



EMPLOYMENT ELIGIBILITY VERIFICATION INSTRUCTIONS

PURPOSE

The purpose of Form I-9 is to document that each new employee (both citizen and non-citizen) is authorized to work in the United States.

PREPARED BY

The employee will complete Section 1 and the DSB employee will assist the individual/consumer (who is the employer) if necessary in completing Section 2 and remaining items. The form will be completed before the employee (reader or in-home aide) begins working. A new I-9 must be completed on each new employee of the recipient of In-Home Level I. Go to webpage www.uscis.gov, click on immigration forms then scroll down to the I-9 form for “usable” forms and updates.

INSTRUCTIONS

Section 1: Employee Information and Verification

1. The employee will print or type his/her full name, address and date of birth and Social Security Number.
 - a. All employees whose present names differ from their birth names, because of marriage or other reasons must print or type their birth names in the appropriate space.
 - b. Employees whose names change after employment verification are responsible for reporting these changes to their employer (DSB Individual/consumer).
2. Immigration Status:
 - a. Check the appropriate block to indicate citizenship status (either U. S. citizen, non-citizen, lawful permanent resident, or alien).
 - b. If the second block (non-citizen) is checked, please see instructions supplied with the form.
 - c. If the third block (lawful permanent resident) is checked, enter the alien registration number or admission number and the expiration date of that status if it expires.
 - d. If the fourth block (alien) is checked, enter the alien registration number or admission number and the expiration date of that status if it expires.
3. Signature and Date:
 - a. The employee must sign and date the form.
 - b. If an individual assists the employee with preparing this form, the preparer must certify the form by signing it and printing or typing his/her complete name and address, and date the document.

Section 2: Employee Review and Verification

The DSB employee will assist, if necessary, the employer (**DSB individual/consumer**) be responsible for examining evidence of identity and employment eligibility, and:

1. Check the appropriate box in List A or check one box from List B and one box from List C;
2. Record the document title, issuing authority, document identification number and expiration date, if any; and



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- Record the type of form if not specifically identified in the list.

NOTE: The DSB employee is responsible for assisting, if necessary, the employer (**DSB individual/consumer**) in re-verifying employment eligibility of employees whose employment eligibility documents carry an expiration date.

Name changes of employees which occur after preparation of Form I-9 are to be recorded on the form by lining through the old name, printing the new name and the reason (such as marriage), and dating and initialing the changes. Do not delete or erase the old name in any manner. The DSB employee may assist the employer (**DSB individual/consumer**) with this if necessary.

CERTIFICATION SECTION:

- The employer (DSB individual/consumer) must sign the CERTIFICATION in section 2. If the employer signs with a mark, then the DSB employee may write in the employer's name beside the mark and then at the bottom of the I-9, write in the words "witness to signature" and the DSB employee should sign his/her own name.
- The DSB employee may assist with other items under CERTIFICATION if necessary.

Section 3: Updating and Re-verification

The DSB employee may also assist the employer (**DSB individual/consumer**), if necessary, in completing this section if an update or re-verification needs to be made. The employer must sign his/her own name but the DSB employee could be a witness if he/she signs with a mark.

The DSB employee will write the date the form is mailed to the DHHS Controller's Office and the Chief of Vocational Rehabilitation Field Services or Chief of Independent Living Services on the copy of the I-9 to be kept in the case record.

DISTRIBUTION:

Original: Employer (**DSB individual/consumer**) and it should be kept with important papers as Immigration Officials could request to see it.

DHHS Controller's Office with first bill

Copies: Program Chief
Case Record