

**O'Keef Pab Tu Neeg Hauv Tsev**  
**Tus Tau Txais Kev Pab/Tus Tswv Hauj Lwm Daim Ntawv Txheeb Dej Num**  
**(In-Home Supportive Services Recipient/Employer Responsibilities Checklist)**

KUV, \_\_\_\_\_, TAU TXAIS LUS LOS NTAWM KUV TUS *SOCIAL WORKER* TIAS TAM LI KUV YOG TUS TAU TXAIS KEV PAB /TUS TSWV HAUJ LWM, KUV MUAJ FEEM UA COV DEJ NUM NRAM NO.

- 1) Muab cov ntaub ntawv uas kuv tus *Social Worker* xav tau rau nws mus ntsuam xyuas saib puas tsim nyog tau txais kev pab ntiv. Cov kev pauv uas yuav tau qhia rau kuj yog xws li kuv cov nyiaj hauj lwm, muaj neeg tsiv tawm/los ntiv, kev txwj nkawm (marital status), khoom ntiaj tug (property), xov tooj, thiab cov caij uas kuv tsis nyob hauv tsev.
- 2) Nrhiav, ntiav, qhia, saib thiab laij tawm tus neeg kuv ntiav tu kuv.
- 3) Ua raws li kev cai lij choj txog kev them nyiaj/xuab moos ua hauj lwm/kev ua hauj lwm thiab ntiav cov neeg hnuv nyoog 18 xyoo rov hauv.

LUS NTXIV: Saib tau txoj cai *Industrial Welfare Commission (IWC) Order Number 15* hais txog kev them nyiaj/xuab moos ua hauj lwm/kev ua hauj lwm nyob rau *State Department of Industrial Relations, Division of Labor Standards and Enforcement* teev nyob hauv phau ntawv teev xov tooj. Hu rau lub tuam tsev saib kev kawm ntawv ntawm koj nyob (local school district) hais txog kev ntiav cov tsis muaj hnuv nyoog ua hauj lwm.

- 4) Xyuas kom tseeb tias tus neeg tu kuv muaj ntaub ntawv nyob teb chaw America raws txoj cai. Tus neeg tu kuv thiab kuv yuav ua daim ntawv se I-9. Kuv yuav khaws daim ntawv se I-9 no cia txog peb (3) xyoos thiab ib xyoos (1) tom qab nws tsis ua hauj lwm lawm, nyob ntawm qhov twg yog qhov ntev dua. Kuv yuav ceev tus neeg tu kuv tej ntaub ntawv tsis pub leej twg paub xws li nws tus *security number*, chaw nyob thiab xov tooj.
- 5) Xyuas kom zoo raws li ib txwm siv (standard) txog kev them nyiaj, caij nyoog ua hauj lwm thiab kev ua hauj lwm rau tus neeg tu kuv.
- 6) Qhia rau kuv tus *Social Worker* txog txhua yam kev pauv uas yog muaj tshwm sim rau tus neeg tu kuv, xws li:
  - \_\_\_\_\_ Npe
  - \_\_\_\_\_ Chaw Nyob
  - \_\_\_\_\_ Xov Tooj
  - \_\_\_\_\_ Kev txheeb ze rau kuv, yog muaj
  - \_\_\_\_\_ Cov xuab moos ua hauj lwm thiab cov dej num uas tus neeg tu yuav tau ua
- 7) Qhia rau tus neeg tu kuv tias nws qhov nyiaj xuab moos yog \$ \_\_\_\_\_, thiab yuav txiav cov se rau *Social Security thiab State Disability Insurance* tawm ntawm nws cov nyiaj hli.
- 8) Qhia rau tus neeg tu kuv tias nws xav kom txiav se rau *Federal / State* tawm ntawm nws cov nyiaj los tau. Hais kom nws xa daim ntawv se W-4 (txiav se rau Federal) thiab/losyog DE 4 (txiav se rau State).
- 9) Qhia rau tus neeg tu kuv tias muaj kev pab rau nws thaum raug mob tom hauj lwm, poob hauj lwm thiab ua tsis taus hauj lwm los ntawm state xws li *Workers' Compensation, State Unemployment Insurance benefits, thiab State Disability Insurance benefits*.
- 10) Qhia rau tus neeg tu kuv tias nws yuav tau txais ib daim ntawv qhia cov kev pab uas kam rau kuv thiab cov xuab moos uas kam siv los ua cov kev pab ntawd. Qhia rau tus neeg tu kuv tias nws yuav tsis raug them nyiaj rau cov hauj lwm nws ua thaum kuv tsis nyob hauv tsev lawm (piv txwv li thaum nyob hauv tsev kho mob losyog mus kev deb lawm).
- 11) Them kuv ib co nqi (share of cost), yog muaj.
- 12) Xyuav kom yog thiab kos npe rau tus neeg tu kuv daim ntawv teev caij ua hauj lwm txhua lub caij them nyiaj (pay period), cov hnuv thiab cov xuab moos ua hauj lwm yuav tsum yog. Kuv to taub tias kuv yuav raug plaub raws kev cai *Federal thiab State* rau qhov qhia tsis yog losyog zais ntaub ntawv. Kuv to taub tias thaum hais kom ua, kuv yuav tsum tau nias taub teg rau tus neeg tu kuv daim ntawv teev caij lees lus tias cov hnuv thiab xuab moos ua hauj lwm yog. Qhov no yuav tsum tau ua thiaj them tau nyiaj rau tus neeg tu kuv.
- 13) Xyuas ntsoov kom tus neeg tu kuv kos npe rau nws daim ntawv teev caij.
- 14) Ceeb toom kom tus neeg tu kuv xa nws daim ntawv teev caij rau qhov chaw yog txhua lub caij them nyiaj.

\_\_\_\_\_  
Tus Tau Txais Kev Pab Kos Npe

\_\_\_\_\_  
Hnuv Tim

\_\_\_\_\_  
Sau Lub Npe

### **Instructions for Use of the Recipient/Employer Responsibility Checklist**

1. This form is used for review with recipients receiving service from Individual Providers **only**.
2. Counties shall use this form to assure that recipients have been advised of and understand their basic responsibilities as employers of IHSS providers.
3. Review each item with the recipient and explain how the recipient can comply with each requirement.
4. Leave a copy of the form with the recipient.