Alameda County
Social Services Agency

Kagawaran ng Mga Serbisyo sa Nasa Hustong Gulang at Matanda
Mga Pansuportang Serbisyo sa Tahanan
(In-Home Supportive Services)
Address ng Opisina: 6955 Foothill Blvd., Suite 143
Oakland, CA 94605
Address para sa Sulat: 6955 Foothill Blvd., Suite 300
Oakland, CA 94605

Mga Tagubilin sa Pag-eenroll ng Provider (Tagabigay ng Serbisyo)

Upang maging isang provider ng Mga Pansuportang Serbisyo sa Tahanan (In-Home Supportive Services, IHSS), kailangan mong:

- ✓ Kumpletuhin ang IHSS Provider Enrollment Packet;
- ✓ Dumalo sa mandatoryong orientation ng bagong provider; **at**
- ✓ Magpakuha ng fingerprint at kumpletuhin ang isang kriminal na background check.

Kailangang makumpleto ang lahat ng kinakailangang ito sa loob ng 90 araw mula sa petsa nang sinimulan mo ang proseso ng pag-eenroll ng provider. Upang mabayaran bilang isang provider ng Programang IHSS, kailangang naka-enroll ka at aprubado bilang isang provider. Kung hindi mo kukumpletuhin ang mga kinakailangang ito sa loob ng takdang panahon, hindi ka magiging karapat-dapat na magtrabaho at hindi babayaran ng Programang IHSS.

Kung magsisimula kang magbigay ng mga serbisyo bago kumpletuhin ang mga kinakailangan sa pag-eenroll at talagang matutukoy na isang karapat-dapat na provider, maaari kang maging karapat-dapat na makatanggap ng mga retroactive na bayad para sa mga serbisyong ibinigay nang hanggang pinakamataas na 90 araw sa kalendaryo mula sa petsa nang kinumpleto mo ang mga kinakailangan sa pag-eenroll ng provider.

Kung magsisimula kang magbigay ng mga serbisyo bago kumpletuhin ang mga kinakailangan sa pag-eenroll at talagang matutukoy na HINDI karapat-dapat na provider, responsable ang tumatanggap ng IHSS sa pagbabayad sa iyo para sa mga serbisyo.

Mga Dati nang Provider

Kung ikaw ay dati na o bumabalik na provider na nakumpleto ang orientation para sa provider **AT** wala pang isang (1) taon simula nang ma-clear mo ang background check, mangyaring ipadala o isumite sa e-mail, fax, sulat o nang personal ang mga sumusunod sa opisina ng IHSS sa address na nakalista sa itaas:

- ❒ Nakumpletong Provider Enrollment Packet. Tingnan ang mga tagubilin sa pahina 2.
- ❒ Kopyahin ang iyong napirmahang social security card at ang iyong orihinal na Resident Alien o Employment Authorization Card **kung ang sinasabi ng iyong Social Security Card ay "Authorization Needed".**

Kung lumipat ka rito mula sa ibang bansa at kasalukuyang provider, magbigay ng kopya ng iyong may bisang ID at social security card.

Mga Bagong Provider

Kung ikaw ay isang bagong provider (hindi naka-enroll dati O 12 buwan o mahigit na ang lumipas simula nang huli kang magtrabaho), mangyaring isumite/kumpletuhin ang:

~IPINAGPATULOY (BALIKTARIN)~

- ❒ Nakumpletong Provider Enrollment Packet. Tingnan ang mga tagubilin sa pahina 2.
- ❒ Orihinal na pinirmahang Social Security Card. Isama ang iyong orihinal na Resident Alien o Employment Authorization Card kung ang sinasabi ng iyong Social Security Card ay "Authorization Needed". **Isumite ito nang personal sa orientation para sa provider**
- ❒ Orihinal na may bisa/hindi expired na ID na ibinigay ng pamahalaan (Lisensya sa Pagmamaneho sa CA o ID Card, Pasaporte sa U.S. o ID ng Militar). **Isumite ito nang personal sa orientation para sa provider**
- ❒ Orientation ng Bagong Provider ng IHSS.
    - Para dumalo at kumpletuhin ang isang remote na orientation (online), pumunta sa IHSS Provider Enrollment (ihsspe.acgov.org)
    - Makukuha ang impormasyon ng Kalendaryo para sa Orientation ng Bagong Provider:
        - Sa Website ng IHSS: https://alamedasocialservices.org/public/services/elders_and_disabled_adults/in_home_Supportive_services.cfm;
        - Sa opisina ng IHSS na matatagpuan sa 6955 Foothill Blvd., 1st Floor Suite 143, Oakland, Ca 94605; o
        - Ang IHSS Payroll Call Center sa 510.577.1877
        - Para lamang sa mga provider ang mga orientation – Walang pahihintulutang mga bisita kasama ng mga tumatanggap ng serbisyo at mga anak.

- ❒ Ibibigay sa iyo ang mga impormasyon tungkol sa mga lugar para sa Live Scan fingerprinting upang makumpleto mo ang kriminal na background check. **Ikaw ang responsable para sa pagbabayad ng mga singil.**

Mga Tagubilin para sa Pagkumpleto ng Provider Enrollment Packet

Mga Bago at Dati nang Provider

1. **Kung ikaw ay bago o dati nang provider, kumpletuhin ang mga sumusunod na form:**
    - SOC 426A, Pagtatalaga ng Provider ng Tumatanggap ng IHSS *(kailangan ang bahagi na para sa provider)*
    - W-4, Withholding Allowance Certificate ng Empleyado *(opsyonal)*
    - DE-4 State ng Withholding Allowance Certificate ng Empleyado *(opsyonal)*

2. Isumite ang lahat ng kinakailangang form para sa pag-eenroll (packet) sa pamamagitan ng isa sa mga sumusunod na paraan:

- Ipadala sa email sa: IHSSProviderEnrollment@acgov.org
- I-fax sa: (510) 577-1803
- Ipadala sa sulat sa: In-Home Supportive Services
  6955 Foothill Blvd., Suite 300
  Oakland, CA 94605
- Ihulog sa: Office Lobby sa Suite 143

3. Itabi ang mga sumusunod na form para sa iyong mga talaan:

- PUB 104, Impormasyon ng Mga Benepisyo at Serbisyo ng Indibiduwal na Provider ng IHSS (IHSS Individual Provider Benefits and Services Information)
- SOC 426C, Mga Seksyon ng Alituntunin ng California para sa IHSS (IHSS California Code Sections)
- SOC 847, Mahalagang Impormasyon para sa Mga Inaasahang Provider Tungkol sa Proseso ng Pag-eenroll ng Provider ng IHSS (Important Information for Prospective Providers About the IHSS Provider Enrollment Process)

- Mga Katotohanan tungkol sa Bayad sa Mga Manggagawa
- 72-16, Abiso para sa Pangkalahatang Mga Pag-iingat (Universal Precautions Notification)

Mga Tumatanggap ng IHSS

1. **Kung ikaw ang tumatanggap, kumpletuhin ang mga sumusunod na form:**
   - SOC 426A, Pagtatalaga ng Provider ng Tumatanggap ng IHSS *(kinakailangan)*
   - **Kung tatapusin mo ang dati nang provider:**
     - 70-19, Pagliban o Pagtigil ng Provider *(opsyonal)*

Para sa tulong, pakitawagan ang (510) 577-1877. Salamat.

MAHALAGANG IMPORMASYON PARA SA MGA INAASAHANG PROVIDER TUNGKOL SA PROGRAMA NG MGA PANSUPORTANG SERBISYO SA TAHANAN (IN-HOME SUPPORTIVE SERVICES, IHSS) FORM PARA SA PAG-EENROLL NG PROVIDER

Ang isang provider ng IHSS ay isang tao na binabayaran upang magbigay ng mga serbisyo sa isang taong tumatanggap ng mga pansuportang serbisyo sa tahanan sa ilalim ng programang IHSS. Kung gusto mong maging isang provider ng IHSS, kailangan mong kumpletuhin ang lahat ng hakbang na nakabalangkas sa ibaba sa loob ng 90 araw mula sa petsa nang sinimulan mo ang proseso bago ka maaaring mag-enroll bilang isang provider at makatanggap ng bayad mula sa Programang IHSS para sa pagbibigay ng mga serbisyo. Hindi kailangang gawin nang may partikular na pagkakasunud-sunod ang mga hakbang na ito. Kung naniniwala kang inaresto ka para isang krimen at/o nagkasala sa loob ng nakaraang sampung taon, gaano man ito kaliit, kailangan mong simulan ang proseso sa Hakbang 2 dahil mayroon ka lang 90 araw para makumpleto ang lahat ng hakbang at maaaring matagalan ang Kagawaran ng Hustisya ng California (Department of Justice, DOJ) para masuri ang iyong kasaysayan ng ginawang krimen at bigyan ang county ng iyong Impormasyon ng Talaan para sa Nagkasala ng Krimen.

HAKBANG 1. Kumpletuhin at pirmahan ang Form para sa Pag-eenroll ng Provider ng Programang IHSS (IHSS Program Provider Enrollment Form, SOC 426) at ibalik ito nang personal sa Opisina ng IHSS sa County o sa Pampublikong Awtoridad ng IHSS.

- Kumuha ng blangkong kopya ng SOC 426 mula sa Opisina ng IHSS sa County o Pampublikong Awtoridad. *Maingat na basahin ang impormasyon bago mo kumpletuhin ang form.*
- Kumpletuhin ang SOC 426 form at sagutan ang lahat ng tanong nang kumpleto at tapat. **Dapat iulat** mo kung nagkasala ka ng anumang krimen na hindi magpapahintulot sa iyong magbigay ng mga serbisyo.
- Magdala ng isang may bisang ID na may litrato na ibinigay ng isang pederal o pang-estadong ahensiya ng pamahalaan ng Estados Unidos o ng isang panliping organisasyon ng Katutubong Amerikano o Katutubong taga-Alaska na pederal na kinikilala ng pederal **AT** ng isang orihinal na card ng Social Security at kapalit na card na ibinigay ng Social Security Administration.
- Ang impormasyong ibibigay mo sa SOC 426 ay beberipikahin ng isang pagsusuri sa kriminal na background ng DOJ.

HAKBANG 2. Magpa-fingerprint at dumaan sa pagsusuri ng kriminal na background ng Kagawaran ng Hustisya ng California.

- Bibigyan ka ng mga tagubilin ng Opisina ng IHSS sa County o Pampublikong Awtoridad kung paano magpapa-fingerprint. *Huwag subukang magpa-fingerpint hanggang sa makatanggap ka ng mga*

tagubilin mula sa county.

- Maaari kang magpa-fingerpint sa ilang lokal na ahensiya ng pulis (Departamento ng Pulis o Sheriff) o sa isang negosyo na naghahandog ng mga serbisyo para sa digital na pag-scan ng fingerprint (Live Scan). Maaari kang bigyan ng Opisina ng ng IHSS sa County o ng Pampublikong Awtoridad ng isang listahan ng mga malapit na lokasyon.
- Hinihiling sa iyo ng batas ng estado na bayaran ang mga halaga para sa pagpapa-fingerprint at ang pagsusuri ng kriminal na background. Iba-iba ang mga singil depende sa kung saan mo pipiliing magpa-fingerpint; ang mga halaga ay mula $40 hanggang $90.
- Kung mabeberipika ng pagsusuri ng background na ika ay **nagkasala** ng alinman sa Tier 1 o Tier 2 na mga krimen, pakibasa ang mga seksyong nasa ibaba at nasa susunod na pahina

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Kung ikaw **ay** nagkasala ng, **o** nakulong kasunod ng isang pagkakasala para sa alinman sa Tier 1 o Tier 2 na krimen **sa loob ng 10 taon**, ikaw ay **HINDI** karapat-dapat na ma-enroll bilang isang provider ng IHSS o makatanggap ng bayad mula sa programang IHSS para sa pagbibigay ng mga pansuportang serbisyo.

Kabilang sa mga <u>krimen na nasa Tier 1</u> ang: • Tinukoy na pang-aabuso ng isang bata (Kodigo Penal (PC) seksyon 273a(a); • Pang-aabuso ng matanda o umaasang (dependent) nasa hustong gulang (PC seksyon 368); o • Pandaraya laban sa isang programa ng pamahalaan sa kalusugan o mga pansuportang serbisyo.	Kung ikaw ay nagkasala ng alinman sa **Tier 1 na mga krimen** sa nakaraang 10 taon, ikaw ay **<u>HINDI</u>** karapat-dapat maging isang provider. • Ikaw ay **<u>HINDI</u>** karapat-dapat kahit na nagkaroon ka ng **Tier 1** na krimen na inalis mula sa iyong rekord.
Kabilang sa mga <u>krimen na nasa Tier 2</u> ang: • Isang marahas o matinding mabigat na kasalanan, gaya ng tinukoy sa PC seksyon 667.5(c), at PC seksyon 1192.7(c), • Isang mabigat na kasalanan kung saan ang isang tao ay kinakailangang magparehistro bilang isang sex offender alinsunod sa PC seksyon 290(c); at • Isang mabigat na kasalanan para sa pandaraya laban sa isang programa ng mga pampublikong serbisyong panlipunan, gaya ng tinukoy sa seksyon 10980(c)(2) at 10980(g)(2) ng Alituntunin ng Kapakanan at Mga Institusyon. *Maaari mong tanungin ang Opisina ng IHSS sa County o ang Pampublikong Awtoridad ng IHSS para sa isang listahan ng Tier 2 na mga krimen.*	Kung nagkasala ka ng alinman sa **Tier 2 na mga krimen** sa nakaraang 10 taon, maaari kang maging karapat-dapat na maging isang provider: • Kung inalis o maaaring alisin ang iyong **Tier 2** na krimen mula sa iyong rekord. • Kung magsusumite ang tumatanggap ng serbisyo ng isang indibiduwal na waiver upang kunin ka. • Kung naaprubahan ang iyong pangkalahatang eksepsyon. *Basahin ang mga bahagi sa ibaba para sa karagdagang impormasyon.*

<u>Pag-alis ng Krimen sa Rekord para sa Tier 2 na Krimen:</u>

- Kung mayroon kang Katibayan ng Rehabilitasyon o pag-alis ng krimen sa rekord para sa Tier 2 na krimen, maaari kang maging karapat-dapat na isang provider ng IHSS. Magbigay ng mga kopya ng iyong Katibayan ng Rehabilitasyon o dokumentasyong hinggil sa pag-alis ng krimen sa rekord kasama ng iyong nakumpletong SOC 426.

- Kung ikaw ay nasa proseso ng pag-alis ng isang krimen mula sa rekord, dapat mong kumpletuhin ang proseso ng pag-alis ng krimen sa rekord bago magpatuloy sa pagsusuri ng kriminal na background.

Indibiduwal na Waiver ng Hindi Pagsasama para sa Tier 2 na Krimen:

Ang isang indibiduwal na waiver ay pinahihintulutan kang magbigay ng mga serbisyo para **lamang** sa isang partikular na tumatanggap ng serbisyo na pipiliing kunin ka sa kabila ng iyong (mga) kriminal na pagkakasala.

- Dapat humiling at magsumite ang tumatanggap ng serbisyo ng Kahilingan ng Tumatanggap ng Serbisyo para sa Waiver ng Provider (Recipient Request for Provider Waiver, SOC 862) sa Opisina ng IHSS sa county o sa Pampublikong Awtoridad upang magbigay ng mga serbisyo.

- Dapat sabihan ang tumatanggap ng IHSS na gustong kumuha sa iyo ng tungkol sa napatunayang kasalanan mo; gayunpaman, aatasan siyang panatilihing kumpidensyal ang impormasyon ng napatunayang kasalanan.

- Kung ikaw, bilang provider, ay ang awtorisadong kinatawan din ng tumatanggap ng serbisyo, **hindi** ka papayagang pirmahan ang waiver sa ngalan ng tumatanggap ng serbisyo upang talikdan ang mga krimen na nagkasala ka. Sa ganitong pangyayari, ang waiver ay dapat direktang pirmahan ng alinman sa tumatanggap ng serbisyo o, kung hindi ito maaari, dapat magdeklara ng isa pang indibiduwal bilang isang awtorisadong kinatawan para sa mga layunin ng pagpirma ng waiver na ito.

Kung pipirma ang tumatanggap ng iyong serbisyo ng isang indibiduwal na waiver form na nagpapahintulot sa iyong magtrabaho lamang para sa kanya at alinman sa lilipat siya sa ibang county o kung magpapasiya kang magtrabaho sa ibang tumatanggap ng serbisyo na nakatira sa ibang county, kakailanganin mong gumawa ng isa pang pagsusuri ng kriminal na background sa bagong county at ang pinagtatrabahuhan mong tumatanggap ng serbisyo ay kakailanganing magkumpleto at magsumite ng isa pang kahilingan para sa isang indibiduwal na waiver sa bagong county.

Pangkalahatang Eksepsyon para sa Tier 2 na krimen:

Ang isang indibiduwal na napatunayang hindi karapat-dapat na ma-enroll bilang isang provider batay sa isang napatunayang pagkakasala para sa isang Tier 2 na krimen, ngunit gustong mailista sa talaan ng isang provider, ay maaaring mag-apply para sa pangkalahatang eksepsyon ng hindi pagsasama.

- Mag-apply para sa isang Pangkalahatang Eksepsyon sa pamamagitan ng pagkumpleto sa Kahilingan ng Aplikante ng IHSS para sa Pangkalahatang Eksepsyon ng Provider (IHSS Applicant Provider Request for General Exception, SOC 863).

- Hihilingin sa iyong magbigay ng pansuportang dokumentasyon, (hal., kasaysayan ng trabaho, mga personal na reperensiya, atbp.), upang suportahan ang iyong kahilingan para sa isang pangkalahatang eksepsyon.

Kung hindi ka naging kwalipikado batay sa Tier 1 o Tier 2 na napatunayang kasalanan, maaari kang humiling ng isang kopya ng iyong Impormasyon ng Rekord ng Kriminal na Nagkasala (Criminal Offender Record Information, CORI) mula sa county. Mangyaring malaman na ang CORI ay maaari lamang gamitin para sa proseso ng pag-eenroll na ito.

Kung naniniwala kang mali ang impormasyon sa iyong kriminal na background, maaari mong kuwestiyunin ang impormasyon sa pamamagitan ng proseso ng pagsusuri ng DOJ sa rekord.

Kabilang sa proseso ng pagsusuri ng DOJ sa rekord ang pagsusumite ng mga fingerprint, pagbabayad ng singil para sa pagproseso, at pagsunod sa mga tagubiling makikita sa website ng DOJ sa http://ag.ca.gov/fingerprints/security.php. Kung mayroong impormasyon ng krimen sa iyong rekord, magsasama ng Pag-claim ng Di-Umano'y Pagiging Hindi Wasto o Hindi Kumpleto (Claim of Alleged Inaccuracy or Incompleteness, Form BCll 8706) sa tugon.

HAKBANG 3: Dumalo sa isang Orientation ng Provider ng Programang IHSS na ibinibigay ng county.

- Sasabihin sa iyo ng Opisina ng IHSS sa County o ng Pampublikong Awtoridad kung kailan at kung saan ka maaaring dumalo ng isang session para sa orientation.
- Bibigyan ka ng orientation ng mahalagang impormasyon tungkol sa Programang IHSS at ang mga patakaran at kinakailangan na dapat mong sundin bilang isang provider.

HAKBANG 4: Sa pagtatapos ng session ng Provider Orientation, pirmahan ang isang Kasunduan sa Pag-eenroll ng Provider sa Programang IHSS (IHSS Program Provider Enrollment Agreement, SOC 846).

- Sa pamamagitan ng pagpirma sa SOC 846, sinasabi mong nauunawaan mo at sumasang-ayon ka sa mga patakaran at kinakailangan para maging isang provider sa Programang IHSS.

Dapat kang magpanatili ng mga kopya ng lahat ng dokumentong isinumite mo at anumang natanggap mo mula sa county para sa iyong mga rekord.

Kapag matagumpay mong nakumpleto ang apat (4) na hakbang na ito at inaprubahan ka ng county o ng Pampublikong Awtoridad na maging isang provider ng IHSS, hangga't ikaw ay isang aktibong provider at nananatiling malinis ang pagsusuri ng iyong kriminal na background, magpapatuloy kang maging karapat-dapat na magbigay ng mga serbisyo para sa sinumang tumatanggap ng IHSS.

Kung hindi mo kukumpletuhin ang apat (4) na hakbang na ito sa loob ng 90 araw pagkatapos mong simulan ang proseso ng pag-enroll ng provider, ikaw ay magiging hindi karapat-dpat na magtrabaho at bayaran bilang isang provider ng IHSS at kakailanganing simulan muli ang proseso upang ma-enroll bilang isang provider ng IHSS.

Kung mayroon kang anumang mga tanong tungkol sa mga kinakailangan na ito para sa pag-enroll ng provider, makipag-ugnayan sa iyong Opisina ng IHSS sa County o Pampublikong Awtoridad ng IHS.

PROGRAMA NG MGA SERBISYO NG SUPORTA SA BAHAY (IN-HOME SUPPORTIVE SERVICES PROGRAM, IHSS) PAGPILI NG PROVIDER NG TUMATANGGAP

MGA INSTRUKSIYON:

- Gumamit ng itim o asul na bolpen. I-print ang impormasyon nang malinaw.
- Kailangan mo (o ng iyong awtorisadong kumakatawan) na kumpletuhin ang PART A ng form na ito upang ipaalam sa county kung sino ang iyong pinili upang magbigay ng iyong mga awtorisadong serbisyo.
- Kung mayroon kang maraming mga provider, kailangan mong punan ang isang hiwalay na form para sa bawat tao na magbibigay ng mga awtorisadong serbisyo sa iyo.
- Kailangan mong pirmahan ang pahintulot sa PART C ng form na ito.
- Mangyaring ibalik ang nakumpleto at pinirmahang form na ito sa county. Itatabi ng county ang orihinal at bibigyan ka ng isang kopya.

PART A. PAGPILI NG PROVIDER NG TUMATANGGAP		
1.	Pangalan ng Tumatanggap:	
2.	County IHSS Case #:	
3.	Pangalan ng Provider:	
4.	Address ng Provider:	
	Lungsod, Estado, Zip Code:	
5.	Telepono ng Provider:	
6.	Petsa ng Kapanganakan Provider	
7.	Social Security #* ng Provider:	
8.	Kasarian ng Provider (i-check ang kahon):	☐ Lalaki □ Babae
9.	Relasyon ng Provider sa Tumatanggap (kung mayroon man):	☐ Magulang □ Anak □ Asawa/Domestic Partner ☐ Konserbador □ Guardian ☐ Iba Pa
10.	Petsa ng Pagsisimula ng Provider:	

*TANDAAN: ** Ang pagkuha ng Social Security Number ay iniaatas alinsunod sa Immigration Reform and Control Act of 1986, Public Law 99-603 (8 USC 1324a), para sa mga layunin ng pagpapatunay ng identidad ng indibidwal at pahintulot na magtrabaho sa Estados Unidos.

Pinili ko ang taong nakalista sa itaas upang maging aking provider ng IHSS. Ang taong ito ay magbibigay ng ilan o lahat ng mga serbisyong pinahintulutan ng county.

PART B. PAGSANGY AYON NG TUMATANGGAP

NAUUNAWAAN AT SUMASANG-AYON AKO NA:

- Ang taong pinili ko upang maging aking provider ay hindi maaaring bayaran ng perang pederal at/o ng estado para sa pagbibigay ng mga serbisyo sa akin hanggang makumpleto niya ang ang lahat ng mga kinakailangan sa pagpapatala. Kasama sa mga inaatas na ito ang pagkumpleto, pag-sign, at pagbabalik (nang harapan) ng Provider Enrollment Form (SOC 426), pagsusumite ng mga bakas ng daliri o fingerprint at ang pagbalik ng mga malinis na resulta ng isang kriminal na background check, pagkumpleto ng isang oryentasyon ng provider, at ang pagbabalik ng isang pinirmahang Provider Enrollment Agreement (SOC 846).

- Aabisuhan ako ng county kung ang taong pinili ko bilang aking provider ay hindi nakumpleto ang mga kinakailangan sa enrollment at kung hindi siya karapat-dapat na maging isang provider ng IHSS.

- Kung pinili kong bigyan ako ng mga serbisyo ng taong ito bago siya maitala bilang isang provider ng IHSS, at pinadalhan ako ng county ng isang abiso na nagsasabi sa aking hindi siya karapat-dapat na maging isang provider ng IHSS, ako mismo ang magbabayad sa kanya mula sa aking sariling pera para sa mga serbisyong ibinigay niya bago napag-alamang hindi siya karapat-dapat na maging isang provider at para sa anumang mga serbisyo na ibinigay niya sa akin pagkatapos akong abisuhan ng county na hindi siya karapat-dapat.

- Hindi pananagutan ng county o ng Estado ang anumang mga paghahabol at/o mga kawalang sanhi ng taong naka-pangalan sa itaas na pinili kong maging aking provider ng IHSS. Sumasang-ayon akong hindi panagutin ang Estado at ang county, ang kanilang mga opisyal, mga ahente, at mga empleyado, at na ako ang may responsibilidad para sa anuman at sa lahat ng mga paghahabol at/o kawalan sa sinumang tao na sanhi ng taong naka-pangalan sa itaas na pinili kong maging aking provider ng IHSS.

- Maaaring magbigay ng impormasyon ang county tungkol sa aking mga awtorisadong serbisyo at mga oras ng serbisyo sa taong aking pinili bilang maging aking provider. Padadalhan ng county ang aking provider ng Abiso ng Provider ng Mga Awtorisadong Oras at Serbisyon ng Tumatanggap (IHSS Provider Notice of Recipient Authorized Hours and Services) (SOC 2271).

- Ang kabuuang buwanang awtorisadong oras ay hinati sa 4 upang matukoy ang aking pinakamaraming lingguhang oras. Ang pinakamaraming lingguhang oras ay isang guideline na nagsasabi sa akin ng pinakamataas na bilang ng mga oras na ang aking provider ay maaaring magtrabaho para sa akin sa panahon ng isang linggo ng trabaho. Gayunpaman, dahil ang karamihan ng buwan ay bahagyang mas mahaba kaysa sa 4 na linggo, aayusin ko kasama ng aking provider na maikalat ang kanyang oras sa buong buwan upang matiyak na makuha ko ang lahat ng oras ng serbisyo na kailangan ko sa isang buwan.

- Minsan maaaring kailanganin kong magtrabaho ang aking provider ng higit sa aking pinakamaraming lingguhang oras. Dapat akong humingi ng pag-apruba sa county upang ayusin ang aking pinakamaraming lingguhang oras kung sakali lang na kakailanganin ng aking provider na magtrabaho ng:

  1. Mas maraming overtime na oras sa buwan kaysa sa normal niyang trabaho.
  2. Higit sa 40 oras para sa akin sa isang linggo ng trabaho kung ang aking pinakamaraming lingguhang oras ay 40 oras o mas mababa sa isang linggo ng trabaho.

- Kung hindi ako makuha sa isang aprubadong eksepsiyon, ang aking provider ay makakakuha ng paglabag para sa pagtatrabaho ng higit sa aking pinakamaraming lingguhang oras.
- **Hindi** ko mapapahintulutan ang aking provider na magtrabaho ng higit sa aking kabuuang pinahihintulutang buwanang oras ng mga serbisyo. Samakatuwid, kapag pinapahintulutan ko ang aking provider na magtrabaho ng mga dagdag na oras sa isang linggo, dapat na bawasan ko ang kanyang oras ng trabaho sa iba pang mga linggo ng buwan.
- Kung ang aking provider ay nagtatrabaho para sa iba pang tumatanggap, ang pinakamaraming bilang ng mga oras na maaaring niyang ilagay sa isang linggo ng trabaho para sa lahat ng mga oras na nagtatrabaho siya para sa lahat ng kanyang mga inaalagaan ay 66 na oras. **Dapat akong gumawa ng isang iskedyul ng trabaho para sa aking provider upang matukoy kung gaano karaming oras siya magtatrabaho para sa akin sa bawat linggo upang matiyak na hindi siya nagtatrabaho ng higit sa 66 oras sa bawat linggo ng trabaho.** Makakakuha ako ng isang Abiso ng Pinakamaraming Lingguhang Oras ng Tumatanggap (Recipient Notification of Maximum Weekly Hours) (SOC 2271A) na kasama ang impormasyon ng aking pinakamaraming lingguhang oras kaya maaari kong gamitin ito upang gawin ang iskedyul ng trabaho para sa aking mga provider. Upang gawin ang iskedyul, dapat sabihin sa akin ng aking provider kung gaano karaming oras siya makakapagtrabaho para sa akin bawat linggo ng trabaho. Kung hindi makakapagtrabaho ang aking provider para sa lahat sa aking mga pinahintulutang oras, kailangan kong kumuha ng mga karagdagang provider. **Kung kailangan ko ng tulong sa paghahanap at pagkuha ng iba pang provider, maaari akong tumawag sa IHSS Public Authority ng aking county upang makakuha ng isang provider sa registry o sa aking county IHSS office.**
- Padadalhan ako ng county ng isang abiso bawat beses na gumawa ng paglabag ang aking provider. Kung ang makakuha ang aking provider ng tatlong mga paglabag, susupendihin siya mula sa pagbibigay ng IHSS nang tatlong buwan. Kung makakuha siya ng isa pang paglabag matapos ng tatlong buwang suspensyon, tatanggalin siya bilang provider nang isang taon.

PART C. PAGSANG-AYON NG TUMATANGGAP

Nauunawaan ko at sumasang-ayon akong sundin ang lahat ng mga kinakailangang nakalista sa form na ito.

PIRMA NG TUMATANGGAP:	PETSA:
ILAGAY ANG PANGALAN:	
PIRMA NG AWTORISADONG SIGNATURE KUMAKATAWAN:	PETSA:
ILAGAY ANG PANGALAN:	

PARA SA PAGGAMIT LANG NG COUNTY

PANGALAN NG WORKER:	PETSA:

Alameda County
Social Services Agency

Departamento para sa Mga Serbisyo sa Nasa Hustong Gulang, Matatanda at Medi-Cal
Mga Pantulong na Serbisyo sa Tahanan (In-Home Supportive Services)
6955 Foothill Blvd., Suite 300
Oakland, CA 94605

PAGLIBAN O PAGTIGIL NG NAGBIBIGAY NG MGA SERBISYO

Pangalan ng Nagbibigay ng mga Serbisyo (Apelyido, Pangalan)	
Tirahan	Lungsod, Estado at Zip code
Numero ng Telepono	Numero ng Social Security

Ang form na ito ay magsisilbing nakasulat na kahilingan upang:

☐ **Itigil ang pagtatrabaho ng nagbibigay ng mga serbisyo sa sumusunod na tumatanggap nito:**
☐ **Ilagay ang nagbibigay ng mga serbisyo sa katayuan ng Pagliban (suspindihin ang aking trabaho) para sa sumusunod na tumatanggap ng mga serbisyo:**

Impormasyon ng Tumatanggap ng mga Serbisyo	
Pangalan (Apelyido, Pangalan)	
Numero ng Kaso o Numero ng Social Security	Numero ng Telepono
Huling araw ng pagtatrabaho ng nagbibigay ng mga serbisyo	Kabuuang oras na pinahintulutan mula sa unang araw ng buwan hanggang sa huling araw na tinarabaho.
(Mga) dahilan para sa paghiling ng pagtigil o Pagliban:	
☐ Nagbitiw o Pinalis sa trabaho	☐ Nasa ospital ang tumatanggap ng mga serbisyo.
☐ Kapansanan o Pinsala para sa Kabayaran ng mga Manggagawa	☐ Namatay ang tumatanggap ng mga serbisyo.
☐ Hindi na karapat-dapat sa mga serbisyo ang tumatanggap nito.	
☐ Nagbabakasyon/wala sa County/Estado/Bansa ang tumatanggap ng mga serbisyo. Inaasahang Petsa ng Pagbalik .	
☐ Iba pang mga dahilan	

Taong Kukumpleto ng Form: ☐ Tumatanggap ng mga Serbisyo ☐ Nagbibigay ng mga Serbisyo ☐ Awtorisadong Kinatawan ng Tumatanggap ng mga Serbisyo	
Isulat ang Pangalan	Petsa
Pirma	

Bahaging Gagamitin ng County

SOCIAL SECURITY

Ang mga benepisyo ng Social Security ay makukuha ng mga indibiduwal na tagabigay ng serbisyo na 18 taong gulang o mas matanda pa at hindi ng magulang ng employer/tumatanggap ng serbisyo. Makukuha ang mga benepisyo kung ikaw ay magiging ganap na baldado o magreretiro at natutugunan ang ilang kinakailangan sa pagiging karapat-dapat. Mayroong pagbabawas mula sa iyong paycheck para sa Social Security (FICA). Kabilang sa mga benepisyo ang buwan-buwan na mga pagbabayad sa iyo o sa mga umaasa sa iyo para sa pagreretiro o pagiging baldado. Kailangan mong makipag-ugnayan sa iyong lokal na Opisina ng Social Security Administration para sa impormasyon at/o para mag-apply para sa Social Security. Ang numero ng telepono at address ng opisinang ito ay nakalista sa mga white page ng iyong telephone book sa ilalim ng “United States Government, Social Security Administration.”

BUWIS NG MEDICARE

Ang Medicare ay ang mga benepisyo sa kalusugan at medikal na natatanggap bilang bahagi ng kabuuang package ng mga benepisyo mula sa Social Security. Dati, ang pagbawas sa buwis ng Medicare ay bahagi ng pagbawas sa buwis ng Social Security (FICA). Hinihiling na ngayon ng pederal na batas na magkahiwalay na ibawas ang buwis at halaga. Ang mga tanong tungkol sa buwis ng Medicare ay dapat ipaabot sa Social Security Administration.

INSURANCE NG ESTADO PARA SA PAGIGING BALDADO (STATE DISABILITY INSURANCE, SDI)

Makukuha mo ang mga benepisyo ng State Disability Insurance kung ikaw ay magiging baldado at pipigilan mula sa paggawa ng iyong regular na gawain at natutugunan mo ang ilang kinakailangan para sa pagiging karapat-dapat. Mayroong pagbawas mula sa iyong paycheck para sa SDI. Makukuha ang mga benepisyo ng State Disability Insurance para sa hanggang 52 linggo. Kailangan mong makipag-ugnayan sa lokal na opisina ng Kagawaran ng California para sa Pagbuo ng Trabaho (California Employment Development Department, EDD) para sa impormasyon at/o para mag-apply para sa State Disability Insurance. Ang numero ng telepono at address ng opisinang ito ay nakalista sa mga white page ng iyong telephone book sa ilalim ng “California State of, Employment Development Department.”

Kung ikaw ay magulang, asawa o anak ng taong binibigyan mo ng mga serbisyo, maaari mong piliing lumahok sa programa ng SDI sa pamamagitan ng pag-apply para sa Opsyonal na Insurance ng Estado para sa Nabalda (Elective State Disability Insurance). Makukuha ang mga form para sa pagsakop sa Elective SDI mula sa manggagawa ng county para sa mga serbisyong panlipunan (social services worker). Kung gusto mo ang opsyonal na pagsakop na ito, ibabawas ang halaga mula sa iyong paycheck. Awtomatikong sinasakop ang lahat ng ibang Indibiduwal na Tagabigay ng Serbisyo para sa SDI kung mayroon silang sahod sa IHSS tuwing tatlong buwan na labis sa $750.

INSURANCE PARA SA WALANG TRABAHO (UNEMPLOYMENT INSURANCE, UI)

Maaari kang makakuha ng mga benepisyo ng Unemployment Insurance (UI) kung hindi ka magulang o asawa ng iyong employer/tumatanggap ng serbisyo at nawalan ka ng trabaho, hindi baldado at makakapagtrabaho at natutugunan mo ang ilan sa kinakailangan para sa pagiging karapat-dapat. Walang ibabawas mula sa iyong paycheck para sa UI. Makukuha ang mga benepisyo ng Unemployment Insurance para sa hanggang 26 na linggo. Kailangan mong makipag-ugnayan sa iyong lokal na opisina ng California Employment Development Department para sa impormasyon at/o para mag-apply para sa Unemployment Insurance. Ang numero ng telepono at address ng opisinang ito ay nakalista sa mga white page ng iyong telephone book sa ilalim ng “California State of, Employment Development Department.”

KABAYARAN SA MGA MANGGAGAWA

Makakakuha ka ng mga benepisyo ng Kabayaran sa Mga Manggagawa kung masasaktan ka sa trabaho o magkakasakit dahil sa iyong trabaho, at natutugunan mo ang ilan sa kinakailangan para sa pagiging karapat-dapat. Walang ibabawas mula sa iyong paycheck para sa Kabayaran sa Mga Manggagawa. Kung nasaktan ka sa trabaho, dapat magpatingin ka kaagad sa doktor at abisuhan ang iyong employer/social services worker ng county para sa tumatanggap ng serbisyo. Makakakuha ng mga form sa paghahabol para sa Kabayaran sa Mga Manggagawa mula sa social services worker ng county at dapat ibalik sa County Welfare Department kapag nakumpleto na.

Para sa karagdagang impormasyon tungkol sa Kabayaran sa Mga Manggagawa, maaari mong tawagan ang isang Opisyal para sa Impormasyon at Tulong sa 1-800-736-7401.

PAGBAWAS NG BUWIS SA KITA

Maaari mong ibawas ang pang-estado at pederal na buwis sa kita mula sa iyong paycheck kung mag-a-apply ka at natutugunan ang ilan sa kinakailangan para sa pagiging karapat-dapat. Ganap na boluntaryo ang pagbawas ng buwis sa kita para sa mga indibiduwal na tagabigay ng serbisyo. Kung gusto mong ibawas mula sa iyong paycheck ang pang-estado at pederal na buwis sa kita, mangyaring kumpletuhin ang Income Tax Withholding Form (W-4) at ipadala ito sa iyong county welfare department. Kung ayaw mong ibawas mula sa iyong paycheck ang pang-estado at/o pederal na buwis sa kita, kailangan mo pa ring mag-file ng tax return sa pagtatapos ng taon at malamang na magbayad ng mga buwis sa iyong mga kinita. Kailangan mong makipag-ugnayan sa iyong employer/social service worker ng county para sa tumatanggap ng serbisyo kung kakailanganin mo ang karagdagang W-4, kailangang baguhin ang iyong ibabawas, o kailangang malaman ang katayuan ng iyong pagbawas.

Kailangan mong makipag-ugnayan sa iyong lokal na opisina ng California Franchise Tax Board (FTB) para sa impormasyon tungkol sa pagbawas ng estado sa buwis mula sa kita. Ang numero ng telepono at address ng opisinang ito ay nakalista sa mga white page ng iyong telephone book sa ilalim ng “California, State of, Franchise Tax Board.” Kailangan mong makipag-ugnayan sa iyong lokal na opisina ng Internal Revenue Service (IRS) para sa impormasyon tungkol sa pederal na pagbawas ng buwis sa kita. Ang numero ng telepono at address ng opisinang ito ay nakalista sa mga white page ng iyong telephone book sa ilalim ng “United States Government, Internal Revenue Service.”

NAKUHANG KREDITO PARA SA KITA (EARNED INCOME CREDIT, EIC)

Maaari kang maging karapat-dapat para sa Earned Income Credit (EIC). Para malaman ang tungkol sa EIC at kung karapat-dapat ka, maingat na basahin ang mga tagubilin para sa pagkumpleto ng form W-5 (Earned Income Credit Advance Payment Certificate). Kung karapat-dapat ka para sa EIC, maaari mong piliing maagang makuha ang kredito sa iyong bayad sa halip na maghintay hanggang sa mag-file ka ng iyong tax return. Kailangan mong makipag-ugnayan sa iyong lokal na opisina ng Internal Revenue Service o sa iyong consultant sa buwis para sa impormasyon tungkol sa EIC.

MALUGOD NA PAGTANGGAP SA IYONG TRABAHO BILANG ISANG INDIBIDUWAL NA TAGABIGAY NG MGA PANSUPORTANG SERBISYO SA TAHANAN (IHSS)

Inilalarawan nang maikli ng abisong ito ang mga benepisyong maaari mong makuha at ang iyong mga responsibilidad sa iyong buwis ng kita. Mangyaring maingat na basahin ang pamplet na ito. At saka, tandaan na ang iyong employer ay ang tumatanggap ng IHSS na kumuha sa iyo, hindi ang Estado ng California o ang County Welfare Department (CWD). Ibinibigay ng Estado ng California ang pamplet na ito at ang iyong mga paycheck sa ngalan ng iyong employer at ang CWD ang namamahala sa lahat ng dokumento.

Mangyaring makipag-ugnayan sa CWD kung mayroon kang anumang mga tanong tungkol sa iyong paycheck o timesheet. Palaging pirmahan at lagyan ng petsa ang iyong timesheet pagkatapos ng panahon ng pagbabayad (hindi bago nito), papirmahan din ito sa iyong employer at palagyan ng petsa, pagkatapos ay ipadala iyong timesheet sa address ng CWD na makikita sa kanang sulok sa ibaba ng timesheet para maiwasan ang anumang antala sa pagtanggap ng iyong paycheck. Tandaan: Palaging abisuhan ang CWD tungkol sa anumang pagbabago sa iyong address at/o numero ng telepono.

Ang aking Service Worker ng County ay si:

Pangalan _____

_____

Address _____

_____

Telepono _____

_____

County ng:

Para sa impormasyon
tungkol sa IHSS,
tumawag sa lokal na
county welfare department

ESTADO NG CALIFORNIA

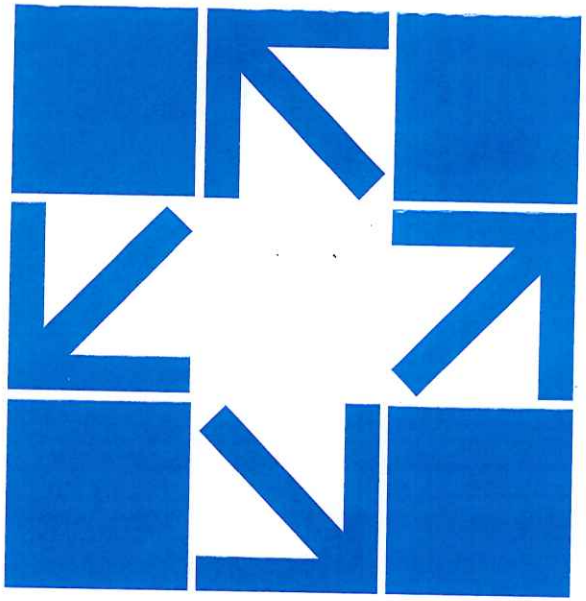
AHENSIYA NG MGA SERBISYO SA KALUSUGAN AT TAO

KAGAWARAN NG MGA SERBISYONG PANLIPUNAN

PUB 104 (12/06)

MGA PANSUPORTA NG SERBISYO SA TAHANAN (IN-HOME SUPPORTIVE SERVICES)

IMPORMASYON TUNGKOL SA MGA BENEPISYO AT SERBISYO NG INDIBIDUWAL NA TAGABIGAY NG SERBISYO.



This pamphlet is available in Spanish. For a free copy, please write: CWCI, 1333 Broadway, Suite 510, Oakland, CA 94612.
Este información esta traducido al español. Para conseguir una copia, favor de escribir a: CWCI, 1333 Broadway, Suite 510, Oakland, CA 94612.

The information in this pamphlet has been approved by the Administrative Director of the Division of Workers' Compensation.

To reorder: This pamphlet, as well as state-approved workers' compensation posting notices, DWC-1 claim forms, and other information for injured workers and employers may be ordered from the online store at www.cwci.org, or you may request an order form by calling 510-251-9470.

Prepared and published as a community service by CWCI.
California Workers' Compensation Institute
1333 Broadway, Suite 510, Oakland, CA 94612
www.cwci.org

Rev. 9/15

Facts About Workers' Compensation

The Way It Was

In the early 20th century, workers injured on the job had to sue their employer to recover medical expenses and lost wages. Lawsuits took months and sometimes years. Juries had to decide who was at fault and how much, if anything, would be paid. In most instances, the worker got nothing. It was costly, time consuming, and often unfair.

The Way It Is

Today, the California workers' compensation law provides a faster, fairer way to take care of injured workers... where fault doesn't have to be proved to recover medical expenses and lost wages. This job-injury insurance is paid for by your employer and supervised by the state. It pays your medical bills, and if you can't work due to a job-related injury or illness, it provides money to help replace lost wages until you can return to work.

Who's Covered?

Almost every employee in California is protected by workers' compensation, but there are a few exceptions. People in business for themselves and unpaid volunteers may not be covered. Maritime workers and federal employees are covered by similar laws. If you have a question about coverage, ask your employer.

What's Covered?

Any injury or illness is covered if it's due to your job. It can be caused by one event like a fall, or repeated exposures, such as repetitive motion over time. Everything from first-aid type injuries to serious accidents is covered. Workers' compensation even covers injuries – including physical or psychiatric injuries – resulting from a workplace crime. (Some injuries from voluntary, off-duty recreational, social or athletic activity – for example, the company bowling team – may not be covered. Check with your supervisor or the claims administrator listed at the end of this document if you have questions.)

Coverage is automatic and immediate. There is no qualifying period, no need to earn a certain amount in wages before you're covered... protection begins the first minute you're on the job.

What You Have To Do

If you have a work injury or illness, immediately notify your supervisor or call the phone number for the employer representative listed on the back of this pamphlet so you can get medical help right away. If it's more than a simple first-aid injury, your employer will give you a claim form so you can describe the injury and how, when and where it happened. To file a claim, complete the "Employee" section of the claim form, keep one copy and return the rest to your employer. Your employer will then complete the "Employer" section, give you a signed and dated copy of the form, keep one copy and send one to the claims administrator, the company that is responsible for handling your claim and notifying you about your eligibility for benefits.

Benefits can't start until the claims administrator knows of the injury, so report the injury and file the claim form with your employer as soon as possible. State law requires that within one working day of receiving a claim form employers authorize medical care consistent with applicable treatment guidelines for the injury. Employers may be liable for as much as $10,000 in treatment until a claim is accepted or rejected. Delays in reporting may delay workers' compensation benefits, and you could lose your right to benefits if your employer does not learn of your injury within 30 days of the date of injury. If your injury or illness develops over time, report it as soon as you learn it was caused by your job. To ensure your right to benefits, report every injury, no matter how slight, and request a claim form if it's more than a minor injury requiring only first aid.

Benefits

The California workers' compensation law guarantees you three kinds of benefits:

- All reasonable and necessary medical care for your injury or illness... with no deductibles. Medical benefits may include treatment by a doctor, hospital services, lab tests, x-rays, physical therapy, medicines, medical equipment and transportation costs to and from appointments. Workers' compensation medical services are subject to authorization for medical necessity and there are limits on the number of chiropractic, physical therapy and occupational therapy visits.
- Tax-free payments to help replace lost wages while you are temporarily disabled. Additional payments are made if the injury causes a permanent disability or death.
- If your injury or illness causes permanent disability that prevents you from returning to work and your employer doesn't offer appropriate modified or alternative work, you may be eligible for a supplemental job displacement benefit. This is a nontransferable voucher of up to $6,000 for education-related retraining and/or skill enhancement at state-approved schools, and other services and resources to help you get back to work.

Benefit Payments

- **Medical Care:** All medical bills for reasonable and necessary treatment will be paid directly by the claims administrator, so you should never receive a bill. The name and phone number of the claims administrator are at the end of this pamphlet and are posted at your workplace.
- **Temporary Disability:** If you are unable to work for more than three days, including weekends, you are entitled to temporary disability (TD) payments to help replace your lost wages. About two weeks after reporting the injury, you'll get a check from the claims administrator. You will continue to receive TD checks every two weeks after that until the doctor says you can return to work, or that your medical condition is "permanent and stationary." (Payments won't be made for the first three days, however, unless you're hospitalized as an inpatient or unable to work more than 14 days.) The amount of these checks will be two-thirds of your average wage, subject to minimums and maximums set by the state legislature. It probably won't be the full amount of your regular paycheck, but there are no deductions and the payments are tax free. Under state law, TD payments for a single injury may not extend for more than 104 compensable weeks within five years from the date of injury, or for more than 240 weeks within five years from the date of injury for a few long-term injuries such as severe burns or chronic lung disease. If you reach the maximum TD payment period before you can return to work or before your medical condition becomes permanent and stationary, you may be able to obtain State Disability benefits through the California Employment Development Department (EDD). You also may be able to get these benefits if your TD is delayed or denied. There are time restrictions, however, so contact EDD at (800) 480-3287 or www.edd.ca.gov for information on when and how to apply.
- **Permanent Disability:** If your injury or illness results in a permanent loss of physical or mental function that a doctor can measure, you may receive permanent disability payments. The amount depends on the doctor's report, how much of the permanent disability was directly caused by your work, and factors such as your age, occupation, type of injury, and date of injury. The minimum and maximum amounts are set by state law, and vary by injury date, but if you have a permanent disability, your claims administrator will send you a letter explaining how the benefit was calculated. In general, the total amount is set at a weekly rate spread over a fixed number of weeks. The first payment is due within 14 days after the final temporary disability payment, or if you were not receiving temporary disability, 14 days after your doctor says your condition is permanent and stationary. After that, the benefit will be paid every 14 days until you reach the maximum or until you settle your case and receive a lump sum.
- **Death Benefits:** If the injury or illness causes death, payments may be made to individuals who were financially dependent on you. These benefits are set by state law and the amount depends on the number of dependents and the date of injury. Generally, the payments are made at the same rate as temporary disability payments; however, no payments will be less than $224 per week. Workers' compensation also provides a burial allowance.
- **Supplemental Job Displacement Benefit:** If the claims administrator receives a doctor's report that you have recovered as much as possible from your job injury, and that you have a permanent disability, within 60 days you may receive a form with an offer of regular, modified or alternative work from your employer. If 60 days after receiving the doctor's report your employer has not offered you regular, modified or alternative work, your claims administrator has 20 days to provide you a Supplemental Job Displacement Benefit. This is a voucher for up to $6,000 that you can use for retraining or skill enhancement at a state accredited school, books, required tools, license or certification fees, or other resources that can help you find a new job. There are limits on how much you can spend for some items, but if you qualify, you'll receive a letter explaining what types of expenses are covered, the limits, documentation requirements, and deadlines for using this benefit.

Other Resources

Workers' compensation is sometimes confused with State Disability Insurance (SDI). They seem similar, but there are important differences. Workers' compensation insurance covers on-the-job injuries and illnesses and is paid for entirely by your employer. On the other hand, SDI covers off-the-job injuries or sickness, and is paid for by deductions from your paycheck. If you are not receiving workers' compensation benefits, you may be able to get State Disability benefits. For information, call the local office of the state Employment Development Department listed in the government pages of your phone book, or learn more at www.edd.ca.gov/disability/.

If you receive a Supplemental Job Displacement Benefit voucher, you may qualify for additional money from the Return to Work Supplement Program. This program is administered by the California Department of Industrial Relations, so if you qualify, a check will be issued by the state, not the workers' compensation claims administrator, as this is not a workers' compensation benefit. For details on eligibility and how to apply, visit the Return to Work Supplement Program section of the Department of Industrial Relations web site at www.dir.ca.gov/RTWSP/RTWSP.html or contact the local DWC Information and Assistance office listed in the back of this pamphlet.

If You Have Questions

... ask your supervisor or employer representative. Or contact the workers' compensation claims administrator (the name and phone number are listed at the end of this pamphlet and are posted at your workplace).

Information prepared by the state for injured workers also is posted on the DWC web site at www.dwc.ca.gov. In addition, you can contact an information and assistance officer at the State Division of Workers' Compensation (DWC). Information and assistance officers are available at no charge to answer questions, review problems and provide additional written information about workers' compensation. The local office is listed at the end of this pamphlet, posted at your workplace, and in the white pages of the phone book under State Government Offices/Industrial Relations/Workers' Compensation. For a list of all information and assistance offices throughout the state, or to hear recorded information, call (800) 736-7401.

More About Medical Care

Good medical care is important – to you, your family and your employer. Quality medical treatment is the quickest way to recovery.

- If emergency medical care is needed, immediately call 911 or go to the nearest hospital emergency room.
- For nonemergency medical care, notify your supervisor and go to the clinic/doctor's office listed on the back of this pamphlet or on the workers' compensation poster at your worksite. If only first-aid is needed and it is available at your workplace, seek it immediately. If it's more than a simple first-aid injury, ask your employer for a claim form.
- To make sure your medical bills get paid and you get all of your benefits, complete the "Employee" section of the claim form and return it to your employer as soon as possible. Employers must notify the claims administrator and authorize medical care within one working day of receiving a claim form, so get a signed and dated copy back from your employer and keep it with the other paperwork related to your claim.
- Your claims administrator will arrange medical care that meets the applicable treatment guidelines for the injury. The doctor, who may be a

specialist for your type of injury, will be familiar with workers' compensation requirements and will report promptly so your benefits can be paid.

- Your employer may have a Medical Provider Network (MPN), which is a network of health care providers who treat workers injured on the job. If so, MPN contact information can be found on the back of this pamphlet and on the workers' compensation poster at your worksite. You also can request information on how to use the MPN by asking your employer, or by visiting the MPN website or calling the MPN phone number listed in this pamphlet and on the workers' compensation poster.
- The doctor responsible for developing your treatment plan and managing your care is your "primary treating physician" (PTP). Your PTP also will coordinate any care you receive from other medical providers. Workers' compensation medical services are subject to authorization, and must meet the state's treatment guidelines for the type of injury. If a medical service requested by your PTP or another provider is determined not medically necessary, you will receive information on how to appeal that decision, but if you choose to appeal you must do so within 30 days of receiving the decision.
- The PTP also will decide when you can return to work and may review your job description with you and your employer to define any limitations or restrictions that you may have when you go back to work. For a serious injury, the PTP will write reports about any permanent disability or need for future medical care.
- You can be treated by your personal doctor immediately if you have health care coverage for nonwork injuries and illnesses; the doctor has treated you before, has your medical records, and has agreed in advance to treat you for work injuries or illnesses; and you gave your employer the doctor's name and address in writing before the injury. This is called "predesignating a personal physician." If you decide to predesignate, the doctor must be someone who has limited his or her practice of medicine to general practice or be a board-certified or board-eligible internist, pediatrician, obstetrician-gynecologist, or family practitioner; or you can predesignate a multispecialty group of licensed doctors of medicine or osteopathy (M.D.s or D.O.s) that provides comprehensive medical services primarily for nonoccupational injuries and illnesses.You can use the Predesignation of Personal Physician form (Optional DWC Form 9783) included in this pamphlet to give your employer the necessary information. You can use the optional DWC Form 9783.1 to name a personal chiropractor or acupuncturist, but different rules apply, and you need to see an employer-selected doctor first.
- If your employer has an MPN, but you predesignated a personal physician prior to the injury, you may receive treatment immediately from that doctor. If your employer has an MPN but you did not predesignate a personal physician, a network doctor will generally be your PTP for the duration of treatment. For treatment other than emergency care, your claims administrator should direct you to an MPN doctor for your first medical visit, though you may choose to be treated by another doctor in the network anytime after your first visit. If you want to switch to a chiropractor or acupuncturist, including a personal chiropractor or personal acupuncturist named prior to the injury, he or she must be in the network. Different rules apply if you are in a workers' compensation Health Care Organization (HCO). If your employer offers an MPN or if you are in an HCO, your employer will provide additional information about the network and your rights under your plan.
- Generally, if you are not covered by an MPN and did not predesignate a personal physician, you can switch to your own doctor 30 days after the injury is reported. If you want to switch doctors before that, your claims administrator will give you a list of doctors to choose from. (Different rules apply if you are in a HCO, so check with your claims administrator if that's the case.) If you want to change doctors for any reason, choose carefully, and if you want advice on specialists, talk to the claims adjuster who works for your claims administrator. They're as interested as you are in your prompt recovery and return to work and will help you get a different doctor.
- In any event, report your choice to the claims adjuster as soon as you make it so the bills will be paid for you. Even minor injuries may need expert care. Prompt, quality medical care is the best investment you and your employer can make.

Optional Form

PREDESIGNATION OF PERSONAL PHYSICIAN

In the event you sustain an injury or illness related to your employment, you may be treated for such injury or illness by your personal medical doctor (M.D.), doctor of osteopathic medicine (D.O.) or medical group if:

- on the date of your injury you have health care coverage for injuries or illnesses that are not work related;
- the doctor is your regular physician, who shall be either a physician who has limited his or her practice of medicine to general practice or who is a board-certified or board-eligible internist, pediatrician, obstetrician-gynecologist, or family practitioner, and has previously directed your medical treatment, and retains your medical records;
- your "personal physician" may be a medical group if it is a single corporation or partnership composed of licensed doctors of medicine or osteopathy, which operates an integrated multispecialty medical group providing comprehensive medical services predominantly for nonoccupational illnesses and injuries;
- prior to the injury your doctor agrees to treat you for work injuries or illnesses;
- prior to the injury you provided your employer the following in writing: (1) notice that you want your personal doctor to treat you for a work-related injury or illness, and (2) your personal doctor's name and business address.

NOTICE OF PREDESIGNATION OF PERSONAL PHYSICIAN

Employee: Complete this section.

To: _____ (name of employer).

If I have a work-related injury or illness, I choose to be treated by:

_____
(name of doctor) (M.D., D.O., or medical group)

_____
(street address, city, state, ZIP)

_____
(telephone number)

Employee Name: _____
(please print)

Employee's Address: _____

Name of Insurance Company, Plan or Fund providing health coverage for nonoccupational injuries or illnesses:

_____

Employee's Signature: _____

Date: _____

Physician: I agree to this Predesignation:

Signature: _____ Date: _____
(Physician or Designated Employee of the Physician or Medical Group)

The physician is not required to sign this form, however, if the physician or designated employee of the physician does not sign, other documentation of the physician's agreement to be predesignated will be required pursuant to Title 8, California Code of Regulations, section 9780.1(a)(3).

Title 8, California Code of Regulations, section 9783.
(Optional DWC Form 9783, July 1, 2014)

Note to Employee: Unless an employee agrees, neither the employer nor the claims administrator shall contact your personal physician to confirm a predesignation [CCR 9780.1(f)]. If your physician did not sign above, other documentation that they agreed to be predesignated prior to the injury will be required. If you agree that after receiving this form your employer or claims administrator may contact your physician to confirm the predesignation, sign below:

Employee Signature: _____

Employee I.D.#: _____ Date: _____

Note to Physician: California workers' compensation medical services are subject to utilization review for medical necessity; reporting requirements; and the California Official Medical Fee Schedule. The following optional information may assist communication and facilitate the authorization, reporting, recordkeeping and payment processes:

Office Manager/Billing Contact: _____

Phone: _____

Mailing Address (if different from street address): _____

_____

Fax: _____ Email: _____

Physician License #: _____

Physician Tax I.D. #: _____

Optional Form

NOTICE OF PERSONAL CHIROPRACTOR OR PERSONAL ACUPUNCTURIST

If your employer or your employer's insurer does not have a Medical Provider Network, you may be able to change your treating physician to your personal chiropractor or acupuncturist following a work-related injury or illness. In order to be eligible to make this change, you must give your employer the name and business address of a personal chiropractor or acupuncturist in writing prior to the injury or illness. Your claims administrator generally has the right to select your treating physician within the first 30 days after your employer knows of your injury or illness. After your claims administrator has initiated your treatment with another doctor during this period, you may then, upon request, have your treatment transferred to your personal chiropractor or acupuncturist.

NOTE: If your date of injury is January 1, 2004 or later, a chiropractor cannot be your treating physician after you have received 24 chiropractic visits unless your employer has authorized additional visits in writing. The term "chiropractic visit" means any chiropractic office visit, regardless of whether the services performed involve chiropractic manipulation or are limited to evaluation and management. Once you have received 24 chiropractic visits, if you still require medical treatment, you will have to select a new physician who is not a chiropractor. This prohibition shall not apply to visits for postsurgical physical medicine visits prescribed by the surgeon, or physician designated by the surgeon, under the postsurgical component of the Division of Workers' Compensation's Medical Treatment Utilization Schedule.

You may use this form to notify your employer of your personal chiropractor or acupuncturist.

Your Chiropractor or Acupuncturist's Information:

_____

(name of chiropractor or acupuncturist)

_____

(street address, city, state, zip code)

_____

(telephone number)

Employee Name (please print):_____

Employee's Address:_____

Employee's Signature:_____

Date:_____

Title 8, California Code of Regulations, Section 9783.1
(Optional DWC Form 9783.1. Effective Date July 1, 2014)

Note to employee: A personal chiropractor must be your regular, licensed chiropractor (D.C.) who previously directed your treatment and retains your chiropractic treatment records, including your chiropractic history. A personal acupuncturist must be your regular, licensed acupuncturist (L.Ac.) who previously directed your treatment and who retains your acupuncture treatment records, including your acupuncture history.

If your employer has a workers' compensation Medical Provider Network (MPN), you may only switch to a personal chiropractor or acupuncturist within the MPN. If you are a member of a workers' compensation Health Care Organization (HCO) different rules apply, so check with your employer or claims administrator if that is the case.

When a work injury or illness occurs...

1. If emergency medical care is needed, call 911 or go to the nearest emergency room.
2. Report injuries immediately to your supervisor or employer representative at _____(telephone). For non-emergency medical care go to the clinic or doctor's office that is listed below or on the workers' compensation poster at your worksite, or your employer may advise you on where to go for treatment. Your employer also is required to provide you with a claim form within one working day of learning of your injury, so ensure your rights to benefits by reporting every injury, no matter how slight, and request a claim form if it's more than a simple first-aid injury.
   Your employer must notify the claims administrator and authorize medical treatment within one working day of receiving your claim form. Any delay in reporting an injury may delay workers' compensation benefits and you could lose your right to benefits if your employer does not learn of your injury within 30 days of the injury date. If your injury or illness develops over time, report it as soon as you learn it was caused by your job. If a requested medical service is determined not medically necessary, you will receive information on how to appeal that decision, but if you choose to appeal you must do so within 30 days of receiving the decision. If your claim or other benefits are denied, you have a right to challenge the decision at the Workers' Compensation Appeals Board (WCAB), but there are deadlines for filing the necessary papers, so don't delay.
3. Call your claims administrator or employer representative if you have questions or problems. It is illegal for an employer to fire or discriminate against you just because you file, intend to file, or settle a workers' compensation claim, or because you testify for a co-worker who was injured. If you prove this kind of discrimination, you will be entitled to job reinstatement, lost wages and increased benefits, plus costs and expenses up to a maximum set by the state legislature.

Emergency Telephone Number: Call 911. For nonemergency medical care, contact your employer and go to the following doctor/clinic:

_____

Workers' Compensation Insurer:

_____

❑ Check if company is self-insured

Claims Administrator:

Name_____

Telephone _____

If your employer has an MPN, you can use the information below to get more details:

MPN website: _____

MPN effective date: _____

MPN identification number: _____

For help locating an MPN physician, call your MPN access assistant at:

_____

For questions or other MPN issues, call the MPN contact person at:

_____

Form **W-4**

Department of the Treasury
Internal Revenue Service

Employee's Withholding Certificate

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

OMB No. 1545-0074

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) ☐ **Single** or **Married filing separately**
☐ **Married filing jointly** or **Qualifying widow(er)**
☐ **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)
		94-2629822

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 . . . . . **1** $ _____

2 **Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.

a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a . . . . . **2a** $ _____

b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b . . . . . **2b** $ _____

c Add the amounts from lines 2a and 2b and enter the result on line 2c . . . . . **2c** $ _____

3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. . . . . **3** _____

4 **Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) . . . . . **4** $ _____

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

1 Enter an estimate of your 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 . . . . . **1** $ _____

2 Enter:
- $19,400 if you're head of household
- $25,900 if you're married filing jointly or qualifying widow(er)
- $12,950 if you're single or married filing separately

. . . . . **2** $ _____

3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" . . . . . **3** $ _____

4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information . . . . **4** $ _____

5 **Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 . . . . . **5** $ _____

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and 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

Employment Development Department
State of California

Clear Form

EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

Complete this form so that your employer can withhold the correct California state income tax from your paycheck.

Enter Personal Information	
First, Middle, Last Name	Social Security Number
Address City, State, and ZIP Code	Filing Status ☐ SINGLE or MARRIED (with two or more incomes) ☐ MARRIED (one income) ☐ HEAD OF HOUSEHOLD

1. Total Number of Allowances you're claiming (Use Worksheet A for regular withholding allowances. Use other worksheets on the following pages as applicable, Worksheet A+B). 0
2. Additional amount, if any, you want withheld each pay period (if employer agrees), **(Worksheet B and C)**
   OR

Exemption from Withholding

3. I claim exemption from withholding for 2020, and I certify I meet both of the conditions for exemption.
   OR
   Write "Exempt" here
4. I certify under penalty of perjury that I am **not subject** to California withholding. I meet the conditions set forth under the Service Member Civil Relief Act, as amended by the Military Spouses Residency Relief Act and the Veterans Benefits and Transition Act of 2018. ☐ (Check box here)

Under the penalties of perjury, I certify that the number of withholding allowances claimed on this certificate does not exceed the number to which I am entitled or, if claiming exemption from withholding, that I am entitled to claim the exempt status.

Employee's Signature _____ Date _____

Employer's Section: Employer's Name and Address	California Employer Payroll Tax Account Number 75-1294412

PURPOSE: This certificate, DE 4, is for **California Personal Income Tax (PIT) withholding** purposes only. The DE 4 is used to compute the amount of taxes to be withheld from your wages, by your employer, to accurately reflect your state tax withholding obligation.

Beginning January 1, 2020, *Employee's Withholding Allowance Certificate* (Form W-4) from the Internal Revenue Service (IRS) will be used for federal income tax withholding **only**. You must file the state form *Employee's Withholding Allowance Certificate* (DE 4) to determine the appropriate California Personal Income Tax (PIT) withholding.

If you do not provide your employer with a withholding certificate, the employer must use Single with Zero withholding allowance.

CHECK YOUR WITHHOLDING: After your DE 4 takes effect, compare the state income tax withheld with your estimated total annual tax. For state withholding, use the worksheets on this form.

EXEMPTION FROM WITHHOLDING: If you wish to claim exempt, complete the federal Form W-4 and the state DE 4. You may claim exempt from withholding California income tax if you meet both of the following conditions for exemption:

1. You did not owe any federal/state income tax last year, and
2. You do not expect to owe any federal/state income tax this year. The exemption is good for one year.

If you continue to qualify for the exempt filing status, a new DE 4 designating EXEMPT must be submitted by February 15 each year to continue your exemption. If you are not having federal/state income tax withheld this year but expect to have a tax liability next year, you are required to give your employer a new DE 4 by December 1.

Member Service Civil Relief Act: Under this act, as provided by the Military Spouses Residency Relief Act and the Veterans Benefits and Transition Act of 2018, you may be exempt from California income tax on your wages if

(i) your spouse is a member of the armed forces present in California in compliance with military orders;

(ii) you are present in California solely to be with your spouse; and

(iii) you maintain your domicile in another state.

If you claim exemption under **this** act, **check the box on Line 4**. You may be required to provide proof of exemption upon request.

The ***California Employer's Guide*** **(DE 44) (PDF, 2.4 MB)** (edd.ca.gov/pdf_pub_ctr/de44.pdf) provides the income tax withholding tables. This publication may be found by visiting **Forms and Publications** (edd.ca.gov/Payroll_Taxes/Forms_and_Publications.htm). To assist you in calculating your tax liability, please visit the **Franchise Tax Board (FTB)** (ftb.ca.gov).

If you need information on your last *California Resident Income Tax Return* (FTB Form 540), visit the Franchise Tax Board (FTB) (ftb.ca.gov).

NOTIFICATION: The burden of proof rests with the employee to show the correct California income tax withholding. Pursuant to section 4340-1(e) of **Title 22, California Code of Regulations (CCR)**, the FTB or the EDD may, by special direction in writing, require an employer to submit a Form W-4 or DE 4 when such forms are necessary for the administration of the withholding tax programs.

PENALTY: You may be fined $500 if you file, with no reasonable basis, a DE 4 that results in less tax being withheld than is properly allowable. In addition, criminal penalties apply for willfully supplying false or fraudulent information or failing to supply information requiring an increase in withholding. This is provided by section 13101 of the **California Unemployment Insurance Code** and section 19176 of the **Revenue and Taxation Code**.

WORKSHEETS

INSTRUCTIONS — 1 — ALLOWANCES*

When determining your withholding allowances, you must consider your personal situation:
— Do you claim allowances for dependents or blindness?
— Will you itemize your deductions?
— Do you have more than one income coming into the household?

TWO-EARNERS/MULTIPLE INCOMES: When earnings are derived from more than one source, under-withholding may occur. If you have a working spouse or more than one job, it is best to check the box "SINGLE or MARRIED (with two or more incomes)." Figure the total number of allowances you are entitled to claim on all jobs using only one DE 4 form. Claim allowances with **one** employer.

Do **not** claim the same allowances with more than one employer. Your withholding will usually be most accurate when all allowances are claimed on the DE 4 filed for the highest paying job and zero allowances are claimed for the others.

MARRIED BUT NOT LIVING WITH YOUR SPOUSE: You may check the "Head of Household" marital status box if you meet all of the following tests:
(1) Your spouse will not live with you **at any time** during the year;
(2) You will furnish over half of the cost of maintaining a home for the entire year for yourself and your child or stepchild who qualifies as your dependent; **and**
(3) You will file a separate return for the year.

HEAD OF HOUSEHOLD: To qualify, you must be unmarried or legally separated from your spouse and pay more than 50% of the costs of maintaining a home for the **entire** year for yourself and your dependent(s) or other qualifying individuals. Cost of maintaining the home includes such items as rent, property insurance, property taxes, mortgage interest, repairs, utilities, and cost of food. It does not include the individual's personal expenses or any amount which represents value of services performed by a member of the household of the taxpayer.

WORKSHEET A **REGULAR WITHHOLDING ALLOWANCES**

(A)	Allowance for yourself — enter 1	(A)	
(B)	Allowance for your spouse (if not separately claimed by your spouse) — enter 1	(B)	
(C)	Allowance for blindness — yourself — enter 1	(C)	
(D)	Allowance for blindness — your spouse (if not separately claimed by your spouse) — enter 1	(D)	
(E)	Allowance(s) for dependent(s) — do not include yourself or your spouse	(E)	
(F)	Total — add lines (A) through (E) above and enter on line 1 of the DE 4	(F)	0

INSTRUCTIONS — 2 — (OPTIONAL) ADDITIONAL WITHHOLDING ALLOWANCES

If you expect to itemize deductions on your California income tax return, you can claim additional withholding allowances. Use Worksheet B to determine whether your expected estimated deductions may entitle you to claim **one or more additional** withholding allowances. Use last year's FTB Form 540 as a model to calculate this year's withholding amounts.

Do not include deferred compensation, qualified pension payments, or flexible benefits, etc., that are deducted from your gross pay but are not taxed on this worksheet.

You may reduce the amount of tax withheld from your wages by claiming one additional withholding allowance for each $1,000, or fraction of $1,000, by which you expect your estimated deductions for the year to exceed your allowable standard deduction.

WORKSHEET B **ESTIMATED DEDUCTIONS**

Use this worksheet **only** if you plan to itemize deductions, claim certain adjustments to income, or have a large amount of nonwage income not subject to withholding.

1.	Enter an estimate of your itemized deductions for California taxes for this tax year as listed in the schedules in the FTB Form 540	1.	
2.	Enter $9,074 if married filing joint with two or more allowances, unmarried head of household, or qualifying widow(er) with dependent(s) or $4,537 if single or married filing separately, dual income married, or married with multiple employers	– 2.	
3.	Subtract line 2 from line 1, enter difference	= 3.	
4.	Enter an estimate of your adjustments to income (alimony payments, IRA deposits)	+ 4.	
5.	Add line 4 to line 3, enter sum	= 5.	0
6.	Enter an estimate of your nonwage income (dividends, interest income, alimony receipts)	– 6.	
7.	If line 5 is greater than line 6 (if less, see below [go to line 9]); Subtract line 6 from line 5, enter difference	= 7.	
8.	Divide the amount on line 7 by $1,000, round any fraction to the nearest whole number	8.	
	Add this number to Line F of Worksheet A and enter it on line 1 of the DE 4. Complete Worksheet C, if needed, otherwise **stop here**.		
9.	If line 6 is greater than line 5; Enter amount from line 6 (nonwage income)	9.	
10.	Enter amount from line 5 (deductions)	10.	
11.	Subtract line 10 from line 9, enter difference	11.	
	Complete Worksheet C		

*Wages paid to registered domestic partners will be treated the same for state income tax purposes as wages paid to spouses for California PIT withholding and PIT wages. This law does not impact federal income tax law. A registered domestic partner means an individual partner in a domestic partner relationship within the meaning of section 297 of the Family Code. For more information, please call our Taxpayer Assistance Center at 1-888-745-3886.

WORKSHEET C **ADDITIONAL TAX WITHHOLDING AND ESTIMATED TAX**

1.	Enter estimate of total wages for tax year 2020.	1.
2.	Enter estimate of nonwage income (line 6 of Worksheet B).	2.
3.	Add line 1 and line 2. Enter sum.	3. 0
4.	Enter itemized deductions or standard deduction (line 1 or 2 of Worksheet B, whichever is largest).	4.
5.	Enter adjustments to income (line 4 of Worksheet B).	5.
6.	Add line 4 and line 5. Enter sum.	6. 0
7.	Subtract line 6 from line 3. Enter difference.	7.
8.	Figure your tax liability for the amount on line 7 by using the 2020 tax rate schedules below.	8.
9.	Enter personal exemptions (line F of Worksheet A x $134.20).	9.
10.	Subtract line 9 from line 8. Enter difference.	10.
11.	Enter any tax credits. (See FTB Form 540).	11.
12.	Subtract line 11 from line 10. Enter difference. This is your total tax liability.	12.
13.	Calculate the tax withheld and estimated to be withheld during 2020. Contact your employer to request the amount that will be withheld on your wages based on the marital status and number of withholding allowances you will claim for 2020. Multiply the estimated amount to be withheld by the number of pay periods left in the year. Add the total to the amount already withheld for 2020.	13.
14.	Subtract line 13 from line 12. Enter difference. If this is less than zero, you do not need to have additional taxes withheld.	14.
15.	Divide line 14 by the number of pay periods remaining in the year. Enter this figure on line 2 of the DE 4.	15.

NOTE: Your employer is not required to withhold the additional amount requested on line 2 of your DE 4. If your employer does not agree to withhold the additional amount, you may increase your withholdings as much as possible by using the "single" status with "zero" allowances. If the amount withheld still results in an underpayment of state income taxes, you may need to file quarterly estimates on Form 540-ES with the FTB to avoid a penalty.

THESE TABLES ARE FOR CALCULATING WORKSHEET C AND FOR 2020 ONLY

SINGLE PERSONS, DUAL INCOME MARRIED WITH MULTIPLE EMPLOYERS

IF THE TAXABLE INCOME IS		COMPUTED TAX IS		
OVER	BUT NOT OVER	OF AMOUNT OVER...		PLUS
$0	$8,809	1.100%	$0	$0.00
$8,809	$20,883	2.200%	$8,809	$96.90
$20,883	$32,960	4.400%	$20,883	$362.53
$32,960	$45,753	6.600%	$32,960	$893.92
$45,753	$57,824	8.800%	$45,753	$1,738.26
$57,824	$295,373	10.230%	$57,824	$2,800.51
$295,373	$354,445	11.330%	$295,373	$27,101.77
$354,445	$590,742	12.430%	$354,445	$33,794.63
$590,742	$1,000,000	13.530%	$590,742	$63,166.35
$1,000,000	and over	14.630%	$1,000,000	$118,538.96

UNMARRIED HEAD OF HOUSEHOLD

IF THE TAXABLE INCOME IS		COMPUTED TAX IS		
OVER	BUT NOT OVER	OF AMOUNT OVER...		PLUS
$0	$17,629	1.100%	$0	$0.00
$17,629	$41,768	2.200%	$17,629	$193.92
$41,768	$53,843	4.400%	$41,768	$724.98
$53,843	$66,636	6.600%	$53,843	$1,256.28
$66,636	$78,710	8.800%	$66,636	$2,100.62
$78,710	$401,705	10.230%	$78,710	$3,163.13
$401,705	$482,047	11.330%	$401,705	$36,205.52
$482,047	$803,410	12.430%	$482,047	$45,308.27
$803,410	$1,000,000	13.530%	$803,410	$85,253.69
$1,000,000	and over	14.630%	$1,000,000	$111,852.32

MARRIED PERSONS

IF THE TAXABLE INCOME IS		COMPUTED TAX IS		
OVER	BUT NOT OVER	OF AMOUNT OVER...		PLUS
$0	$17,618	1.100%	$0	$0.00
$17,618	$41,766	2.200%	$17,618	$193.80
$41,766	$65,920	4.400%	$41,766	$725.06
$65,920	$91,506	6.600%	$65,920	$1,787.84
$91,506	$115,648	8.800%	$91,506	$3,476.52
$115,648	$590,746	10.230%	$115,648	$5,601.02
$590,746	$708,890	11.330%	$590,746	$54,203.55
$708,890	$1,000,000	12.430%	$708,890	$67,589.27
$1,000,000	$1,181,484	13.530%	$1,000,000	$103,774.24
$1,181,484	and over	14.630%	$1,181,484	$128,329.03

If you need information on your last California Resident Income Tax Return, FTB Form 540, visit **Franchise Tax Board (FTB)** (ftb.ca.gov).

The DE 4 information is collected for purposes of administering the PIT law and under the authority of Title 22, CCR, section 4340-1, and the California Revenue and Taxation Code, including section 18624. The Information Practices Act of 1977 requires that individuals be notified of how information they provide may be used. Further information is contained in the instructions that came with your last California resident income tax return.