



## New Member Checklist

- Tour
- PCSP review — sent by support coordinator
- Pre Service Form
- PRN — signed by doctor (form not required)
- Emergency Contact Form
- Emergency Consent Form
- Release of Information Form
- Tax Forms
- Photo Release form
- Job Description

Contact Rebecca Templeton with any questions

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# PRE-SERVICE PROVIDER ORIENTATION

Last Date Updated/Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_

**INSTRUCTIONS:** This form is to be completed by the provider and the individual and/or responsible party receiving services prior to the initiation of services and updated annually thereafter. A copy **MUST** be retained by the provider and a copy sent to the Support Coordinator to save to the Member's File.

## MEMBER INFORMATION

Individual's Name (*Last, First, M.I.*): \_\_\_\_\_

Assists No.: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Gender/Identity: \_\_\_\_\_ Language Preference: \_\_\_\_\_

Cultural Preference(s): \_\_\_\_\_

Qualifying Diagnosis: \_\_\_\_\_ Other Diagnosis(s): \_\_\_\_\_

Individual's Address (*No., Street, City, State, ZIP Code*): \_\_\_\_\_

Electronic Visit Verification (EVV) Device Preference Use: \_\_\_\_\_

Does the Member have an Advanced Directive:    Yes    No        Does the Member Smoke:                      Yes    No

Does the Member Drink Alcoholic Beverages:    Yes    No

## SPECIALIZED TRAINING

Medication Administration Training Needed:    Yes    No        Seizure Management Training Needed:    Yes    No

Feeding Training Needed:                              Yes    No        Prevention & Support Training Needed:    Yes    No

Behavior Plan Training Needed:                      Yes    No        Mobility/Transferring Training Needed:    Yes    No

Mobility Training Needed:                              Yes    No

Is there any additional specialized training required?    Yes    No        If yes, Describe: \_\_\_\_\_

## GUARDIAN/RESPONSIBLE PERSON INFORMATION

Guardian's/Responsible Person's Name (*Last, First, M.I.*): \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Language Preference: \_\_\_\_\_ Email Address: \_\_\_\_\_

Cultural Preference(s): \_\_\_\_\_

Address (*No., Street, City, State, ZIP Code*): \_\_\_\_\_

Emergency Contact's Name (*If other than responsible party*): \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## MEDICAL/BEHAVIOR HEALTH CONTACT INFORMATION

Name of ALTCS/DDD Health Plan: \_\_\_\_\_

AHCCCS ID No.: \_\_\_\_\_ Phone Number \_\_\_\_\_

Other Health Insurance Information: \_\_\_\_\_

Primary Care Physician's Name: \_\_\_\_\_ Phone Number \_\_\_\_\_

Address (*No., Street, City, State, ZIP Code*): \_\_\_\_\_

Pharmacy: \_\_\_\_\_ Pharmacy Number: \_\_\_\_\_

Address (*No., Street, City, State, ZIP Code*): \_\_\_\_\_

Behavioral Health Provider: \_\_\_\_\_ Behavior Health Phone: \_\_\_\_\_

Urgent Care Facility's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address (*No., Street, City, State, ZIP Code*): \_\_\_\_\_

**SUPPORT COORDINATION CONTACT INFORMATION**

Support Coordinator's Name: \_\_\_\_\_

Office Location: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Support Coordinator Supervisor: \_\_\_\_\_

Support Coordinator Supervisor Phone: \_\_\_\_\_

Support Coordinator Supervisor Email: \_\_\_\_\_

**HEALTH-MEDICAL**

**CURRENT MEDICATIONS AND SUPPORT NEEDS:**

Medication Log Required: Yes No

Where can a list of current medication and any special instructions be found? \_\_\_\_\_

**ALLERGIES TO:**

Food: Yes No Specify: \_\_\_\_\_

Medication: Yes No Specify: \_\_\_\_\_

Bee Stings: Yes No Specify: \_\_\_\_\_

Other: Yes No Specify: \_\_\_\_\_

Required Response to Allergic Reaction, provide any written orders for Health Care Professional:

**SEIZURES:**

Yes No If yes, Describe what type of seizure and what they look like:

Frequency: \_\_\_\_\_ Approximate Duration: \_\_\_\_\_

Required Response to Seizure Activity, provide any written orders for Health Care Professional:

Nursing Services Required: Yes No

**ASSISTIVE DEVICES:** Yes No

Vision: \_\_\_\_\_ Hearing: \_\_\_\_\_ Dental Appliances: \_\_\_\_\_

Other Individualized Health Care Routines:

<b>NUTRITION</b>							
<b>EATING (CHECK ALL APPLICABLE ITEMS)</b>							
	Utensils	Food Prep	Bringing Food to Mouth	Choking	Menses	Understands Temperature of Food	Other
Independent, no support required							
Prompting/Reminding Required							
Limited Assistance/Supervision Required							
Significant Assistance/Supervision Required							

Describe Any Special Dietary Requirements Including Food Consistency, Temperature, Calorie Needs or Write NA:

<b>DRINKING (CHECK ALL APPLICABLE ITEMS)</b>						
	Ability to Use Cup or Glass	Ability to Use Adaptive Cup or Glass	Able to Obtain or Request Beverages	Understands Temperature of Beverages	Choking	Other (Describe Below)
Independent, no support required						
Prompting/Reminding Required						
Limited Assistance/Supervision Required						
Significant Assistance/Supervision Required						

Describe Any Adaptive Drinking Equipment/Special Liquid Intake Needs/System for Fluid Intake or Write NA:

**SPECIAL DIET**

Intake of Food via the Gastrointestinal (GI) Tract:    Yes    No

*(Special instructions required / check type and include special instructions)*

- Nasogastric Tube (NGT) \_\_\_\_\_
- Orogastric Tube (OGT) \_\_\_\_\_
- Nasoenteric Tube \_\_\_\_\_
- Oroenteric Tube \_\_\_\_\_
- Gastrostomy Tube \_\_\_\_\_
- Jejunostomy Tube \_\_\_\_\_

Who will provide training by when? \_\_\_\_\_

Eating Disorder *(Describe type and support needed)*:    Yes    No \_\_\_\_\_

Other Dietary Restrictions *(Describe)*:    Yes    No \_\_\_\_\_

<b>COMMUNICATION (CHECK ALL APPLICABLE ITEMS)</b>						
	<b>Uses Complex Sentences</b>	<b>Uses Simple Sentences</b>	<b>American Sign Language</b>	<b>Nods Yes/No</b>	<b>Gestures/ Signs</b>	<b>Other (Describe Below)</b>
Independent, no support required						
Prompting/Reminding Required						
Limited Assistance/ Supervision Required						
Significant Assistance/ Supervision Required						

Describe Any Other Communication Requirements or Write NA:

Describe Augmentative Communication Device or Write NA:

<b>MOBILITY (CHECK ALL APPLICABLE ITEMS)</b>							
	<b>Crawling/ Scooting</b>	<b>Kneeling</b>	<b>Standing</b>	<b>Walking</b>	<b>Running</b>	<b>Climbing</b>	<b>Other (Describe Below)</b>
Independent, no support required							
Prompting/Reminding Required							
Limited Assistance/ Supervision Required							
Maximum Assistance/ Supervision Required							

Describe Any Other Mobility Requirements or Write NA:

For any devices, who will provide the training and by when? \_\_\_\_\_

**MOBILITY/BALANCE AIDS (Check as applicable)**

N/A Walker Cane Crutches AFOs Leg Braces Manual Wheelchair  
 Power Wheelchair Other (Specify): \_\_\_\_\_

**TRANSFER SUPPORT NEEDED:** Yes No If yes, height: \_\_\_\_\_ Weight: \_\_\_\_\_

One-Person Lift Two-Person Lift Mechanical Lift Lift/Transfer Less than 50 lbs  
 Lift/Transfer More than 50 lbs Slide Board

Lifting/Carrying Instructions: \_\_\_\_\_

Positioning Instructions: \_\_\_\_\_

**TRANSPORTATION SUPPORT NEEDED:**

Car Seat      Adaptive Vehicle Required      Other Transportation Needs \_\_\_\_\_

<b>PERSONAL CARE (CHECK ALL APPLICABLE ITEMS)</b>							
	<b>Dressing</b>	<b>Toileting</b>	<b>Bathing</b>	<b>Oral Hygiene</b>	<b>Menses (if applicable)</b>	<b>Med. Admin</b>	<b>Other (Describe Below)</b>
Independent, no support required							
Prompting/Reminding Required							
Limited Assistance/Supervision Required							
Maximum Assistance/Supervision Required							

Describe Special Personal Care Needs and Preferences or Write NA:

<b>BEHAVIOR (If applicable)</b>		<b>Yes</b>	<b>No</b>
<b>Brief Description</b>	<b>Approximate Frequency</b>	<b>Recommended Intervention</b>	
Verbal Aggression			
Physical Aggression			
Self-Injurious Behavior			
Property Destruction			
Member Leaves Area w/o Informing Anyone			
Self-Stimulation			
Sexual Acting Out			
Crisis Intervention/Hospitalization within last 6 months			
Extreme Liquid/Food Seeking			
Ingesting Non-Edible Objects			
Difficulty with Transitions			
Difficulty Understanding consequences			
Substance Abuse – Drug, Alcohol, Other			
Other			

Is a Behavior Treatment Plan (BTP) Available for Additional Information      Yes      No

Reason for BTP \_\_\_\_\_

Method Used to Obtain Information (e.g., in person, case file) \_\_\_\_\_

Is there a Functional Behavior Assessment (FBA) Available for Additional Information:      Yes      No

Is there a Crisis Intervention Plan Available for Additional Information:      Yes      No

Is there additional Behavior Health Support provided through the Health Plan: Yes No

Where is the additional information saved (e.g., in person, case file): \_\_\_\_\_

PROTECTIVE DEVICES: Yes No

Prescription on File: Yes No PRC Approval Date: \_\_\_\_\_

Instructions for Use: \_\_\_\_\_

Purpose: \_\_\_\_\_

**EMPLOYMENT/DAY PROGRAM (If applicable)**

Name of Employment Day Program: \_\_\_\_\_ Program Type: \_\_\_\_\_

Days and Hours of Attendance: \_\_\_\_\_ Transportation Method: \_\_\_\_\_

Day Program Address (No., Street, City, State, ZIP Code): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Are there any special staffing needs: \_\_\_\_\_

**PROVIDER INFORMATION**

Provider's Name (Last, First, M.I.): \_\_\_\_\_

Qualified Vendor: \_\_\_\_\_

Qualified Vendor Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ After Hours Phone Number: \_\_\_\_\_

**SIGNATURES**

Signature of Person Completing if Not Responsible Party: \_\_\_\_\_

Relationship: \_\_\_\_\_ Date: \_\_\_\_\_

Print Provider's Name: \_\_\_\_\_

Provider's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Responsible Person's/Guardian's Name: \_\_\_\_\_

Responsible Person's/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Distribution: Copy – Provider; Copy – District Office; Copy – Parent/Guardian; Copy – Support Coordinator



**THIS FORM MUST BE SIGNED BY A DOCTOR**

**Administration of PRN - Over the Counter Medications Permission Slip**

Member Name: \_\_\_\_\_ DOB \_\_\_\_\_

Please **INITIAL** each individual medication you want to be available for the Member throughout the year. These orders will be effective for one year.

Tylenol/ Advil		Pain/ fever reduction	
Sudafed		Congestion	
Nyquil		Cough/ Sore throat	
Chlorisepic Spray		Cough/ Sore throat	
Theraflu		Cold Sinus	
Tums		Heartburn	
Zantac 75		Heartburn	
Pepto Bismol		Upset stomach	
Maalox		Upset stomach	
Milk of Magnesia		Constipation	
Kaopectate		Loose stools	
Bengay		Sore Muscles	
Icy Hot		Sore Muscles	
Neosporin		Minor cuts/scrapes, burns	
Hydrogen Peroxide		Minor cuts/scrapes, burns	
Isopropyl Alcohol		Minor cuts/scrapes, burns	
Calamine Lotion		itching/rash	
Visine		Eye irritation	
Clearasil Pads		Acne	
Other:		Other:	

**All medications will be administered according to manufacturer's recommendations unless otherwise noted.**

\_\_\_\_\_  
Physician's Name (please print) \_\_\_\_\_

**PHYSICIAN'S SIGNATURE** \_\_\_\_\_

Phone number \_\_\_\_\_ Date \_\_\_\_\_





## Emergency Medical Consent Form

**Member/Participant's Name:** \_\_\_\_\_

I \_\_\_\_\_ voluntarily consent for Fostering Hope Providers/Staff/Job Coaches to arrange and/or coordinate for emergency hospitalizations and medical care, which may be necessary in the event of emergency situations. All attempts will be made to contact the parents, guardians or emergency contacts, of the Member being served, prior to any medical intervention in emergency situations.

This consent will be valid for one year and will be completed/signed at each annual ISP meeting.

Member: \_\_\_\_\_

Guardian (Print): \_\_\_\_\_

Guardian (Signature): \_\_\_\_\_

Fostering Hope, LLC. Representative: \_\_\_\_\_

Date: \_\_\_\_\_





## EMERGENCY CONTACT INFORMATION FORM

**THIS INFORMATION WILL BE EXTREMELY IMPORTANT IN THE EVENT OF AN ACCIDENT OR MEDICAL EMERGENCY.  
PLEASE BE SURE TO SIGN AND DATE THIS FORM**

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

HOME PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PRIMARY EMERGENCY CONTACT NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PREFERRED LOCAL HOSPITAL: \_\_\_\_\_

COMMENTS (*include any special medical or personal information you would want an emergency care provider to know- or special contact information*):

\_\_\_\_\_  
\_\_\_\_\_

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



## Release of Information

MEMBER NAME: \_\_\_\_\_

I hereby authorize the party receiving this form to release full and complete information that may be requested by Fostering Hope. The information received will remain in my personal file and treated as confidential information.

Member/Guardian Signature:

Date: \_\_\_\_\_

Type or print your Full Name		Your Social Security Number	
Home Address – number and street or rural route			
City or Town		State	ZIP Code

**Choose either box 1 or box 2:**

- 1** Withhold from gross taxable wages at the percentage checked (**check only one percentage**):
- 0.5%   
  1.0%   
  1.5%   
  2.0%   
  2.5%   
  3.0%   
  3.5%
- Check this box and enter an extra amount to be withheld from each paycheck ..... \$
- 2** I elect an Arizona withholding percentage of zero, and I certify that I expect to have no Arizona tax liability for the current taxable year.

I certify that I have made the election marked above.	
SIGNATURE _____	DATE _____

**Employee's Instructions**

Arizona law requires your employer to withhold Arizona income tax from your wages for work done in Arizona. The amount withheld is applied to your Arizona income tax due when you file your tax return. The amount withheld is a percentage of your gross taxable wages from every paycheck. You may also have your employer withhold an extra amount from each paycheck. Complete this form to select a percentage and any extra amount to be withheld from each paycheck.

**What are my "Gross Taxable Wages"?**

For withholding purposes, your "gross taxable wages" are the wages that will generally be in box 1 of your federal Form W-2. It is your gross wages less any pretax deductions, such as your share of health insurance premiums.

**New Employees**

Complete this form within the first five days of your employment to select an Arizona withholding percentage. You may also have your employer withhold an extra amount from each paycheck. If you do not give this form to your employer the department requires your employer to withhold 2.0% of your gross taxable wages.

**Current Employees**

If you want to change your current amount withheld, you must file this form to change the Arizona withholding percentage or to change the extra amount withheld.

**What Should I do With Form A-4?**

Give your completed Form A-4 to your employer.

**Electing a Withholding Percentage of Zero**

You may elect an Arizona withholding percentage of zero if you expect to have no Arizona income tax liability for the current year. Arizona tax liability is gross tax liability less any tax credits, such as the family tax credit, school tax credits, or credits for taxes paid to other states. If you make this election, your employer will not withhold Arizona income tax from your wages for payroll periods beginning after the date you file the form. To keep this election for the next calendar year, you must give your employer an updated Form A-4. If you do not, your employer may withhold Arizona income tax from your wages and salary until you submit an updated Form A-4.

Zero withholding does not relieve you from paying Arizona income taxes that might be due at the time you file your Arizona income tax return. If you have an Arizona tax liability when you file your return or if at any time during the current year conditions change so that you expect to have a tax liability, you should promptly file a new Form A-4 and choose a withholding percentage that applies to you.

**Voluntary Withholding Election by Certain Nonresident Employees**

Compensation earned by nonresidents while physically working in Arizona for temporary periods is subject to Arizona income tax. However, under Arizona law, compensation paid to certain nonresident employees is not subject to Arizona income tax withholding. These nonresident employees need to review their situations and determine if they should elect to have Arizona income taxes withheld from their Arizona source compensation. Nonresident employees may request that their employer withhold Arizona income taxes by completing this form to elect Arizona income tax withholding.

# 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.

### 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 <a href="http://www.ssa.gov">www.ssa.gov</a> .
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](http://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](http://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](http://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](http://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](http://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.

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. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

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
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
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
c Add the amounts from lines 2a and 2b and enter the result on line 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.
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)

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



- 1 Enter an estimate of your 2024 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
2 Enter: { \$29,200 if you're married filing jointly or a qualifying surviving spouse; \$21,900 if you're head of household; \$14,600 if you're single or married filing separately }
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-"
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
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4

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 territories 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 Surviving Spouse**

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	\$0	\$780	\$850	\$940	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,370
\$10,000 - 19,999	0	780	1,780	1,940	2,140	2,220	2,220	2,220	2,220	2,220	2,570	3,570
\$20,000 - 29,999	780	1,780	2,870	3,140	3,340	3,420	3,420	3,420	3,420	3,770	4,770	5,770
\$30,000 - 39,999	850	1,940	3,140	3,410	3,610	3,690	3,690	3,690	4,040	5,040	6,040	7,040
\$40,000 - 49,999	940	2,140	3,340	3,610	3,810	3,890	3,890	4,240	5,240	6,240	7,240	8,240
\$50,000 - 59,999	1,020	2,220	3,420	3,690	3,890	3,970	4,320	5,320	6,320	7,320	8,320	9,320
\$60,000 - 69,999	1,020	2,220	3,420	3,690	3,890	4,320	5,320	6,320	7,320	8,320	9,320	10,320
\$70,000 - 79,999	1,020	2,220	3,420	3,690	4,240	5,320	6,320	7,320	8,320	9,320	10,320	11,320
\$80,000 - 99,999	1,020	2,220	3,620	4,890	6,090	7,170	8,170	9,170	10,170	11,170	12,170	13,170
\$100,000 - 149,999	1,870	4,070	6,270	7,540	8,740	9,820	10,820	11,820	12,830	14,030	15,230	16,430
\$150,000 - 239,999	1,960	4,360	6,760	8,230	9,630	10,910	12,110	13,310	14,510	15,710	16,910	18,110
\$240,000 - 259,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
\$260,000 - 279,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
\$280,000 - 299,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,380
\$300,000 - 319,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,980	17,980	19,980
\$320,000 - 364,999	2,040	4,440	6,840	8,310	9,710	11,280	13,280	15,280	17,280	19,280	21,280	23,280
\$365,000 - 524,999	2,720	6,010	9,510	12,080	14,580	16,950	19,250	21,550	23,850	26,150	28,450	30,750
\$525,000 and over	3,140	6,840	10,540	13,310	16,010	18,590	21,090	23,590	26,090	28,590	31,090	33,590

**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	\$240	\$870	\$1,020	\$1,020	\$1,020	\$1,540	\$1,870	\$1,870	\$1,870	\$1,870	\$1,910	\$2,040
\$10,000 - 19,999	870	1,680	1,830	1,830	2,350	3,350	3,680	3,680	3,680	3,720	3,920	4,050
\$20,000 - 29,999	1,020	1,830	1,980	2,510	3,510	4,510	4,830	4,830	4,870	5,070	5,270	5,400
\$30,000 - 39,999	1,020	1,830	2,510	3,510	4,510	5,510	5,830	5,870	6,070	6,270	6,470	6,600
\$40,000 - 59,999	1,390	3,200	4,360	5,360	6,360	7,370	7,890	8,090	8,290	8,490	8,690	8,820
\$60,000 - 79,999	1,870	3,680	4,830	5,840	7,040	8,240	8,770	8,970	9,170	9,370	9,570	9,700
\$80,000 - 99,999	1,870	3,690	5,040	6,240	7,440	8,640	9,170	9,370	9,570	9,770	9,970	10,810
\$100,000 - 124,999	2,040	4,050	5,400	6,600	7,800	9,000	9,530	9,730	10,180	11,180	12,180	13,120
\$125,000 - 149,999	2,040	4,050	5,400	6,600	7,800	9,000	10,180	11,180	12,180	13,180	14,180	15,310
\$150,000 - 174,999	2,040	4,050	5,400	6,860	8,860	10,860	12,180	13,180	14,230	15,530	16,830	18,060
\$175,000 - 199,999	2,040	4,710	6,860	8,860	10,860	12,860	14,380	15,680	16,980	18,280	19,580	20,810
\$200,000 - 249,999	2,720	5,610	8,060	10,360	12,660	14,960	16,590	17,890	19,190	20,490	21,790	23,020
\$250,000 - 399,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
\$400,000 - 449,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
\$450,000 and over	3,140	6,450	9,110	11,610	14,110	16,610	18,430	19,930	21,430	22,930	24,430	25,870

**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	\$510	\$850	\$1,020	\$1,020	\$1,020	\$1,020	\$1,220	\$1,870	\$1,870	\$1,870	\$1,960
\$10,000 - 19,999	510	1,510	2,020	2,220	2,220	2,220	2,420	3,420	4,070	4,070	4,160	4,360
\$20,000 - 29,999	850	2,020	2,560	2,760	2,760	2,960	3,960	4,960	5,610	5,700	5,900	6,100
\$30,000 - 39,999	1,020	2,220	2,760	2,960	3,160	4,160	5,160	6,160	6,900	7,100	7,300	7,500
\$40,000 - 59,999	1,020	2,220	2,810	4,010	5,010	6,010	7,070	8,270	9,120	9,320	9,520	9,720
\$60,000 - 79,999	1,070	3,270	4,810	6,010	7,070	8,270	9,470	10,670	11,520	11,720	11,920	12,120
\$80,000 - 99,999	1,870	4,070	5,670	7,070	8,270	9,470	10,670	11,870	12,720	12,920	13,120	13,450
\$100,000 - 124,999	2,020	4,420	6,160	7,560	8,760	9,960	11,160	12,360	13,210	13,880	14,880	15,880
\$125,000 - 149,999	2,040	4,440	6,180	7,580	8,780	9,980	11,250	13,250	14,900	15,900	16,900	17,900
\$150,000 - 174,999	2,040	4,440	6,180	7,580	9,250	11,250	13,250	15,250	16,900	18,030	19,330	20,630
\$175,000 - 199,999	2,040	4,510	7,050	9,250	11,250	13,250	15,250	17,530	19,480	20,780	22,080	23,380
\$200,000 - 249,999	2,720	5,920	8,620	11,120	13,420	15,720	18,020	20,320	22,270	23,570	24,870	26,170
\$250,000 - 449,999	2,970	6,470	9,310	11,810	14,110	16,410	18,710	21,010	22,960	24,260	25,560	26,860
\$450,000 and over	3,140	6,840	9,880	12,580	15,080	17,580	20,080	22,580	24,730	26,230	27,730	29,230



## CONSENT/AUTHORIZATION FOR USE OF PHOTO, VIDEO, STORY OR OTHER

Fostering Hope seeks your permission to use photographs, video, stories, or other information of you for advertisement, promotions, training. These will be used at the discretion of Fostering Hope.

I \_\_\_\_\_, give my consent to Fostering Hope authorizing the use of:  
*Individual/Responsible Party's Name*

- Photographs
- Video
- Story
- Other

- I understand that I will not receive any compensation, now or in the future for the use of items checked above.
- I understand that Fostering Hope will not receive any compensation, now or in the future for the use of items checked above.
- I understand that Fostering Hope agrees to maintain confidentiality by refraining from using the complete name of the individual or any other personally identifiable information when using any of the items checked above.
- I understand that Fostering Hope agrees to refrain from using any of the items checked above in a negative or inflammatory way.
- I understand that I can revoke this authorization at any time by written notice to Fostering Hope.

- I do not give permission for photos, videos, stories or other to be used by Fostering Hope.

By signing below, I give authorization and acknowledge understanding of the usage of the items checked above.

Individual/Responsible Party's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Individual/Responsible Party's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Job Description:** Ranch Hand – Group Supported Employment Program

**Job Summary:** The Ranch hand will be responsible for maintaining daily duties involved with typical ranch upkeep. Tasks will include but are not limited to: cleaning up after all farm animals, tidying of stables, feeding animals, restocking supplies and minor grounds maintenance. Landscaping is also crucial to the Ranch hand's duties. Landscaping tasks will include but are not limited to: pulling weeds, trimming trees and bushes. Raking grounds, arena, round pin, etc. Janitorial duties may apply to the job as needed. Providing Ranch Hand services to other properties may be included.

**Primary Responsibilities:** The Ranch Hand will complete training that will include safety awareness around horses. The employer will carefully assess the Ranch Hand's comfort level and ability to be around horses and other small farm animals with direct supervision. The Ranch Hand will assist the rancher/owner in care of and maintenance of horses and surrounding stables. Along with horse upkeep responsibilities, it is important to participate in all tasks in regards to landscaping or extra projects. A willing Ranch hand is crucial for a positive and progressive work environment.

**Essential Functions of the Ranch Hand:**

- Assist in organizing and maintaining stables and tack room
- Cleaning out horse stables and disposing of manure appropriately
- Clean Pastures/Arena/Round Pen
- Remove and replacing bedding as necessary
- Dig out urine holes and fill appropriately with deodorizer and dirt
- Care and upkeep of all riding equipment
- Care and upkeep of all workspaces and tools
- Feedings of all farm animals
- Assist the employer with "special projects" as needed
- General property maintenance and upkeep
- Landscaping/Gardening duties
- Restock supplies and shopping for new supplies

**Physical/Mental Demands:**

- Possess organizational skills and ability to multitask
- Communication and social skills
- Initiate tasks on own and follow appropriate checklists
- Possess professionalism at all times while representing Fostering Hope, LLC.
- Daily cleaning and setting up of equipment utilized for job
- Ability to lift 10-15lbs
- Initial training and safety awareness of horses
- Ability to work outside in hot and cold temperatures

This description is intended to give a general overview about this job and not to be considered a detailed assignment. It may be modified by Fostering Hope, LLC. To adjust for necessary changes. By signing this document, I am affirming that the above are job requirements and at this time, I know of no limitations that would prevent me from performing all functions outlined with or without accommodation.

I understand it is my responsibility to inform Fostering Hope, LLC at any time I am unable to perform the duties outlined.

I have read the job description for this position and understand that it will be a basis for evaluating my performance.

Employee Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Human Resources Signature: \_\_\_\_\_ Date: \_\_\_\_\_