

This guide will aid care providers and families in the completion of the United States Citizens and Immigration Services I-9 form. For this form, the care provider is considered the “employee” and the client/family is considered the “employer”.

Section 1- To be completed by Care Provider

<p>1. Complete the following:</p> <ul style="list-style-type: none"> <li>▪ Last name</li> <li>▪ First name</li> <li>▪ Middle Initial (if any)</li> <li>▪ Other Last Names Used (if any)</li> <li>▪ Address</li> <li>▪ Apartment (if any)</li> <li>▪ City</li> <li>▪ State</li> <li>▪ Zip code</li> <li>▪ Date of birth</li> <li>▪ Social Security</li> <li>▪ E-mail address</li> <li>▪ Telephone number</li> </ul>	<div style="text-align: center;">  <p><b>Employment Eligibility Verification</b> Department of Homeland Security U.S. Citizenship and Immigration Services</p> </div> <div style="text-align: right;"> <p>USCIS <b>Form I-9</b> OMB No.1615-0047 Expires 07/31/2026</p> </div> <p><b>START HERE:</b> Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the <a href="#">Instructions</a>.</p> <p><b>ANTI-DISCRIMINATION NOTICE:</b> All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in <b>Section 1</b>, or specify which acceptable documentation employees must present for <b>Section 2</b> or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.</p> <p><b>1 Section 1. Employee Information and Attestation:</b> Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Last Name (Family Name) <b>Washington</b></td> <td style="width: 25%;">First Name (Given Name) <b>George</b></td> <td style="width: 15%;">Middle Initial (if any) <b>A</b></td> <td style="width: 35%;">Other Last Names Used (if any)</td> </tr> <tr> <td colspan="2">Address (Street Number and Name) <b>123 Star Spangled Way</b></td> <td>Apt. Number (if any) <b>1</b></td> <td>City or Town <b>Westmoreland</b></td> </tr> <tr> <td colspan="2">Date of Birth (mm/dd/yyyy) <b>02/02/1982</b></td> <td>U.S. Social Security Number <b>1 2 3 4 5 6 7 8 9</b></td> <td>Employee's Telephone Number <b>(202) 123-4567</b></td> </tr> <tr> <td colspan="2">Employee's Email Address <b>gwashington@email.com</b></td> <td colspan="2">State <b>VA</b></td> </tr> <tr> <td colspan="2">ZIP Code <b>2002</b></td> <td colspan="2"></td> </tr> </table>	Last Name (Family Name) <b>Washington</b>	First Name (Given Name) <b>George</b>	Middle Initial (if any) <b>A</b>	Other Last Names Used (if any)	Address (Street Number and Name) <b>123 Star Spangled Way</b>		Apt. Number (if any) <b>1</b>	City or Town <b>Westmoreland</b>	Date of Birth (mm/dd/yyyy) <b>02/02/1982</b>		U.S. Social Security Number <b>1 2 3 4 5 6 7 8 9</b>	Employee's Telephone Number <b>(202) 123-4567</b>	Employee's Email Address <b>gwashington@email.com</b>		State <b>VA</b>		ZIP Code <b>2002</b>			
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<p>2. Select the citizenship or immigration status that applies.</p> <p><b>Note:</b> If number 3 is selected please provide the Alien Registration Number/USCIS Number.</p> <p><b>Note:</b> If number 4 is selected please provide expiration date (if any), and <b>one</b> of the three types of numbers requested (Alien Registration Number/USCIS, Forms I-94, or Foreign Passport Number).</p>	<p><b>2</b> I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</p> <p>Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input checked="" type="checkbox"/></td> <td>1. A citizen of the United States (See Instructions.)</td> </tr> <tr> <td><input type="checkbox"/></td> <td>2. A noncitizen national of the United States (See Instructions.)</td> </tr> <tr> <td><input type="checkbox"/></td> <td>3. A lawful permanent resident (Enter USCIS or A-Number.)</td> </tr> <tr> <td><input type="checkbox"/></td> <td>4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)</td> </tr> </table> <p>If you check Item Number 4., enter one of these:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>USCIS A-Number</td> <td>OR</td> <td>Form I-94 Admission Number</td> <td>OR</td> <td>Foreign Passport Number and Country of Issuance</td> </tr> </table>	<input checked="" type="checkbox"/>	1. A citizen of the United States (See Instructions.)	<input type="checkbox"/>	2. A noncitizen national of the United States (See Instructions.)	<input type="checkbox"/>	3. A lawful permanent resident (Enter USCIS or A-Number.)	<input type="checkbox"/>	4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)	USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance							
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3. Sign and date.	<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border: 1px solid black; padding: 2px;"> <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">3</span> Signature of Employee  <i>George Washington</i> </div> <div style="border: 1px solid black; padding: 2px;">                     Today's Date (mm/dd/yyyy)  <b>08/10/2023</b> </div> </div> <p style="font-size: small; margin-top: 2px;">If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the <a href="#">Preparer and/or Translator Certification</a> on Page 3.</p>
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Care provider must present acceptable documentation to client/family for Section 2 of Form I-9. **These documents CAN NOT be expired.** To see lists of acceptable documents, refer to the “Form I-9 Acceptable Documents” chart on the last page of this guide.

### Section 2- To be Completed by Client/Family

Section 2 must be completed. The client/family **must physically examine** documentation provided from care provider. **These documents CAN NOT be expired.** To see Lists of acceptable documents, refer to the “Form I-9 Acceptable Documents” chart on the last page of this guide.

The care provider will present one (1) List A document **OR** two (2) List B and List C documents. The following is an example of List A documentation using a passport, followed by an example of List B and C documentation using a Driver’s License and Social Security Card.

#### List A Documents

Below a passport is used as an example for List A documentation.

<p>1. Complete the List A section. Document Title, Issuing Authority, Document Number, Expiration Date (if any).</p> <p><b>Note:</b> For other acceptable List A documents see the last page.</p>	<div style="border: 1px solid black; padding: 5px;"> <p style="font-size: small; margin: 0;"><b>Section 2. Employer Review and Verification:</b> Employers or their authorized representative must complete and sign Section 2 within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 45%;">List A</th> <th style="width: 5%; text-align: center;">OR</th> <th style="width: 20%;">List B</th> <th style="width: 5%; text-align: center;">AND</th> <th style="width: 20%;">List C</th> </tr> </thead> <tbody> <tr> <td style="text-align: center; vertical-align: top;"><span style="border: 1px solid black; border-radius: 50%; padding: 2px;">1</span></td> <td>Document Title 1 <b>U.S Passport</b></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Issuing Authority <b>Department of State</b></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Document Number (if any) <b>ABC123456789</b></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Expiration Date (if any) <b>01/01/2027</b></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Document Title 2 (if any)</td> <td></td> <td colspan="3" rowspan="4" style="vertical-align: top; padding: 5px;">Additional Information</td> </tr> <tr> <td></td> <td>Issuing Authority</td> </tr> <tr> <td></td> <td>Document Number (if any)</td> </tr> <tr> <td></td> <td>Expiration Date (if any)</td> </tr> <tr> <td></td> <td>Document Title 3 (if any)</td> <td></td> <td colspan="3" rowspan="4"></td> </tr> <tr> <td></td> <td>Issuing Authority</td> </tr> <tr> <td></td> <td>Document Number (if any)</td> </tr> <tr> <td></td> <td>Expiration Date (if any)</td> </tr> <tr> <td></td> <td colspan="5" style="text-align: right;"><input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.</td> </tr> </tbody> </table> </div>		List A	OR	List B	AND	List C	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">1</span>	Document Title 1 <b>U.S Passport</b>						Issuing Authority <b>Department of State</b>						Document Number (if any) <b>ABC123456789</b>						Expiration Date (if any) <b>01/01/2027</b>						Document Title 2 (if any)		Additional Information				Issuing Authority		Document Number (if any)		Expiration Date (if any)		Document Title 3 (if any)						Issuing Authority		Document Number (if any)		Expiration Date (if any)		<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.				
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# Completing United States Citizens and Immigration Services I-9 Employment Eligibility Verification Form



SUPPORT SERVICES

<p>Confirm certification.</p> <p>2. Complete <b>First Day of Employment.</b></p>	<p>Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.</p> <p style="text-align: right;">②</p> <table border="1" style="float: right;"> <tr> <td>First Day of Employment (mm/dd/yyyy):</td> <td>08/10/2023</td> </tr> </table>	First Day of Employment (mm/dd/yyyy):	08/10/2023				
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<p>3. Complete <b>Signature, Date, Title of Employer or Authorized Representative, Last Name, First Name.</b></p> <p><b>NOTE:</b> Please use “Supervisor” for <b>Title of Employer or Authorization Representative</b> field.</p>	<p>③</p> <table border="1"> <tr> <td>Last Name, First Name and Title of Employer or Authorized Representative</td> <td>Signature of Employer or Authorized Representative</td> <td>Today's Date (mm/dd/yyyy)</td> </tr> <tr> <td>Washington, Martha, Supervisor</td> <td><i>Martha Washington</i></td> <td>08/11/2023</td> </tr> </table>	Last Name, First Name and Title of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Washington, Martha, Supervisor	<i>Martha Washington</i>	08/11/2023
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<p>4. The Employer’s Name or Organization Name and address will be pre-filled out.</p>	<p>④</p> <table border="1"> <tr> <td>Employer's Business or Organization Name</td> <td>Employer's Business or Organization Address, City or Town, State, ZIP Code</td> </tr> <tr> <td>Aveanna Healthcare</td> <td>3010 Old Ranch Pkwy Suite 455, Seal Beach Ca 90740</td> </tr> </table>	Employer's Business or Organization Name	Employer's Business or Organization Address, City or Town, State, ZIP Code	Aveanna Healthcare	3010 Old Ranch Pkwy Suite 455, Seal Beach Ca 90740		
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## List B and C Documents

Below a Driver’s License and Social Security Card is used as an example for List B and C documentation.

NOTE: Care provider must provide (1) document from List B **AND** (1) document from List C to meet the requirement.



# Completing United States Citizens and Immigration Services I-9 Employment Eligibility Verification Form



SUPPORT SERVICES

<p>1. Complete <b>List B and C</b> sections. <b>Document Title, Issuing Authority, Document Number, Expiration Date (if any).</b></p> <p><b>Note:</b> For other acceptable List B and C documents see the last page.</p>	<p><b>Section 2. Employer Review and Verification:</b> Employers or their authorized representative must complete and sign Section 2 within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.</p> <table border="1"> <thead> <tr> <th>List A</th> <th>OR</th> <th>List B</th> <th>AND</th> <th>List C</th> </tr> </thead> <tbody> <tr> <td>Document Title 1</td> <td>①</td> <td>CT Driver's License</td> <td></td> <td>Social Security Card</td> </tr> <tr> <td>Issuing Authority</td> <td></td> <td>CT Dept. Of Motor Vehicles</td> <td></td> <td>Social Security Administration</td> </tr> <tr> <td>Document Number (if any)</td> <td></td> <td>O30778164</td> <td></td> <td>000476</td> </tr> <tr> <td>Expiration Date (if any)</td> <td></td> <td>05/23/26</td> <td></td> <td></td> </tr> <tr> <td>Document Title 2 (if any)</td> <td></td> <td colspan="3">Additional Information</td> </tr> <tr> <td>Issuing Authority</td> <td></td> <td colspan="3" rowspan="3"></td> </tr> <tr> <td>Document Number (if any)</td> <td></td> </tr> <tr> <td>Expiration Date (if any)</td> <td></td> </tr> <tr> <td>Document Title 3 (if any)</td> <td></td> <td colspan="3"></td> </tr> <tr> <td>Issuing Authority</td> <td></td> <td colspan="3"></td> </tr> <tr> <td>Document Number (if any)</td> <td></td> <td colspan="3"></td> </tr> <tr> <td>Expiration Date (if any)</td> <td></td> <td colspan="3"></td> </tr> </tbody> </table> <p><input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.</p>	List A	OR	List B	AND	List C	Document Title 1	①	CT Driver's License		Social Security Card	Issuing Authority		CT Dept. Of Motor Vehicles		Social Security Administration	Document Number (if any)		O30778164		000476	Expiration Date (if any)		05/23/26			Document Title 2 (if any)		Additional Information			Issuing Authority					Document Number (if any)		Expiration Date (if any)		Document Title 3 (if any)					Issuing Authority					Document Number (if any)					Expiration Date (if any)				
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List of Acceptable Documents (Page 3)

The last page provides in-depth information of what documents can be used as identification. **These documents CAN NOT be expired.**

LISTS OF ACCEPTABLE DOCUMENTS		
All documents containing an expiration date must be unexpired. * Documents extended by the issuing authority are considered unexpired. Employees may present one selection from List A or a combination of one selection from List B and one selection from List C. Examples of many of these documents appear in the Handbook for Employers (M-274).		
LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity AND LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: 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 individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI	1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority 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	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. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security For examples, see Section 7 and Section 13 of the M-274 on <a href="https://www.uscis.gov/i-9-central">uscis.gov/i-9-central</a> . The Form I-766, Employment Authorization Document, is a List A, Item Number 4, document, not a List C document.
<b>Acceptable Receipts</b> May be presented in lieu of a document listed above for a temporary period. For receipt validity dates, see the M-274.		
<ul style="list-style-type: none"> <li>Receipt for a replacement of a lost, stolen, or damaged List A document.</li> <li>Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual.</li> <li>Form I-94 with "RE" notation or refugee stamp issued to a refugee.</li> </ul>	OR	<ul style="list-style-type: none"> <li>Receipt for a replacement of a lost, stolen, or damaged List B document.</li> </ul>
*Refer to the Employment Authorization Extensions page on <a href="https://www.uscis.gov/i-9-central">I-9 Central</a> for more information.		
Form I-9 Edition 08/01/23		Page 2 of 4

Supplement A and B

The last two pages can be disregarded if they are not needed.

Reference: Form I-9 Acceptable Documents | USCIS. (2023, February 3). USCIS. <https://www.uscis.gov/i-9-central/form-i-9-acceptable-documents>

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-255-8360 (TTY: 711).  
 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-255-8360 (TTY: 711)。

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