

SUPPORT SERVICES

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".

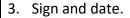
Section 1- To be completed by Care Provider

1.	Complete the following:			Ι	Depai	rtmei	t Eligibility Verifica nt of Homeland Security hip and Immigration Servi			USCIS Form I-9 OMB No.1615-0047 Expires 07/31/2026
•	Last name First name Middle Initial (if any)		failing to comply with the req ANTI-DISCRIMINATION NOTI employees for documentation to	uirements for c CE: All employe o verify informati	ompleting th es can choos on in Section	is forr e whic 1, or s	are available to employees whe m. See below and the <u>Instruct</u> ch acceptable documentation to specify which acceptable docum erently based on their citizenship	ions. present for Form I- entation employee	-9. Employe es must pres	nployers are liable for ers cannot ask sent for Section 2 or
•	Other Last Names Used (if any) Address Apartment (if any)	1	day of employment, but no Last Name (Family Name) Washington Address (Street Number and Nam 123 Star Spangled Wi	e) ay	ting a job of First Name (Giv George Apt. N 1	ffer. /en Nar lumber	r (if any) City or Town Westmoreland		State	d (if any) ZIP Code 2002
•	City State	,	Date of Birth (mm/dd/yyyy) 02/02/1982	U.S. Social Secur 1 2 3 4 5			nployee's Email Address washington@email.com		Employee's (202) 12	5 Telephone Number 23-4567
•	Zip code Date of birth Social Security									
•	E-mail address Telephone number									
2.	Select the citizenship or immigration status that applies.	2	I an aware that federal law provides for imprisonment a fines for false statements, or use of false documents, in connection with the complet this form. I attest, under per of perjury, that this informati including my selection of the	nd/or the 2. ion of alty on, 4.	A citizen of the A noncitizen na A lawful permar	United ational c nent res	es to attest to your citizenship or imm I States of the United States (See Instructions esident (Enter USCIS or A-Number.) an Item Numbers 2. and 3. above) at	.)		
ple Re	te: If number 3 is selected ease provide the Alien gistration Number/USCIS mber.		attesting for writizenship o immigration status, is true a correct.	If you che	ck Item Numb S A-Number	er 4., e	nter one of these: Form I-94 Admission Number O	Foreign Passpor	rt Number an	Id Country of Issuance
ple (if typ (Al Nu	ete: If number 4 is selected ease provide expiration date any), and one of the three bes of numbers requested ien Registration mber/USCIS, Forms I-94, or reign Passport Number).									





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Signa	ture of Employee	Today's Date (mm/dd/yyyy)
(3)	George Washington	08/10/2023
	a preparer add/or translator assisted you in completing Section 1, that pe	rson MUST complete the Preparer and/or Translator Certification on Page 3.

Care provider must present acceptable documentation to client/family for Section 2 of Form I-9. <u>These</u> <u>documents CAN NOT be expired</u>. To see lists of acceptable documents, refer to the "Form I-9 Acceptable Documents" chart on the last page of this guide.

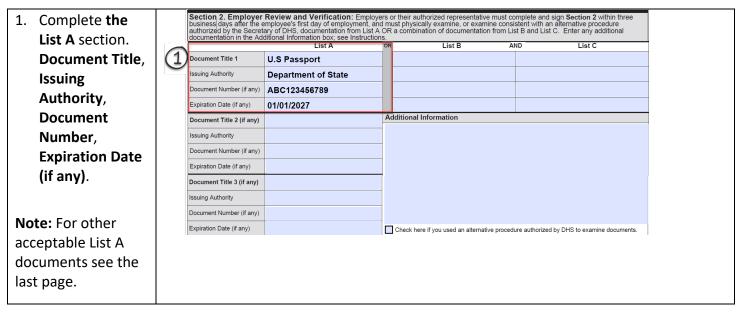
Section 2- To be Completed by Client/Family

Section 2 must be completed. The client/family <u>must physically examine</u> documentation provided from care provider. <u>These documents CAN NOT be expired</u>. 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.







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	nfirm tification. Complete First Day of Employment.	Certification: I attest, under penalty of perjury, that (1) I have examined the documentation employee, (2) the above-listed documentation appears to be genuine and to relate to the e best of my knowledge, the employee is authorized to work in the United States.	n presented by the above-hanged	
3.	Complete Signature, Date, Title of Employer or Authorized Representative, Last Name, First Name.	(2)	of Employer or Authorized Representative	Today's Date (mm/dd/yyyy) 08/11/2023
"Su Tit Au	DTE: Please use upervisor" for le of Employer or thorization presentative ld.			
4.	The Employer's Name or Organization Name and address will be pre-filled out.		Organization Address, City or Town, State, ZIP Cod Pkwy Suite 455, Seal Beach Ca 9	

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.





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 Complete List B and C sections. Document Title, 	Section 2. Employer business days after the e authorized by the Secreta documentation in the Add	Review and Verification: Employe mployee's first day of employment, and ary of DHS, documentation from List A ditional Information box; see Instruction	ers or their a d must phys OR a comb	uthorized representative must c ically examine, or examine cons ination of documentation from L	omplete and sign S istent with an altern ist B and List C. En	action 2 within three ative procedure ter any additional
,		List A	DR	List B A	ND	List C
Issuing Authority,	Document Title 1	Ū	CT D	river's License	Social Securi	ty Card
Document Number,	Issuing Authority		СТ D	ept. Of Motor Vehicles	Social Securi	ty Administration
Expiration Date (if any).	Document Number (if any)		O307	78164	000476	
	Expiration Date (if any)		05/23	/26		
	Document Title 2 (if any)		Additiona	I Information		
Note: For other acceptable List	Issuing Authority					
B and C documents see the last	Document Number (if any)					
page.	Expiration Date (if any)]			
page.	Document Title 3 (if any)		1			
	Issuing Authority		1			
	Document Number (if any)		1			
	Expiration Date (if any)		Check ł	nere if you used an alternative proced	lure authorized by DH	S to examine documents.
 Complete certification. Complete First Day of Employment. 	employee, (2) the above-l	der penalty of perjury, that (1) I have exam isted documentation appears to be genu e employee is authorized to work in the L	line and to re	elate to the employee named, and	(3) to the (mm	rDay of Employment Jdd/yyyy): J10/2023
3. Complete Signature, Date,	(2)	e and Title of Employer or Authorized Represe Iartha, Supervisor	entative	Signature of Employer or Authorized Martha Washington	Representative	Today's Date (mm/dd/yyyy) 08/11/2023
Title of Employer or Authorization Representative, Last Name, First Name.						
NOTE: Please use "Supervisor" for Title of Employer or Authorization Representative field.						
4. The Employer's Name or	Aveanna Healt	_		iness or Organization Address, City or Ranch Pkwy Suite 455, Se		740
Organization Name and				plement B, Reverification and R		
address will be pre-filled out.					<u></u>	





Employment Eligibility Verification Form

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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. <u>These</u> documents CAN NOT be expired.

All docum * Documents e Emp combination	ment exte ploye of c	S OF ACCEPTABLE DOCUME ts containing an expiration date must be inded by the issuing authority are consi ease may present one selection from Liss ine selection from List B and one select is documents appear in the Handboo	e unexpired. dered unexpired. t A or a ion from List C.
LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity ANE	LIST C Documents that Establish Employment Authorization
I. U.S. Passport or U.S. Passport Card Permanent Resident Card or Allen Registration Receipt Card (Form I-551) Foreign passport that contains a temporary I-551 stamp or temporary I-550 printed notation on a machine- readable immigrant viae Employment Authorization Document that contains a photograph (Form I-766) For an individual temporarily authorized to work for a specific employmer 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 the passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and the constrained that that of the morsement has not yet exployment has including on moriginal with any restrictions or limitations; identified on the form Have form I-94A indicating nonimingrant almost part of the Marchael lased; (RM) who from H494 or Form I-94A indicating nonimingrant admission Relyweint of of Form I-94A indicating nonimingrant admission last the follow of or Form I-94A indicating nonimingrant admission last the follow of or Form I-94A indicating nonimingrant admission last the follow of of Form I-94A indicating nonimingrant admission Mark MM who form H4P work Admission Relyweint the follow of of Form I-94A indicating nonimingrant admission Mark MM who follow Admission Relyweint the follow of of Form I-94A indicating nonimingrant admission Mark MM who follow Admission Relyweint the Vinited 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 I 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 tribial document 9. Driver's license issued by a Canadian government authority For persons under age 18 who are unable to present a document 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record	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 OHS AUTHORIZATION (4) VALID FOR WORK ONLY WITH OHS AUTHORIZATION (5) State, county, nuncipal authority, or territory of the United States bearing an oficial seal (4) Native American tibla document (5) U.S. Citizen ID Card (form I-197) (6) Identification Card for Use of Resident Citizen in the United States (Form I-177) (7) Employment authorization document issued by the Department of Homeland Security For examples, see <u>Section 7</u> and <u>Section 13</u> of the M274 on <u>uncide, govin-9-central</u> . The Form I-766, Employment Authorization Document, is a List A, Item Number 4, document, not a List C document.
Receipt for a replacement of a lost, stolen, or damaged List A document.		Acceptable Receipts d in lieu of a document listed above for a te For receipt validity dates, see the M-274. Receipt for areplacement of a lost, stolen, or damaged List B document.	mporary period. Receipt for a replacement of a lost, stolen, or damaged List C document.
 Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. Form I-94 with "RE" notation or refugee stamp issued to a refugee. 			
*Refer to the Employment Authorization Exten Form I-9 Edition 08/01/23	nsion	s page on I-9 Central for more information.	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. <u>https://www.uscis.gov/i-9-central/form-i-9-acceptable-documents</u>

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingü.stica. 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)。 Aveanna Healthcare, LLC does not discriminate on the basis of race, color, religion, national origin, age, sex, sexual orientation, gender identity or expression, disability, or any other basis prohibited by federal, state, or local law. © 2024 Aveanna Healthcare, LLC. The Aveanna Heart Logo is a registered trademark of Aveanna Healthcare LLC and its subsidiaries.

