

CONSUMER DIRECTED SERVICES
EMPLOYMENT APPLICATION INSTRUCTIONS

Your application will not be processed if information is missing or incomplete.

- Please use non-erasable blue or black ink only. Do not use white out on the application or other documents.
- Complete the employment application in its entirety. Incomplete applications will not be processed.
- Background screenings are required to be an eligible attendant for the Consumer Directed Services (CDS) program. You must be registered with the Family Care Safety Registry (FCSR) for the screenings. If you are not already registered, you can complete the registration by going to www.health.mo.gov/safety/fcsr/index.php. You will be charged a **nonrefundable one-time fee of \$15.25** (\$14.00 registration fee & an additional \$1.25 processing fee). If you do not have a valid credit/debit card or access to the internet to complete the online registration, include the one-time fee of \$15.25 in the form of cash or money order made payable to RAIL and we will complete the registration for you. Fee not required if already registered.
- Bring with you/provide 2 forms of proper and current identification listed on the I-9 List of Acceptable Forms page. **Please make sure that both forms of identification have the same name on them and are unexpired.**
- If a Consumer hires you to work for them as a Personal Care Attendant, you are considered an employee of that Consumer/Employer. You are not an employee of RAIL.
- After the initial application is processed and after a Consumer has hired you, you will have additional forms to complete before you may work. **You will be required to choose to have your earnings deposited into an existing personal account or enroll in the US Bank Focus Card program (please see attached flyer).**

I consent and acknowledge that Rural Advocates for Independent Living (RAIL) will perform a background screening via the Family Care Safety Registry and Office of Inspector General. If I have resided out of the State of Missouri in the past 5 years, a nationwide screening will also be conducted. Any subsequent screening may result in termination, depending on the results.

If I am unable to complete the online registration with Family Care Safety Registration myself, I will include the above-mentioned fee of \$15.25 and give my permission for Rural Advocates for Independent Living (RAIL) to complete it for me.

I verify that I have fully read and understand the conditions described in this letter. I also understand that I am required to complete all employment documentation before I am authorized to work.

Applicant Signature

Date

Print Name

Consumer Directed Services
Employment Application for Personal Care Attendant
Please Print Clearly

Attendant/Employee Name: _____

Complete Address: _____
Street Address City State Zip

Email Address (Required): _____

Telephone Number: () _____ Cell ☐ Alternate Number: () _____ -Cell ☐

Have you lived in any state(s) other than Missouri in the past 5 years? If so, please list them here _____

Are you 18 Years of Age or Older? ____ Yes ____ No **(State Requirement: Must be able to show proof you are at least 18 years of age and older)**

Do you meet the physical and mental demands required to perform specific tasks of the consumer; agree to maintain confidentiality of personal and medical information; are emotionally mature and dependable; are able to handle emergency situations? ____ Yes ____ No **(Requirement)**

Are you registered with Family Care Safety Registry? ____ Yes ____ No

If no, please register using the internet by going to <http://health.mo.gov/safetv/fcsr/index.php>. You will be charged a **nonrefundable \$15.25 fee** (\$14.00 registration fee & an additional \$1.25 processing fee). If you are unable to complete the registration yourself, you may submit the fee of \$15.25 to RAIL via cash or money order and we will do so on your behalf. Submission of the fee is considered consent.

Do you have a valid MO Driver's License? ____ Yes ____ No

Do you have regular access to reliable transportation? ____ Yes ____ No

Can you read, write and follow directions? ____ Yes ____ No

Do you prefer working with males, females, or either? _____

What experience do you have caring for children, individuals with chronic illness, or individuals with disabilities? _____

Please list any certifications, professional designations and/or licenses you have: _____

PLEASE COMPLETE THE BACK OF THE FORM →

EMPLOYMENT HISTORY- List the last 5 years of employment with the most recent first. If you were previously an attendant employed by an individual receiving Consumer Directed Services, list them as the Company only if you have received their permission to disclose their name. Failure to complete this page in its entirety may result in your ineligibility to be a Personal Care Attendant.

1) Company Name: _____; Supervisor: _____

Mo/Yr Employed: From _____ To _____ Position Held: _____

Complete Address: _____
Street Address City State Zip Code

Phone: _____ Duties: _____

Reason for leaving: _____ May we contact the employer? Yes _____ No _____

2) Company Name: _____; Supervisor: _____

Mo/Yr Employed: From _____ To _____ Position Held: _____

Complete Address: _____
Street Address City State Zip Code

Phone: _____ Duties: _____

Reason for leaving: _____ May we contact the employer? Yes _____ No _____

3) Company Name: _____; Supervisor: _____

Mo/Yr Employed: From _____ To _____ Position Held: _____

Complete Address: _____
Street Address City State Zip Code

Phone: _____ Duties: _____

Reason for leaving: _____ May we contact the employer? Yes _____ No _____

REFERENCES: List three credible references not related to you.

1) Name: _____ Relationship _____ Phone # _____

Complete Address: _____
Street Address City State Zip Code

2) Name: _____ Relationship _____ Phone # _____

Complete Address: _____
Street Address City State Zip Code

3) Name: _____ Relationship _____ Phone # _____

Complete Address: _____
Street Address City State Zip Code

Acknowledgment:

I certify the answers herein are true and accurate to the best of my knowledge and I hereby authorize performance of pre-employment criminal records checks for employment purposes only. I hereby give consent to performance of closed records checks pursuant to Section 610.120 RSMO. I understand any employment with Consumer(s) is conditioned on my consent to such checks as well as the findings/results of such checks. I hereby release any person or organization such background checks and/or furnishings such criminal record information and Consumer(s) from any and all liability arising out of the conducting of a check or the furnishing or receipt of criminal records information. Any such person or organization may rely on a copy of this release. In the event of employment with Consumer(s), I understand that false or misleading information given on this application or in interview(s) may result in refusal to hire or, if employed, may result in discharge after its discovery.

Signature of Applicant: _____ Date: _____

All qualified applicants will be considered without regard to race, color, gender (sex), religion, veteran status, disability, age, sexual orientation, national origin, ancestry, or any other classification protected by law.



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
FAMILY CARE SAFETY REGISTRY
WORKER REGISTRATION

FCSR USE ONLY

Register online at www.health.mo.gov/safety/fcsr OR mail this form, copy of Social Security card, and payment to Missouri Dept. of Health and Senior Services, Fee Receipts, PO Box 570, Jefferson City, MO 65102.

REGISTRATION TYPE (Check all that apply. Complete column on right only if Long Term Care/Personal Care selected from left.)

- ☐ Adoptive Parent
Agency Name: _____
- ☐ Child Care
- ☐ Foster Parent/Family Member of Foster Parent
County Office: _____
- ☐ Hospital
- ☒ Long Term Care/Personal Care (Please choose subcategory at right ▶.)
- ☐ Mental Health/Psychiatric Hospital
- ☐ Voluntary (Select voluntary if no other registration type applies.)

A one-time registration fee of **\$14.00** applies to all categories except Foster Parents. Foster Parents must list the Children's Division county office.

Register only once. If you believe you have already registered, check our website at www.health.mo.gov/safety/fcsr or call, toll free, 866-422-6872.

SOCIAL SECURITY NUMBER (Mail copy of card with form.)

_____-_____-_____-

Long Term Care / Personal Care Subcategories (Complete if LTC/PC selected at left.)

- ☐ Adult Day Care
- ☐ Assisted Living Facility
- ☐ Hospice
- ☐ Hospital LTAC/Swing Bed
- ☐ Mental Health – Residential Facility/ICF
- ☐ Nursing Facility/Skilled Nursing
- ☐ Personal Care – Home Health
- ☐ Personal Care – In-Home Services
- ☒ Personal Care – Consumer Directed Services/Center for Independent Living
- ☐ Personal Care – HCY/PDW/DDD/Other

PERSONAL INFORMATION (Provide all names you have used, starting with most recent. Include legal names and nicknames.)

| | | | | | |
|-----------------------------|--|--|--|----------------------------|---|
| LAST NAME | | FIRST NAME | | MIDDLE NAME | SUFFIX (JR., SR., II, III) |
| MAIDEN NAME (IF APPLICABLE) | | PRIOR NAMES USED (IF APPLICABLE, LIST FIRST AND LAST NAMES.) | | DATE OF BIRTH (MM-DD-YYYY) | GENDER <input type="checkbox"/> M <input type="checkbox"/> F |

CONTACT INFORMATION

MAILING ADDRESS (ENTER YOUR STREET ADDRESS OR POST OFFICE BOX. THIS ADDRESS MUST BE DIFFERENT FROM EMPLOYER ADDRESS.)

| | | | |
|-----------|--------------------------|----------|---|
| CITY | STATE | ZIP CODE | COUNTY |
| TELEPHONE | EMAIL ADDRESS (REQUIRED) | | COUNTRY (COMPLETE ONLY IF OUTSIDE U.S.) |

EMPLOYER ASSOCIATED WITH THIS REGISTRATION (Complete either left or right column, not both.)

| | | | | | |
|---|--|--|---|--|--|
| <input type="checkbox"/> My current/potential child care, long term care or mental health care employer is: | | | <input checked="" type="checkbox"/> No Employer, because I am a(n): | | |
| EMPLOYER NAME | | | <input type="checkbox"/> Adoptive Parent | | |
| EMPLOYER ADDRESS | | | <input type="checkbox"/> Foster Parent/Family Member | | |
| EMPLOYER CITY | | | <input type="checkbox"/> Home Child Care Provider | | |
| STATE | | | <input type="checkbox"/> Private Pay/Private Duty | | |
| ZIP | | | <input type="checkbox"/> Student | | |
| EMPLOYER TELEPHONE | | | <input type="checkbox"/> Volunteer | | |
| EMPLOYER CONTACT NAME | | | <input checked="" type="checkbox"/> Other (Explain: PCA applicant) | | |
| EMPLOYER CONTACT TITLE | | | | | |

REGISTRATION AGREEMENT

The information provided is complete and accurate to the best of my knowledge. I understand it is unlawful to withhold or falsify information required on this form. I grant my permission for the Missouri Department of Health and Senior Services (DHSS) to obtain any and all background information authorized by law to process this request. Furthermore, I authorize the DHSS to release the fact that I am a registrant in the Family Care Safety Registry (FCSR) and any related background information to the requester of the FCSR for employment purposes only, as provided in §210.921, subsection 1, subdivisions (1) and (2), RSMo. For purposes of the FCSR, "employment purposes" includes direct employer/employee relationships, prospective employer/employee relationships, and screening and interviewing of persons or facilities by those persons contemplating the placement of an individual in a child care, elder care or personal care setting. I understand that if I dispute the information contained in the FCSR I have the right to appeal the accuracy of the transfer of information to the FCSR within thirty (30) days of receiving the results of the background screening.

NOTICE: The FCSR may choose to deposit the check enclosed electronically as an ACH debit entry to my designated bank account. I understand that my signature below authorizes my financial institution to deduct this payment from my account. In the event that DHSS or its subcontractor is unable to secure funds from my account or I provide insufficient or inaccurate information regarding my account, my obligation to the DHSS will remain unpaid and further collection action may be taken by the DHSS or its subcontractor, including, but not limited to, returned check fees.

| | |
|------------------------|--|
| SIGNATURE OF APPLICANT | DATE OF SIGNATURE (MUST BE WITHIN SIX MONTHS OF SUBMISSION.) |
|------------------------|--|

WHAT IS THE FAMILY CARE SAFETY REGISTRY?

The Family Care Safety Registry (FCSR), administered by the Missouri Department of Health and Senior Services (DHSS), provides families and employers with a method to obtain background screening information. The Registry, through various state agencies, offers several resources to screen child care, long term care and mental health workers:

- State criminal history and sex offender registry records maintained by the Missouri State Highway Patrol
- Child abuse/neglect records maintained by the Missouri Department of Social Services
- The Employee Disqualification List maintained by the Missouri Department of Health and Senior Services
- The Employee Disqualification Registry maintained by the Missouri Department of Mental Health
- Child care facility licensing records maintained by the Missouri Department of Health and Senior Services
- Foster parent records maintained by the Missouri Department of Social Services

WHO HAS TO REGISTER?

Any person hired on or after January 1, 2001, as a child care worker or elder care worker, hired on or after January 1, 2002, as a personal care worker, or hired on or after January 1, 2009, as a mental health worker, as provided in §210.906, RSMo, is required to make application for registration in the Family Care Safety Registry within fifteen (15) days of the beginning of employment. Such person who fails to submit a completed registration form to the DHSS without good cause, as determined by the department, is guilty of a class B misdemeanor. Employees and volunteers from non-state and/or federally regulated entities are NOT REQUIRED to register with the FCSR.

HOW DO I COMPLETE THE REGISTRATION FORM?

Registration Type – Check at least one box from the left column for type of registration that best describes your worker category. If no other type applies, select “Voluntary.” (A “voluntary registrant” is a person who is not mandated to register with the Family Care Safety Registry pursuant to §210.900 et seq., RSMo.) If you checked Long Term Care / Personal Care, please also make one or more selections from the column on the right for subcategory.

Social Security Number – You must provide your Social Security number pursuant to 19CSR 30-80.030(1). This identifying information, including Social Security number, will be used for internal identification purposes and to conduct background screenings for the resource information listed in paragraph one above.

Personal Information – List your current Last Name, First Name, Middle Name, and any suffix associated with your last name. List any other names by which you may have been known, including maiden names, past married names, and nicknames (attach additional sheets if needed). For identification purposes, list your gender and date of birth.

Contact Information – List your address, city, state, ZIP code, and county. Include your telephone number and email address. We will use this information to notify you of registration results and any background screenings conducted. Email notifications will be encrypted for improved security. To reduce postage costs, the Registry may contact you to request a personal email address if one is not provided.

Employer Associated with this Registration - If you are currently employed by or are seeking employment with a child care or long term care provider, please list the facility name, address, telephone number, and contact person. If registration is not for employment purposes, make a selection from column on right. The employer entered in this section will not receive a copy of the registration notification. Employers eligible to use the Registry for caregiver screenings must make a separate request for your background information.

Registration Agreement – Sign and date the registration form. Your signature will authorize the Family Care Safety Registry to conduct the background screening outlined in §210.903.2, RSMo and to provide the information to requesters for employment purposes, as provided in §210.921.1, RSMo.

WHERE DO I SEND MY REGISTRATION FORM?

Send your completed registration form and photocopy of Social Security card and required fee to the **Missouri Department of Health and Senior Services, ATTN: Fee Receipts, P.O. Box 570, Jefferson City, MO 65102**. If you have questions, please call the Registry using the toll-free telephone number, 866-422-6872.

WHEN WILL I KNOW THE RESULTS OF MY BACKGROUND SCREENING?

After the background screening has been completed, you will be notified in writing of the results that will be recorded in the Family Care Safety Registry. You will also be notified in writing each time background screening information is provided. The notification will contain the name and address of the person who made the request and the background information disclosed. The person making the request will be informed that information will be released for employment purposes only, pursuant to §210.921.1, RSMo. Any person using Registry information for any other purpose is guilty of a class B misdemeanor. In addition, state agencies can request information for licensure or regulatory purposes. Prior to disclosing information, the Registry obtains the name and address of the requester, and determines that the request is for employment or regulatory purposes. To ensure you receive these notifications, it will be important for you to notify the Family Care Safety Registry when you have a change in your contact information. Notify the Family Care Safety Registry of changes in personal or contact information using the toll-free telephone number, 866-422-6872, by email to fcsr@health.mo.gov, or by mail to FCSR, PO Box 570, Jefferson City, MO 65102.

WHAT IF I DON'T AGREE WITH THE RESULTS OF MY BACKGROUND SCREENING?

As provided in §210.912, RSMo, you have the right to appeal the information transferred to the Family Care Safety Registry. Your right to appeal is limited to the accuracy of the transfer of information from the state agency that maintains the background information and does not include a right to appeal the accuracy of the substance of the information transferred. An appeal must be filed in writing to the Office of the Director, Missouri Department of Health and Senior Services, P.O. Box 570, Jefferson City, MO, 65102, within 30 days of receiving the results of the background screening determination. An administrative appeal shall be set within 30 days of the filing of the appeal and a decision shall be made within 60 days. This right to appeal is in addition to any other appeal rights granted by state law.

WHAT INFORMATION WILL BE DISCLOSED BY THE FAMILY CARE SAFETY REGISTRY?

Disclosure of background information on a person registered in the Family Care Safety Registry will be limited. If the person is registered, the Registry worker will disclose whether the person's name is listed in any of the background checks pursuant to §210.903, subsection 2, RSMo, and if so, which one(s). Specific information will be disclosed by the Registry pursuant to §210.921, subsection 1, subdivision (2).

Datasource

BACKGROUND SCREENING SERVICES

BACKGROUND CHECK AUTHORIZATION

FCRA DISCLOSURE AND ACKNOWLEDGMENT
IMPORTANT – PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGMENT
NEW ADDITIONS HAVE BEEN MADE JANUARY 2014 IN ORDER TO COMPLY WITH
THE FCRA ARTICLE 613.

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Rural Advocates for Independent Living (RAIL)/CDS Payroll may obtain information about you for employment purposes from the following consumer reporting agency, Datasource, Inc, 1200 NW South Outer Road, Corporate Centre, Blue Springs, MO 64015, Phone: 816-875-3701, Fax: 816-224-9899, or from another outside organization. The Agency's privacy policy can be found at <http://www.datasourcecorp.com>.

Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may be obtained at any time after receipt of your authorization and, if you are hired, throughout your employment. These reports may include, but are not limited to, checks regarding your criminal history, social security trace, employment and education references, driving history, professional licenses and credentials. Credit history will be requested only in accordance with applicable law. These reports may contain information regarding your use of social media, and other publicly accessible information. Social media includes, but is not limited to, social networking websites (i.e., Facebook and others), professional networking websites (i.e., LinkedIn and others), blogs, and other online media.

You have the right, upon written request made within a reasonable time after receipt of this notice, to ask the Company to disclose the nature and scope of any consumer report. You also may request a copy of that report from the Company. If anyone other than the Agency furnishes an investigative consumer report, the Company will provide relevant contact information within five business days of your request. An "investigative consumer report" is a background report that includes information from personal interviews (except in California, where that term includes background reports with or without personal interviews). Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by the Agency via interviews with past employers, neighbors, friends or associates. The scope of this disclosure and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the procurement of "consumer reports" and/or "investigative consumer reports" at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by Datasource, Inc, 1200 NW South Outer Road, Corporate Centre, Blue Springs, MO 64015, Phone: 816-875-3701, Fax: 816-224-9899, <http://www.datasourcecorp.com>, another outside organization acting on behalf of the Company, and/or the Company itself. I authorize these agencies to provide you with consumer and investigative consumer reports. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

Maine, Massachusetts, and New Jersey employees only: You have the right to inspect and promptly receive a copy of any investigative consumer report requested by Company by contacting the consumer reporting agency identified above directly.

Minnesota employees only: You have the right, upon written request to Agency, to receive a complete and accurate disclosure of the nature and scope of any consumer report. Agency must make this disclosure within five days of receipt of your request or of the Company's request for the report, whichever is later.

New York employees only: You have the right to request whether Company requested a consumer report and, if so, Company will give you the name and address of the report's provider if other than Agency.

California, Minnesota and Oklahoma employees only: Please check this box if you would like to receive from Agency a copy of any report furnished by Agency to the Company pursuant to your authorization. []

Washington employees only: The Company will provide the disclosure described above concerning its procurement of an investigative consumer report either five days after receiving your request or after requesting the investigative consumer report, whichever is later. You have the right to ask Company to provide you with a summary of your rights under the Washington Fair Credit Reporting Act.

| | | | | |
|--|-------|-----------------------|-----------------------------------|------------------------------------|
| Full Name | First | Middle | Last | |
| | First | Middle | Last | |
| | First | Middle | Last | |
| | First | Middle | Last | |
| Maiden Name, Previous Names, or Aliases Used: | First | Middle | Last | |
| | First | Middle | Last | |
| | First | Middle | Last | |
| | First | Middle | Last | |
| Social Security Number: | | Date of Birth: | Driver's License/ID State: | Driver's License/ID Number: |
| Current Address (Required): | | | | From |
| Previous Address: | | | | From/To |
| Previous Address: | | | | From/To |
| Previous Address: | | | | From/To |
| Previous Address: | | | | From/To |
| Contact Telephone Number: | | Email Address: | | |
| SIGNATURE: | | | | DATE: |

Employee/Attendant Aliases

Screenings through the Office of the Inspector General are required for the CDS program for all paid Employees/Attendants. You will need to clearly print **EVERY** first and last name that you have ever used, including the name you were given at birth.

Current Name: _____

Social Security #: _____

| Maiden (Birth) Name | LAST NAMES | FIRST NAMES |
|------------------------|------------|-------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Attendant Application Packet Questionnaire

Attendant name (Please print): _____

Is there a potential Employer/CDS Consumer planning to hire you?

☐ Yes ☐ No

Employer/Consumer Name: _____

Are you related to this consumer? ☐ Yes ☐ No

How are you related? I am the consumer's _____

Have you worked for a RAIL consumer in the last 3 years? _____

Would you like your application to be sent out to other Employers/Consumers on the CDS program who are looking for an Employee/Attendant?

☐ Yes ☐ No

If Yes, please place a checkmark next to each county you are able to work in:

| | | | |
|---------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Adair | <input type="checkbox"/> Chariton | <input type="checkbox"/> Knox | <input type="checkbox"/> Linn |
| <input type="checkbox"/> Macon | <input type="checkbox"/> Putnam | <input type="checkbox"/> Schuyler | <input type="checkbox"/> Scotland |
| <input type="checkbox"/> Shelby | <input type="checkbox"/> Sullivan | | |

If you only wish to work in a specific town(s) please list it below:

Attendant Signature

Date



CONFIDENTIALITY AGREEMENT

The nature of services provided by RAIL (Rural Advocates for Independent Living) in reference to the Consumer Directed Service (CDS) program and HIPAA requires information to be handled in a private, confidential manner.

Any and all information pertaining to RAIL's CDS consumer(s) that the attendant is working for will **only** be released to people and/or agencies outside of RAIL with written or verbal consent from the consumer(s). Following legal or regulatory guidelines provide the only exceptions to this policy. All reports, memoranda, notes, or other documents pertaining to the consumer(s) are part of the consumer(s) confidential records and as such will not be disclosed to any other agencies or individuals other than those the consumer(s) has provided their consent.

The name, addresses, phone numbers, and any other pertinent information concerning the consumer(s) will only be released to the people authorized by the nature of their duties to receive such information and only with the consent of the consumer(s) (as applicable).

In signing the agreement you are agreeing to this policy and are aware of the fact that any violation of this agreement can lead to fine of up to \$250,000 according to HIPAA, or Section 210.150 RSMO.

Attendant Name (Printed)

Attendant Signature

Date

Witness Signature

Date



THE U.S. BANK FOCUS CARD™

Product Overview



Easy Sign Up!

\$0⁰⁰

No cost to sign up.

\$0⁰⁰

No monthly account maintenance.



No credit check or bank account required.³

Card Can Be Used Free And Clear

| | |
|-------------------|------|
| Purchases: | Free |
| In-Network ATMs: | Free |
| Customer Service: | Free |

What is the Focus Card?

- A Visa® prepaid card issued by U.S. Bank.
- Payroll is automatically loaded to the card just like direct deposit to a bank account.
- Works like other Visa debit cards to make purchases, pay bills or get cash.
- Can be reloaded with other direct deposits, cash or checks.¹

Why a Prepaid Card?

Employer Perspective

Issuing paper checks is expensive. Postage, paper, administrative costs, replacement expenses, etc. The Focus Card is a form of direct deposit that allows for greater electronic payments while providing a benefit to employees.

Employee Benefits

Convenient – Allows employees to receive payroll electronically without needing a bank account.

Fast – Funds available the morning of payroll. No waiting for a check.

Safe – Safer than carrying cash. Visa protection if lost or stolen.²

Ideal for employees who:

- Don't have or want a bank account – or –
- Want a separate account to help with budgeting
- Want access to their money without the hassle of paper checks

For more information regarding the Focus Card Program you can visit www.usbankfocus.com or call Cardholder Services 877-474-0010.

¹ Businesses performing your reload may charge a fee. Cash reload services are provided by unaffiliated third parties. U.S. Bank is not responsible for the product service or performance of the third party including the privacy policy, level of security and terms of use, which are different from ours.

² The Visa Zero Liability Policy protects you against unauthorized purchases. U.S.-issued cards only. This does not apply to ATM transactions or to PIN transactions not processed by Visa. You must immediately report any unauthorized use.

³ Successful identity verification required. To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. If necessary, we may also ask to see your driver's license or other identifying documents.



Features



Add More Money¹

Cardholders can add other direct deposits, cash or funds from checks to the card.



Account Alerts

Optional alerts by text or email when funds have been deposited to cardholders' accounts or when their balance gets low.



Cash Back Rewards

For purchases at certain restaurants and retail locations.



Savings Account

Cardholders can create an interest-bearing savings account without ever going to a bank.

How Does It Work?

Purchases

The Focus Card can be used anywhere that accepts Visa debit cards. There is no cost to make purchases in stores, over the phone or online.

Getting Cash⁴

ATM – Cardholders can withdraw cash at any Visa/Plus ATM. (Fees may apply)

Teller Withdrawal – Cardholders can withdraw up to the penny of their paycheck by asking for a teller cash withdrawal. There is no cost to get a cash withdrawal at the teller of any bank or credit union that accepts Visa.

Cash Back – Cardholders can ask for 'cash back' when they make purchases at places like the grocery store or convenience store. They should select "DEBIT" on the authorization machine and select "YES" for cash back.

Card Balance

Cardholders can easily check their available balance:

Online – View account online at www.usbankfocus.com

Phone – Call Cardholder Services at **877-474-0010**

Mobile App⁵ – Search "U.S. Bank Focus" for Apple or Android smartphones.

Email/Text⁵ – Receive email or text alerts when funds have been deposited to the account or when the balance gets low.

Customer Service

Cardholders must direct all of their Focus Card questions to the Cardholder Services line. They may also utilize the website:

Phone: **877-474-0010** | **Online:** www.usbankfocus.com



Card Packet

Envelope – For security purposes the card comes in a plain white envelope.

Card Carrier – Provides activation instructions, customer service contact and direct deposit account numbers. The card plastic is attached to the card carrier.

Usage Guide – Instructions on how to use the card.

Cardholder Agreement – Terms and conditions of the card along with the fee schedule.

For more details, cardholders should visit www.usbankfocus.com.

⁴ Fees may apply to ATM transactions.

⁵ U.S. Bank does not charge a fee for mobile banking. Standard messaging and data rates may apply.

This Organization Participates in E-Verify

Esta Organización Participa en E-Verify



This employer participates in E-Verify and will provide the federal government with your Form I-9 information to confirm that you are authorized to work in the U.S.

If E-Verify cannot confirm that you are authorized to work, this employer is required to give you written instructions and an opportunity to contact Department of Homeland Security (DHS) or Social Security Administration (SSA) so you can begin to resolve the issue before the employer can take any action against you, including terminating your employment.

Employers can only use E-Verify once you have accepted a job offer and completed the Form I-9.

E-Verify Works for Everyone

For more information on E-Verify, or if you believe that your employer has violated its E-Verify responsibilities, please contact DHS.

Este empleador participa en E-Verify y proporcionará al gobierno federal la información de su Formulario I-9 para confirmar que usted está autorizado para trabajar en los EE.UU..

Si E-Verify no puede confirmar que usted está autorizado para trabajar, este empleador está requerido a darle instrucciones por escrito y una oportunidad de contactar al Departamento de Seguridad Nacional (DHS) o a la Administración del Seguro Social (SSA) para que pueda empezar a resolver el problema antes de que el empleador pueda tomar cualquier acción en su contra, incluyendo la terminación de su empleo.

Los empleadores sólo pueden utilizar E-Verify una vez que usted haya aceptado una oferta de trabajo y completado el Formulario I-9.

E-Verify Funciona Para Todos

Para más información sobre E-Verify, o si usted cree que su empleador ha violado sus responsabilidades de E-Verify, por favor contacte a DHS.

888-897-7781
dhs.gov/e-verify



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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

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

| 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 |
|---|----|---|-----|---|
| 1. U.S. Passport or U.S. Passport Card | | 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 | | 1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION |
| 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) | | 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 | | 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) |
| 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa | | 3. School ID card with a photograph | | 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. Employment Authorization Document that contains a photograph (Form I-766) | | 4. Voter's registration card | | 4. Native American tribal document |
| 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status 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. | | 5. U.S. Military card or draft record | | 5. U.S. Citizen ID Card (Form I-197) |
| | | 6. Military dependent's ID card | | 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) |
| | | 7. U.S. Coast Guard Merchant Mariner Card | | 7. Employment authorization document issued by the Department of Homeland Security |
| | | 8. Native American tribal document | | |
| | | 9. Driver's license issued by a Canadian government authority | | |
| | | 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 | | |
| 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 | | | | |

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

Refer to the instructions for more information about acceptable receipts.