

Direct Service Worker (DSW) Enrollment Packet

Welcome!! This packet has the forms and information you need to get set up as a DSW. The Participant is your Employer. He or she can help you complete this packet. His or her signature is needed on some of the forms. Please return the packet to your Employer when done. He or she will send it to us. One of Consumer Direct’s jobs is to pay you every two weeks. We will also process your taxes. You must pass a Background Check to work. The Employer will receive an “Okay to Work” approval form from Consumer Direct when all the forms are processed. Then you can start work. You cannot begin working until you are approved. Please call us if you have questions.

Customer Service Contact Information

<p>Consumer Direct 4577 N. Nob Hill Road, Suite 206 Sunrise, FL 33351-4715 Mon-Fri, 8 am – 5 pm (excluding holidays)</p>	<p>Phone: 954-368-2069, Toll-Free 1-877-270-9580 Toll-Free Fax: 1-877-344-0999 Email: infoCDDL@ConsumerDirectCare.com Web: www.ConsumerDirectFL.com</p>
--	--

Enrollment Packet Forms and Form Explanations

(These forms must be returned to Consumer Direct.)

New DSW Checklist	Use this form as a checklist to complete the forms in the packet.
Data Form	This form gives basic information about you. We need this information to set you up to be paid. For Attendant Care/Intermittent Skilled Nursing Services, please attach a copy of your RN or LPN License.
Care Provider Background Screening – Privacy Policy Acknowledgement Form	This is a notice and privacy statement. It is from the Florida Department of Law Enforcement and FBI. Please sign this form. It will show that you received this form.
Attestation of Compliance with Background Screening Requirements	A person working as a DSW will need to have a Level 2 background screening. This is per Florida law. You must meet the requirements for employment. You must prove that you have not been found guilty of the criminal offenses listed on the form.
Information Needed for Fingerprinting	We will use this form to register you online for a fingerprint background screening. A Fingerprinting Procedures form is in the supplemental packet. Please read this if you have questions.
Participant/Direct Service Worker Agreement	This is an agreement between you and the employer. It gives a summary of the duties you are to complete. It states the conditions for employment. Your pay rate is also shown under the agreement.
Job Description	This explains the duties of the job.

(See reverse for additional form explanations.)

Direct Service Worker (DSW) Enrollment Packet

I-9 Employment Eligibility Verification	<p>This form confirms that you are approved to work in the United States. You must complete section 1 of this form. The employer completes section 2 by checking your supporting documents. These documents may be from either list A or lists B and C. An attachment may be required. Attach photocopy of the following if recorded in section 2:</p> <ul style="list-style-type: none"> · US Passport or Passport Card · Permanent Resident Card, Form I-551 · Employment Authorization Document, Form I-766
W-4 Employee's Withholding Allowance Certificate	<p>Our payroll department will deduct federal income tax from your pay. They will make deposits on your behalf. This will be based on exemptions/allowances claimed.</p>
Pay Selection Form	<p>Use this form to state how you would like to receive your pay. An attachment is required. Provide a voided check or letter from your bank.</p>
Employment Relationship Disclosure	<p>Use this form to see if you are exempt from paying certain payroll taxes. This is based on your relationship with the employer.</p>
Health Questionnaire	<p>This form is used to make sure you can complete the duties listed in the job description. It is important for worker's compensation.</p>

Supplements and Instructions

(Keep these documents for reference.)

Florida Department of Law Enforcement – Notice for Applicants Submitting Fingerprints and Federal Bureau of Investigation Privacy Statement	<p>A background check will be run on your fingerprints. This will be done by the Florida Department of Law Enforcement. This form will tell you how your fingerprint records are kept. It will give information on your right to privacy. You will also be informed of the steps to challenge incorrect records.</p>
Fingerprinting Procedures	<p>You will complete a background check that is required before employment. You will need to follow the instructions for registration and fingerprinting. Consumer Direct will be notified when the results are complete. We will then inform your employer. You cannot begin working until an Okay to Work form has been sent by Consumer Direct.</p>
List of Barring Offenses	<p>This is a list of criminal offenses. You cannot provide PDO services if your background check has an offense on this list.</p>
Payroll Calendar	<p>This lists when time sheets are due. It also shows when pay checks are issued.</p>
Online Time Sheet Instructions	<p>Online time sheets are the preferred method for submitting time worked. This reduces time sheet errors. Fewer errors ensures you get paid on time.</p>
Paper Time Sheets and Time Sheet Instructions	<p>This sheet is for completing paper time sheets. It will guide you on how to fill one out.</p>

Questions?

We're here to help. UnitedHealthcare Community & State.
Toll-Free 800-791-9233 and TTY/TTD 711,
Monday through Friday, 8:00 a.m. to 8:00 p.m.

UnitedHealthcare Community Plan does not treat members differently because of sex, age, race, color, disability or national origin.

If you think you were treated unfairly because of your sex, age, race, color, disability or national origin, you can send a complaint to:

Civil Rights Coordinator
UnitedHealthcare Civil Rights Grievance
P.O. Box 30608
Salt Lake City, UTAH 84130

UHC_Civil_Rights@uhc.com

You must send the complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again.

If you need help with your complaint, please call the toll-free member phone number listed on your health plan member ID card, TTY 711, Monday through Friday, 8:00 a.m. to 7:00 p.m.

You can also file a complaint with the U.S. Dept. of Health and Human Services.

Online:

<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Complaint forms are available at

<http://www.hhs.gov/ocr/office/file/index.html>

Phone:

Toll-free **1-800-368-1019, 1-800-537-7697** (TDD)

Mail:

U.S. Dept. of Health and Human Services
200 Independence Avenue SW
Room 509F, HHH Building
Washington, D.C. 20201

If you need help with your complaint, please call the toll-free member phone number listed on your member ID card.

We provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call the toll-free member phone number listed on your health plan member ID card, TTY 711, Monday through Friday, 8:00 a.m. to 7:00 p.m.

UnitedHealthcare Community Plan no da un tratamiento diferente a sus miembros en base a su sexo, edad, raza, color, discapacidad o nacionalidad.

Si usted piensa que ha sido tratado injustamente por razones como su sexo, edad, raza, color, discapacidad o nacionalidad, puede enviar una queja a:

Civil Rights Coordinator
UnitedHealthcare Civil Rights Grievance
P.O. Box 30608
Salt Lake City, UTAH 84130

UHC_Civil_Rights@uhc.com

Usted tiene que enviar la queja dentro de los 60 días de la fecha cuando se enteró de ella. Se le enviará la decisión en un plazo de 30 días. Si no está de acuerdo con la decisión, tiene 15 días para solicitar que la consideremos de nuevo.

Si usted necesita ayuda con su queja, por favor llame al número de teléfono gratuito para miembros que aparece en su tarjeta de identificación del plan de salud, TTY 711, de lunes a viernes, de 8:00 a.m. a 7:00 p.m.

Usted también puede presentar una queja con el Departamento de Salud y Servicios Humanos de los Estados Unidos. Usted también puede presentar una queja con el Departamento de Salud y Servicios Humanos de los Estados Unidos.

Internet:

<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Formas para las quejas se encuentran disponibles en:

<http://www.hhs.gov/ocr/office/file/index.html>

Teléfono:

Llamada gratuita, **1-800-368-1019**, **1-800-537-7697** (TDD)

Correo:

U.S. Department of Health and Human Services
200 Independence Avenue SW
Room 509F, HHH Building
Washington, D.C. 20201

Si necesita ayuda para presentar su queja, por favor llame al número gratuito para miembros anotado en su tarjeta de identificación como miembro.

Ofrecemos servicios gratuitos para ayudarle a comunicarse con nosotros. Tales como, cartas en otros idiomas o en letra grande. O bien, puede solicitar un intérprete. Para pedir ayuda, llame a Servicios para Miembros al **1-800-791-9233**, **TTY 711**, de lunes a viernes, de 8:00 a.m. a 7:00 p.m.

ATTENTION: If you do not speak English, language assistance services, at no cost to you, are available. Call **1-800-791-9233, TTY 711.**

ATENCIÓN: Si no habla inglés, los servicios de asistencia de idiomas están disponibles sin costo para usted. Llame al **1-800-791-9233, TTY 711.**

ATANSYON: Si w pa pale Anglè, gen sèvis èd pou lang ki disponib san w pa peye anyen. Rele **1-800-791-9233, TTY 711.**

ВНИМАНИЕ: Если Вы не говорите по-русски, Вы можете воспользоваться бесплатной языковой помощью. Позвоните по телефону **1-800-791-9233, телетайп 711.**

ATENÇÃO: Se não fala inglês, estão disponíveis serviços de assistência linguística sem nenhum custo para si. Ligue para o **1-800-791-9233, TTY 711.**

注意：如果您不會說英文，您可獲得免費語言協助服務。請致電 **1-800-791-9233**，聽障專線 (TTY) **711**。