

OPTIONS Employee Packet

- FILL OUT ALL ATTACHED Forms
- MAIL OR DROP OFF TO:
OPTIONS
310 MAPLE AVENUE – SUITE 102
BARRINGTON, RI 02806

If you need assistance in completing this application, please contact:

Joanne Tavares Options BHDDH Clients 401-245-7900 x 133 jtavares@fogartycenter.org	Jeanette Simoes Personal Choice Clients 401-245-7900 x 203 jsimoes@fogartycenter.org
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Helpful Tips & Notes

Employee (Applicant)

- Need **Front & Back** copies of Driver's License and Social Security Card along with 1 copy of Auto Insurance Card.
- MVR & BCI Waiver must be **notarized**.
- **NO cross outs or white out on W4 forms and I9 Form**
- **I9**
 - Applicant complete front, sign, and date.
 - Legal Guardian or Employer sign and date **back only**.
 - DATES **MUST MATCH FRONT AND BACK where signatures are required.**
- **Direct Deposit** – Be sure to follow all directions. No matter what choice be sure to complete bottom of form. **Attach a voided check or bank letter if your decision is Direct Deposit.**
- **Verification Form** – must be completed. Applicant completes front and gives to a current or former employer to complete back.

Employer (Client/Legal Guardian/Rep)

- If employee/applicant is NOT driving, YOU must sign off on the Employee NO Driving Letter
- You MUST sign page 2 of I9. Be sure your date matches what the employee/applicant put on page 2.

NOTE:

- ***The Fogarty Center/OPTIONS is NOT your EMPLOYER. It is the fiscal intermediary and payroll representative for your employer.***
- ***Please review your application with your employer prior to submitting.***
- ***Employees cannot start working until their application is approved by an Options Administrator first.***