keep a copy for your records, as the case manager may want to review.
  
- \_\_\_\_\_ If client pays **participation** (indicated by DSHS) for personal care services, he/she is responsible for paying participation to you directly. This amount is subtracted from your payment from Olympia.