



EMPLOYEE ENROLLMENT PACKET



Bexar Veteran Directed Home and Community Based Services (VD-HCBS) Program

6243 IH Ten West, Suite 430, San Antonio, Texas 78201

CDS lines: 210-798-DSSW Fax: 210-798-5200

Toll Free Phone: 866-675-7331 Fax: 866-301-1182

www.cdsintexas.com <http://www.facebook.com/CDSinTexas>



INFORMATION FOR EMPLOYEES

CDS in Texas serves participants in the consumer directed services delivery model also known as self-direction. We have prepared some frequently asked questions and answers to help you understand your role, the veteran's role as your employer, and how we fit in.

FREQUENTLY ASKED QUESTIONS

What is consumer direction?	Consumer direction, also known as self-direction, allows the veteran to become the employer of record. It is also called the Veteran Directed Home and Community Based Services Program (VD-HCBS)
Who is CDS in Texas?	We are known as a financial management services agency. We will conduct background checks for your employer and process your timesheets, withhold taxes, and prepare your W-2 at year end.
Who do I work for?	You work for the veteran. You do not work for CDS in Texas. Questions regarding hours, pay, timesheets, duties, etc. should be directed to your employer.
How do I apply?	Your employer has all the application forms, or you can download them from our website www.cdsintexas.com . Follow the directions carefully and then fax or email the completed forms to 210-640-3913. You can also scan and email the application to VD@cdsintexas.com
What comes next?	Once we have the application packet, we do background checks and notify your potential employer of the results. Your employer will decide whether to hire you. If hired, your employer will give you a start date and train you on what services are needed
How do I record my time worked?	Your employer will provide you with a timesheet. Record your time daily. Be sure to sign and date the timesheet.
How do I get paid?	The application packet has forms for direct deposit to a bank account or pre-paid card, or you can select our paycard. When your payroll is processed, you will receive an email notification.
When do I get paid?	Your employer has the payroll schedule. You will be paid every 1st and 15th of the month. If the day falls on a holiday, pay will be moved to the Friday prior.
What if my pay is not in my account on payday?	Check with your employer to see if there is a fax or email confirmation. If there is not, re-send and call our office to let us know about the late timesheet. If there is confirmation of receipt, you or your employer should call our office. We should be able to locate the missing timesheet, and we will process as quickly as possible.
How do I get my payroll records	When we enroll you as an employee, you will receive an email registration notice that will tell you how to login to our self-serve web-based payroll system.
What taxes are withheld from my pay?	CDS in Texas will withhold all federal taxes. You will receive email notification when your payroll is processed and will be able to see what taxes have been withheld.
Will I get a W-2?	Your W-2 will be released by January 31.
What else do I need to know?	If the consumer is in the hospital or other facility or loses eligibility, you cannot work.
What if I'm working for two individuals?	You must complete two applications, and if you provide services during the same hours, you cannot be paid twice for hours worked simultaneously
Does CDS in Texas have a website?	Yes. Visit us at www.cdsintexas.com . Follow us on Facebook.

Other important things to know	<ul style="list-style-type: none"> You certify your timesheets as true and correct. Record your hours each day and do not sign timesheets until your last shift for that payroll period has been worked. Never sign blank timesheets. Incorrect timesheets may be viewed as fraud.
	<ul style="list-style-type: none"> Any over or under payment of payroll will be corrected as soon as possible but no later than the next payroll.
	<ul style="list-style-type: none"> Everyone has a responsibility to report abuse, neglect or exploitation (1-800-252-5400).
	<ul style="list-style-type: none"> Work with your employer until you fully understand what is expected of you and you understand how your employer wants all tasks completed.
Is there anything else I need to do?	<ul style="list-style-type: none"> Make sure you understand how your employer wants to be notified if you cannot work a scheduled shift. This is an individual, not an agency, so you should give them time to arrange for back up.
	<p>YES !! If any of your information changes -- your name, your address, your banking information, your telephone number, your email address -- use the payroll status change form which is part of this packet and fax or email it to us.</p>



EMPLOYEE CHECKLIST AND INSTRUCTIONS

- You must complete all required forms in the packet in order to be paid by CDS in Texas.
- You must fill out any information required and sign where highlighted.
- Your employer must fill out information required and sign where highlighted..

When this packet is complete, it must be faxed, scanned and emailed, or mailed to CDS in Texas. Pictures of forms will not be accepted. See our website www.cdsintexas.com for free or inexpensive scanning apps for iPhone and Android.

Important: Do not start working until we have notified your employer that you are cleared to work. You **will not get paid** if you work prior to our authorized start date. You **will not get paid** until we have all of the required forms.

Instructions for each form start on the next page.

Use the **checklist** below to confirm that you have sent all the required items.

REQUIRED FORMS - RETURN TO CDS IN TEXAS	
<input type="checkbox"/>	Form 1725 Criminal History and Registry check is filled out and signed by you and your employer.
<input type="checkbox"/>	Exemptions worksheet is filled out and signed.
<input type="checkbox"/>	Form I-9 is filled out and signed
<input type="checkbox"/>	Copy of driver's license is attached and legible.
<input type="checkbox"/>	Copy of social security card is attached and legible.
<input type="checkbox"/>	IRS Form W-4 is filled out and signed.
<input type="checkbox"/>	Direct Deposit Authorization is filled out and signed.
<input type="checkbox"/>	Voided check, prepaid card form, or letter from bank is attached .
<input type="checkbox"/>	Employment Agreement is filled out and signed by you and your employer.

PACKET SUBMISSION METHODS
FAX to 210-640-3913
Scan and email to: VD@cdsintexas.com
Mail to: CDS in Texas, Attention: Veterans Directed Program, 6243 IH 10 West, San Antonio, Texas 78201
Questions? Call 210-798-3779 ext 1624



Criminal Conviction History and Registry Checks

The applicant is a person under consideration for hire as a service provider in the CDS option (employee or independent contractor [when required]). This form covers only criminal history conviction history and registry checks.

Note: An applicant may not be hired by the CDS employer, and must not start providing services for payment, until and unless the required criminal history and registry checks are conducted, in addition to other employee qualification checks. The CDS employer and Financial Management Services Agency (FMSA) review the results of all required qualification checks to determine that an applicant can be hired. This form is signed by the FMSA.

Section I - Applicant Authorization and Acknowledgment (Applicant must complete this section.)

I, (applicant's printed name) _____, give my permission to check for a criminal conviction history, to check the required registries annually, and to check the state and federal lists of people and entities excluded from participation in Medicaid (LEIE) monthly as part of my application as a service provider through the Consumer Directed Services (CDS) option. I also understand that a criminal conviction or a registry listing that prohibits a person from employment in a health care setting in the state of Texas may prohibit my employment.

I understand I may not begin delivering services until the FMSA and Employer confirm that I meet all qualifications to be hired.

Applicant Information Required by the Texas Department of Public Safety (DPS) (Applicant must complete this section.)

Individual's Name (Last, First, Middle)	Alias	Maiden Name
Date of Birth (mm/dd/yyyy)	Social Security No.	

Signature - Applicant

Date

Section II - Criminal Conviction History Check and Registry Verification Process (Employer must complete this section.)

Individual's Name	Employer Name
-------------------	---------------

Criminal Conviction History Check (Check each box to certify agreement):

- I request that my FMSA obtain a **current** Criminal Conviction History Check of the applicant from DPS. I authorize the FMSA to be reimbursed for the cost of obtaining the DPS Criminal Conviction History Check and if I request the report, the cost of sending the report from my budgeted funds.
- I understand that if I request the report, the FMSA must send it to me through a secure method, DPS approved encrypted software or certified mail.
- I understand that all criminal records and reports obtained by my FMSA, and the information they contain, are confidential information.
- I understand all DPS criminal history information reports must be destroyed five days after I make the hiring decision. Paper records need to be shredded, pulped or burned. For electronic records, destroying the media or using specialized software to copy over the data are acceptable methods.
- I understand that sharing of criminal history information with any person or agency may be prosecuted as a Class A Misdemeanor.
- I understand I may not allow the applicant to begin delivering services until the FMSA and I confirm the applicant meets all qualifications to be hired.

Signature - Employer

Date

Registry Check

- I request that my FMSA obtain the applicant's status with the Employee Misconduct Registry and the Nurse Aide Registry initially and annually.
- I understand that the FMSA will screen the applicant initially and monthly using both the state and federal lists of excluded individuals and entities (LEIE).
- I also understand that the applicant cannot provide services and cannot be paid with program funds until the criminal history and registry checks are completed and my FMSA has notified me that the applicant meets the qualifications.

Signature - Employer

Date

I request that the FMSA provide the criminal history to me:

- Verbally
- Encrypted email
- Certified mail

Date of Employer Request

Section III - Criminal Conviction History and Registry Check Results (FMSA must complete this section.)

DPS Criminal Conviction Criminal History Check

Date FMSA received Form 1725 with employer selection for criminal history results:

Date of DPS Check	Time (specify a.m. or p.m.)
Obtained By	Convictions: <input type="checkbox"/> Yes <input type="checkbox"/> No

DPS approved dissemination method used to inform employer of results: <input type="checkbox"/> Verbally <input type="checkbox"/> Encrypted email <input type="checkbox"/> Certified mail <input type="checkbox"/> Did not specify method	Date FMSA staff notified employer: _____ FMSA staff: <div style="border: 1px solid black; height: 50px; width: 100%;"></div>
If yes, does the conviction(s) prohibit service delivery in compliance with Health and Safety Code Chapter 250, Section 250.006(a), or Section 250.006(b)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Within five calendar days after the hiring decision, the FMSA must destroy the criminal history record information obtained from DPS whether or not hired or retained by the employer or designated representative. Date report was destroyed: _____ Date employer notified FMSA of hiring decision: _____	

Registry Checks (Conduct search at emr.dads.state.tx.us/DadsEMRWeb/)

Date of Registry Checks	Time (specify a.m. or p.m.)	Obtained By	<input type="checkbox"/> Employer <input type="checkbox"/> FMSA Representative
-------------------------	-----------------------------	-------------	---

Employee Misconduct Registry: No Record Record (must not be hired or retained)

Nurse Aide Registry: No Record Record (must not be hired or retained)

Medicaid Exclusion List: No Record Record (must not be hired)

Certification - I acknowledge that the applicant's DPS criminal conviction history and registry record were checked.

The applicant is is not eligible for hire, to be retained for service delivery based on the checks above.

Signature - FMSA Representative

Date FMSA notified the employer or Designated Representative

FMSA and Employer Must Each Keep Original or Copy of This Form



Exemptions Worksheet

Employee Name: _____

Employee Date of Birth: _____ / _____ / _____
Month Day Year

Employer Name: _____

Participant Name: _____

OVERTIME EXEMPTION

The Department of Labor requires all employees be paid overtime wages for any hours worked over 40 in a single work week UNLESS the employee lives in the home with the participant at least 5 days of the workweek. To determine whether you, the employee, are exempt from this rule, **you and your employer must check on of the statements below:**

Yes, I live with the participant at least 5 days of the workweek. I understand that by selecting this statement, I am not eligible for overtime wages. Hours worked over 40 I a single workweek will be paid at the regular hourly rate in accordance with the budget. My employer is responsible for notifying CDS in Texas immediately of any change to my residence status that affects this exemption.

No, I do not live with the participant, and my employer wishes to make remaining funds in the budget available to pay overtime wages, if approved to do so. My employer understands that the budget is limited and may not cover all overtime wages owed to me. It is my employer's responsibility to ensure that any unpaid overtime wages owed to me are paid from his/her personal funds.

No, I do not live with the participant, and my employer will pay overtime wages from his/her personal funds. My employer does not wish CDS in Texas to apply available funds in my budget to pay overtime wages. My employer understands that by selecting this option, it is my employer's responsibility to pay all overtime wages owed to me from his/her personal funds.

FAMILY MEMBER TAX EXEMPTION

Employees who provide domestic or household services in the home of a self-directing participant or their representative may be exempt from paying certain taxes that are normally paid through employment. To determine any tax exemption status, please **check any of the statements below that apply to you and your relationship to your employer:**

I am the spouse of my employer:
--You and your employer are both exempt from paying FICA, and your employer is exempt from paying FUTA on wages paid to you.

I am the child of my employer, and I am under the age of 21 during the entire tax year.
--You and your employer are both exempt from paying FICA, and your employer is exempt from paying FUTA on wages paid to you until you turn 21.

I am the child of my employer, and I am over the age of 21.
--You and our employer are subject to both FICA and FUTA taxes.

None of the options above apply to me—I am not the spouse, child, or parent of my employer.

The family member rules only pertain to situations in which domestic work is performed in the employer's private home. (See IRS Publication 15 and IRS Revenue Procedure 2013-39 for more details.)

Employer Signature

Date

Employee Signature

Date

6243 IH Ten West, Suite 430, San Antonio, Texas 78201
CDS lines: 210-798-3779 Fax: 210-798-5200
Toll Free Phone: 866-675-7331 Fax: 866-301-1182

www.cdsintexas.com





Employment Eligibility Verification

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No.1615-0047
Expires 07/31/2026

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

Section 1. Employee Information and Attestation: Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.

Last Name (Family Name)		First Name (Given Name)		Middle Initial (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address		Employee's Telephone Number	
<p>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</p>		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):				
		<input type="checkbox"/> 1. A citizen of the United States				
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)				
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)				
<input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)						
If you check Item Number 4. , enter one of these:						
USCIS A-Number		OR	Form I-94 Admission Number		OR	Foreign Passport Number and Country of Issuance
Signature of Employee				Today's Date (mm/dd/yyyy)		

If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the [Preparer and/or Translator Certification](#) on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)	<p>Additional Information</p>				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)	<p><input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.</p>				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

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

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

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

Examples of many of these documents appear in the Handbook for Employers (M-274).

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	OR	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security <p style="margin-left: 20px;">For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, Item Number 4, document, not a List C document.</p>
<p>Acceptable Receipts</p> <p>May be presented in lieu of a document listed above for a temporary period.</p> <p>For receipt validity dates, see the M-274.</p>				
<ul style="list-style-type: none"> • Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with "RE" notation or refugee stamp issued to a refugee. 	OR	<ul style="list-style-type: none"> • Receipt for a replacement of a lost, stolen, or damaged List B document. 	AND	<ul style="list-style-type: none"> • Receipt for a replacement of a lost, stolen, or damaged List C document.

*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.

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.

2024

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

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

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). If you or your spouse have self-employment income, use this option; **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **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 generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate

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 Dependent and Other Credits	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 for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here	3	\$ _____
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$ _____
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$ _____
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$ _____

Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	_____ Employee's signature (This form is not valid unless you sign it.)		_____ Date

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

General Instructions

Section references are to the Internal Revenue Code.

Future Developments

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

Purpose of Form

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

Exemption from withholding. You may claim exemption from withholding for 2024 if you meet both of the following conditions: you had no federal income tax liability in 2023 **and** you expect to have no federal income tax liability in 2024. You had no federal income tax liability in 2023 if (1) your total tax on line 24 on your 2023 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), 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 2024 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, 2025.

Your privacy. Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

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. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
3. 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.

Instead, if you (and your spouse) have a total of only two jobs, you may 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 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 2024 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.



DIRECT DEPOSIT AUTHORIZATION AGREEMENT

You must complete this entire form and send all required attachments for your payments to be processed.

REQUESTOR INFORMATION			
Name:		SSN:	
Phone:		DOB:	
Email:			
Address:			
Account Information			
Routing Number	Account Number	Type of Account	Submission Reason
		<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Prepaid Card	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Prepaid Card
Documentation Attached**			
<input type="checkbox"/> Financial Institution letter <input type="checkbox"/> Voided check <input type="checkbox"/> Typed form from card company			

I understand I must attach documentation to this form. All documentation must contain my printed name, account number and routing number. Temporary checks or deposit slips are not acceptable. If using a prepaid card, I must get a statement from the issuing authority demonstrating that this is an active account. I understand I should be able to go to the prepaid card issuer’s website to obtain this information.

By signing below I acknowledge that if this form is not submitted timely with acceptable documentation, payments will be delayed. I am authorizing automatic deposits to the account shown above. I authorize CDS in Texas to initiate debit entries for any erroneous deposited amounts. If the account above has been closed or does not contain adequate funds, I authorize the withholding of any erroneous deposit from future payments owed to me.

I understand that any changes to the above account must be immediately submitted to CDS in Texas and agree that CDS in Texas is not responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or my financial institution. **I understand that it is my responsibility to verify the crediting of funds to my account before writing checks or initiating debits against my account** and I will not hold CDS in Texas responsible for any charges I incur from my financial institution as a result of initiating withdrawals before funds are deposited.

Requestor Signature

DATE: _____



Employee Self Service Request Form

Veteran Name:	Employee Name:
Program:	Employee Email:
Veterans Directed	

Employee Self Service access will be emailed to the employee from a cdsintexas.com email. Please allow 1-2 pay periods to receive your login information. If you are unable to view your login access, please check your spam folder.

Employee Signature

Date

CDS in Texas - 2024 Semi Monthly Payroll Schedule

If payday lands on a holiday, payroll will be processed the day before

NOTE: Payroll is processed semi-monthly (twice in one month). Timesheets are due every 1st or the 16th of the month. Payday will be every 1st and the 15th. (If date falls on a weekend, payroll will be processed the Friday prior.)

PAY PERIOD	PAYROLL START	END	TIME SHEET DUE	PAY DATE
1	12/16/2023	12/31/2023	01/01/2024	01/12/2024
2	01/01/2024	01/15/2024	01/16/2024	02/01/2024
3	01/16/2024	01/31/2024	02/01/2024	02/15/2024
4	02/01/2024	02/15/2024	02/16/2024	03/01/2024
5	02/16/2024	02/29/2024	03/01/2024	03/15/2024
6	03/01/2024	03/15/2024	03/16/2024	04/01/2024
7	03/16/2024	03/31/2024	04/01/2024	04/15/2024
8	04/01/2024	04/15/2024	04/16/2024	05/01/2024
9	04/16/2024	04/30/2024	05/01/2024	05/15/2024
10	05/01/2024	05/15/2024	05/16/2024	05/31/2024
11	05/16/2024	05/31/2024	06/01/2024	06/14/2024
12	06/01/2024	06/15/2024	06/16/2024	07/01/2024
13	06/16/2024	06/30/2024	07/01/2024	07/15/2024
14	07/01/2024	07/15/2024	07/16/2024	08/01/2024
15	07/16/2024	07/31/2024	08/01/2024	08/15/2024
16	08/01/2024	08/15/2024	08/16/2024	08/30/2024
17	08/16/2024	08/31/2024	09/01/2024	09/13/2024
18	09/01/2024	09/15/2024	09/16/2024	10/01/2024
19	09/16/2024	09/30/2024	10/01/2024	10/15/2024
20	10/01/2024	10/15/2024	10/16/2024	11/01/2024
21	10/16/2024	10/31/2024	11/01/2024	11/15/2024
22	11/01/2024	11/15/2024	11/16/2024	11/29/2024
23	11/16/2024	11/30/2024	12/01/2024	12/13/2024
24	12/01/2024	12/15/2024	12/16/2024	12/31/2024
1	12/16/2024	12/31/2024	01/01/2025	01/15/2025

All timesheets are due by 5 PM every 1ST or the 16TH following the last day of the pay period even if it lands on a holiday

EMPLOYEES SHOULD NOT TRY TO CASH THEIR CHECKS EARLY. Our bank receives a list of approved checks on payday. Any checks cashed prior to that date will be returned.

PLEASE USE THE FAX NUMBER, EMAIL, OR JOTFORM LINK BELOW TO SEND ALL VETERAN TIMESHEETS

Email Address		Veteran Fax Number
VD@cdsintexas.com		210-640-3913
	JotForm Link	
	https://dsswtx.jotform.com/kjeffrey/va-timesheet-upload	

Alternative numbers: If above numbers are not working: 866 301 1182 or 866 4626671 or 877 812 3789

**For all Veteran related questions or inquiries, please contact the Veteran Directed Department
210-798-3779 Ext. 8319**



Veteran Directed - Employee Timesheet

*You may email timesheets to VD@cdsintexas.com or fax to 1-210-640-3913

Type of Service		
PC - Personal Care Services	HM - Homemaker Services	HOS - Hospitalization/Medical Facility

Veteran Name:	
Employee Name:	
AAA Case Manager:	

Month:

Pay Period Number:

Timesheets are due every 1st and 16th of every month. Late timesheets are subject to be processed for later pay date

Time MUST be submitted with AM/PM or Military Time

Date of the month	Service Type	Time In	Time Out	Time In	Time Out	Comment(s)
1						Military Time
2						8:00 AM = 8:00 or 0800
3						8:00 PM = 20:00 or 2000
4						12PM(Noon) = 12:00
5						1PM = 13:00
6						2 PM = 14:00
7						3 PM = 15:00
8						4PM - 16:00
9						5PM = 17:00
10						6PM = 18:00
11						7PM = 19:00
12						8PM - 20:00
13						9PM = 21:00
14						10PM = 22:00
15						11PM = 23:00
						12PM(Midnight) = 00:00
						12:01AM = 00:01
						12:30AM = 00:30

	Veteran/DR Signature		Date	Employee Signature		Date
16						Military Time
17						8:00 AM = 8:00 or 0800
18						8:00 PM = 20:00 or 2000
19						12PM(Noon) = 12:00
20						1PM = 13:00
21						2 PM = 14:00
22						3 PM = 15:00
23						4PM - 16:00
24						5PM = 17:00
25						6PM = 18:00
26						7PM = 19:00
27						8PM - 20:00
28						9PM = 21:00
29						10PM = 22:00
30						11PM = 23:00
31						12PM(Midnight) = 00:00
						12:01AM = 00:01
						12:30AM = 00:30

Was the consumer hospitalized or in a medical care facility during this pay period? Please list dates above and leave comment.

Employer and Employee here by certify that the work hours listed above are accurate, that the services provided are in accordance with the current tasks authorized and the services were NOT provided while the consumer was in the hospital, nursing home, or the Veteran-reimbursed healthcare facility. I understand the falsification of this timesheet is considered fraud, and may results in dismissal from the program and criminal prosecution.