



Dear Prospective In Home Care Employer,

Here are the necessary forms to get you started with the registration process. When the packet is returned to us, we will process your paperwork and send you a registration letter with additional information. If you have any questions, feel free to call us 608/630-8402.

The following documents (along with a Frequently Asked Questions document) are included in this packet:

- General Application
- Form 2678
- Form 8821
- Forms SS-4
- Form 56 (*complete only if applicable*)
- Home Care Consumer Notice

**RETURN COMPLETED PACKET TO:  
WISCONSIN QUALITY HOME CARE COMMISSION  
701 E. WASHINGTON AVE. LL3  
MADISON, WI 53703**

*Notes to Employer:*

- *WQHCC does not supply/receive timesheets. You can get timesheets from your case manager, and you (or your workers) should continue to send completed timesheets to your case management agency. Your case management agency (such as CLA, FSRC, AAA, South Madison Coalition, Dane County Long-Term Support, etc.) will have its own deadlines for when timesheets are due each month.*
- *Service Employees International Union (SEIU), Healthcare, Local 150-WI is the union that exclusively covers In Home Care Providers in the WQHCC registry. In 2007, Homecare Providers voted in a union election in favor of having a union. Their first bargaining agreement, signed in 2009, provides a registry and more training opportunities for Homecare Providers. Under this agreement, providers who work more than four hours per month are either SEIU member or fair share payers and are covered by the articles in the collective bargaining agreement. Those providers who work fewer than four hours per month are not covered by the union contract. Information about the contract provision is available to workers through SEIU: 608/255-5211.*

## Frequently Asked Questions for WQHCC Consumers

- **My child/parent/sibling is the person receiving the care, but I am filling out these forms. Whose social security number should go on the forms? Who is the actual employer?**

The SSN is always for the person receiving care. The person receiving care is the actual employer. The parent should sign the forms as a parent of minor child (i.e. minor is Stacy Forrest, The parent/guardian would sign all forms. Julie Forrest, parent of minor child). If the person can sign or make their mark that is considered a valid signature. If there is a guardian, the guardian would sign, Julie Forrest, guardian. THEN they would also need to provide a copy of the Power of Attorney or Guardianship documentation.

- **In whose name will the EIN be? And if the EIN is assigned to a minor, how does that work?**

The EIN is always in the name of the person receiving care even if the person is a minor. The parent should sign the forms as a parent of minor child (ie minor is Stacy Forrest, The parent/guardian would sign all forms. Julie Forrest, parent of minor child)

- **What about Worker's Comp? Am I required to pay for it?**

Worker's compensation is optional. It is not a requirement by Wisconsin Law for household employers to carry worker's compensation. You can check with your homeowner's insurance to see if accident/injury may be covered by that policy. If you would like to provide worker's compensation as a benefit for employees we (WQHCC through Fiscal Assistance) can handle all of the paperwork. The State of Wisconsin has a worker's compensation insurance pool. They charge \$511 per year for each full time employee, \$281.00 per year for each part time employee plus an expense fee of \$220.00 per policy. Again, we take care of all of the paperwork.

- **What about Unemployment Insurance? Am I required to pay for this?**

According to the IRS, if you pay total wages of \$1,000.00 or more in any calendar quarter to household employees (excluding parents, spouse or children under 21) then you need to pay federal and state unemployment. This is automatically calculated by WQHCC/FA. FA does all quarterly and yearly reporting and filing of unemployment taxes. Yes, you pay for it out of the money provided to you by the county or agency.

- **How will this affect the way we do our taxes? What additional forms/reporting will we need to worry about?**

This does NOT affect your personal taxes in any way. There are no additional forms or reporting that are required by you personally. WQHCC/FA is responsible for all of the reporting and filing of employment taxes. You are provided with copies of what has been filed each quarter and year.

- **Who needs to complete Form 56 (Notice Concerning Fiduciary Relationship)? Who doesn't?**

Parents of minor do NOT need a form 56. If a person is signing on behalf of the employer (other than a minor) they must complete a Form 56 AND include a copy of the Power of Attorney or Guardianship documentation.

- **Why are all these forms necessary?**

The basic thing to remember is that these forms relate only to payroll. The consumer is an "employer" and is assigned an EIN (Employer's Identification Number). They do **NOT** relate to the individual's personal income tax (like the 1040 tax returns we file each year) whereby the individual is identified by their Social Security number. The following is an explanation of why each form is necessary.

**Form SS-4** – This form allows FA to request a Federal Employer ID Number (FEIN).

**Form 2678 - Employer/Payer Appointment of Agent:** This form allows Fiscal Assistance of Dane County, Inc. to FILE the Employer's Employment Tax Forms 940, 941, W-2, W-3 and make deposits or payments of employment or other withholding taxes.

The 940 is the Employer's Annual Federal Unemployment (FUTA) Tax Return

The 941 is the Employer's QUARTERLY Federal Tax Return

The W-2 reports wages paid to employees and the taxes withheld from them

**Form 8821- Tax Information Authorization:** This form allows Fiscal Assistance of Dane County, Inc. to RECEIVE confidential tax information relating to the Employer's Employment Tax Forms 940, 941, W-2, W-3. Form 8821 does *not* authorize Fiscal Assistance of Dane County, Inc. to advocate your position with respect to the federal tax laws; to execute waivers, consents, or closing agreements; or to otherwise represent you before the IRS.

*If an employer is signing on his/her own behalf, only the forms listed above are required. If the person has **ANYONE** signing on their behalf, they are considered a fiduciary and they then must complete a Form 56 and include a copy of the guardianship paperwork. Again, it relates only to payroll.*

**Form 56- Notice Concerning Fiduciary Relationship:** This form is to notify the IRS of the existence of a fiduciary relationship. A fiduciary (trustee, executor, administrator, receiver, or guardian) stands in the position of a taxpayer and acts as the taxpayer. The fiduciary must furnish evidence that substantiates their authority to act as a fiduciary for the person for whom they are acting. ***This form does not apply to parents who are signing for a minor child.***



## Direct Care Registry Profile Data Form – Employer

This data form provides information for employers to search the direct care registry

### **General Match Requirements:**

1. How would you describe the person in need of care:  
 Elderly  Physically disabled  Developmentally disabled
2. How would you describe the care environment:  
 Structured  Free flowing  Quiet  Lively
3. Would you consider receiving care in the provider's home?  Yes  No
4. Are there pets in the home environment?  Yes  No
5. What are the hours of care you are seeking?  
 Full time  Part time  Emergency backup  Respite
6. Do you require the provider to have a car?  Yes  No
7. Will the provider be required to drive a car other than his/her own?  Yes  No
8. Is there smoking in the care environment?  Yes  No
9. Mark other required tasks  
Cooking  Basic house cleaning tasks  laundry   
grocery-shopping  medical appointments?
10. Is a language other than English required?  Yes  
If Yes, circle language;  
(Spanish/Hmong/Chinese/Dutch/French/German/Italian/Portuguese/Russian/Japanese /Other)

### **Care Provider Experience Requirements:**

- Behavioral supports?  .Dementia?  . Developmental disabilities?  . Vision issues?
- Hard of hearing/use of hearing aids?  . Adaptive communication (i.e Dynavox)?
- Mental health diagnosis?  . Traumatic brain injury?  Frail. Elderly?
- Alzheimer's?  Alcohol and Other Drug Abuse (AODA)?

### **Personal Care Task Requirements:**

- . Dressing/Undressing?  . Hair care?  . Oral hygiene?  . Nail care?
- . Incontinence care?  . Toilet assistance?  . Bladder/bowel care (colostomy)?
- . Feminine care?  . Shaving (face/legs/arms)?  . Bathing/showering assistance?
- . Bed bath?  . Medication administration/assistance?  . Food prep/eating?
- G-tube experience?  . Mobility  . Assistance prosthetics or orthotics?
- Repositioning?  . Use of Lift?  Exercise programs/range of motion?
- Repeatedly lift more than:  10 lbs  20 lbs  40 lbs  50 lbs  +55 lbs

**Availability Requirements:**

1. PLACE AN X IN THE TIME PERIODS YOU ARE SEEKING CARE

DAY OF WEEK	MORNING 6:00 -12:00	AFTERNOON 12:00 – 5:00	EVENING 5:00 -8:00	OVERNIGHT 8:00 – 6:00 AM
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

**Personal Interests of the Care Recipient:**

1. Animals? \_\_\_\_\_ 2. Antiques? \_\_\_\_\_ 3. Baking? \_\_\_\_\_  
 4. Children? \_\_\_\_\_ 5. Cooking? \_\_\_\_\_ 6. Crafts? \_\_\_\_\_  
 7. Gardening? \_\_\_\_\_ 8. Movies? \_\_\_\_\_ 9. Politics? \_\_\_\_\_  
 10. Music? \_\_\_\_\_ 11. Religion? \_\_\_\_\_ 12. Sports? \_\_\_\_\_  
 13. Travel? \_\_\_\_\_ 14. Other? \_\_\_\_\_

**Information to be completed by WQHCC Staff:**

Password \_\_\_\_\_

Approval Status: \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_ Pending

Registry Acceptance Date \_\_\_\_\_

Registry Close Date \_\_\_\_\_

Other comments for WQHCC: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Form **2678** **Employer/Payer Appointment of Agent**

(Rev. October 2007) Department of the Treasury — Internal Revenue Service

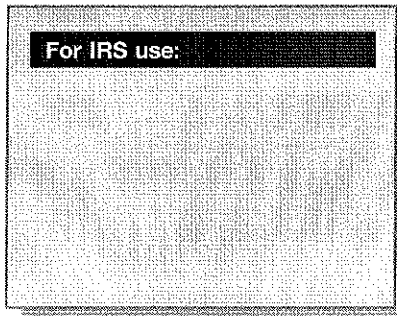
OMB No. 1545-0748

Use this form if you want to request approval to have an agent file returns and make deposits or payments of employment or other withholding taxes or if you want to revoke an existing appointment.

- If you are an employer or payer who wants to request approval, complete Parts 1 and 2 and sign Part 2. Then give it to the agent. Have the agent complete Part 3 and sign it.

**Note.** This appointment is not effective until we approve your request. See the instructions for filing Form 2678 on page 3.

- If you are an employer, payer, or agent who wants to revoke an existing appointment, complete all three parts. In this case, only one signature is required.



**Part 1: Why you are filing this form...**

(Check one)

- You want to **appoint** an agent for tax reporting, depositing, and paying.
- You want to **revoke** an existing appointment.

**Part 2: Employer or Payer Information: If you want to appoint an agent or revoke an appointment, complete this part.**

1 Employer identification number (EIN)

□ □ - □ □ □ □ □ □ □ □

2 Employer's or payer's name  
(not your trade name)

\_\_\_\_\_

3 Trade name (if any)

\_\_\_\_\_

4 Address

\_\_\_\_\_

Number Street Suite or room number

\_\_\_\_\_

City State ZIP code

5 Forms for which you want to appoint an agent or revoke the agent's appointment to file.  
(Check all that apply.)

For ALL employees/  
payees For SOME employees/  
payees

- Form 941, 941-PR, 941-SS (Employer's QUARTERLY Federal Tax Return)
- Form 943, 943-PR (Employer's Annual Federal Tax Return for Agricultural Employees)
- Form 944, 944-PR, 944-SS, 944(SP) (Employer's ANNUAL Federal Tax Return)
- Form 945 (Annual Return of Withheld Federal Income Tax)
- Form CT-1 (Employer's Annual Railroad Retirement Tax Return)
- Form CT-2 (Employee Representative's Quarterly Railroad Tax Return)

<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

**Note:** You may NOT appoint an agent to report, deposit, and pay taxes reported on Form 940, Employer's Annual Federal Unemployment (FUTA) Tax Return.

I am authorizing the IRS to disclose otherwise confidential tax information to the agent relating to the authority granted under this appointment, including disclosures required to process Form 2678. The agent may contract with a third party, such as a reporting agent or certified public accountant, to prepare or file the returns covered by this appointment, or to make any required deposits and payments. Such contract may authorize the IRS to disclose confidential tax information of the employer/payer and agent to such third party. If a third party fails to file the returns or make the deposits and payments, the agent and employer/payer remain liable.

**X** Sign your name here

\_\_\_\_\_

Print your name here

\_\_\_\_\_

Print your title here

OWNER

Date

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Best daytime phone

( ) - \_\_\_\_\_

Now give this form to the agent to complete. ➔

