



FL Simply PDO Program  
17 Plaza Drive  
Suite 300  
Latham, NY 12110

Customer Service Phone: 1-877-908-1749  
TTY: 1-800-360-5899  
Paperwork Fax: 1-855-206-1212  
Website: [www.pplfirst.com](http://www.pplfirst.com)

## Direct Service Worker (DSW) Enrollment Packet

Dear Direct Service Worker:

Welcome.

A Participant in the Florida Participant Directed Option (PDO) has hired you to provide services. That is why you are receiving this packet. Public Partnerships, LLC (PPL) works with your Employer through the PDO program. PPL is your Employer's Fiscal Employer Agent.

Before we can start making payments to you, all required forms must be signed and returned to PPL. This includes:

- Your Employer's forms, and
- Your DSW forms.

All your required DSW forms are attached to this letter. Below is a checklist showing the forms you must complete. The last item in the list is about providing proof that you are certified or have a nursing license (if that is required for you).

### DSW Forms Checklist:

- Employment Agreement
- DSW Enrollment Form
- Tax Exemption Form
- Difficulty of Care Form
- Form W-4
- Form I-9
- AHCA Affidavit of Compliance with Background Screening Requirements
- Privacy Policy Acknowledgement Form

Some DSWs must provide proof that they are certified or have a nursing license. This only applies if:

- You are required to be certified in CPR & First Aid
- You are applying to do Intermittent and Skilled Nursing. If so, you must submit proof of either:
  - A Registered Nursing License. Required by: Chapter 464, F.S., or
  - A Licensed Practical Nursing License. Required by: Chapter 464, F.S.

Do you need a new form? Call PPL and request one. Our Customer Service staff will pre-fill as much of the form as possible. We will then send it to you.

You must fill out a packet for each Participant who hires you. If two people in the same house hire you, you must fill out a packet for each person.

Some of these forms can be difficult to understand. If you have questions, call PPL Customer Service toll free at 1-877-908-1749. Our hours are:

- Monday through Friday from 8 am to 8 pm EST, and
- Saturday from 9 am to 1 pm EST.

Do you have questions about the Participant's plan or benefits?

- Ask the Participant's Case Manager,
- Call Simply Member Services toll free at 1-877-440-3738 (TTY 1-800-360-5899)
  - Hours: Monday through Friday from 8 a.m. to 7 p.m. EST, or
- Go to [www.simplyhealthcareplans.com/medicaid](http://www.simplyhealthcareplans.com/medicaid)

Where to send the completed and signed forms:

- You can send the forms in to PPL by fax: 1-855-206-1212, or
- Send the forms in by mail: FL Simply PDO Program  
17 Plaza Drive  
Suite 300  
Latham, NY 12110

We look forward to assisting you.

Sincerely,

Public Partnerships, LLC



## DIRECT SERVICE WORKER ENROLLMENT FORM

This form is the first step in the enrollment and onboarding process with Public Partnerships LLC (PPL). The details you provide on this form will be used for both:

- Employment, and
- Payment choices.

Please complete this form.

### Direct Service Worker (DSW) Name

First:

Middle:

Last:

Maiden or Previous Last:

### DSW Address (where you live)

Street (no PO Box):

Street 2 (APT., STE., etc.):

City:

State:

Zip Code:

County:

Select if address where you live is the same as mailing address.

If not, complete the Mailing Address section below.

Address:

Address 2 (APT., STE., etc.):

City:

State:

Zip Code:

### DSW Personal Details

Date of Birth:

Social Security Number:

Gender:

Male  Female  Prefer not to disclose

### DSW Contact Details

We need to have two ways of reaching you. Email is preferred.

Email:

Cell Phone:

Home or Other Phone:

Public Partnerships can text me. They may text me at the cell phone number above.  Yes  No  
I understand that carrier charges may apply.

**Criminal Background Check Details**

Place of Birth:

Race (please check one):

- American Indian and/or Alaskan  
  Asian or Pacific Islander  
  Black  
 White (includes Mexicans and Latinos)  
  Unknown

Eye Color (please check one):

- Black  
  Blue  
  Brown  
  Green  
  Gray  
  Hazel  
  Maroon  
 Multi-colored  
  Pink  
  Unknown

Hair Color (please check one):

- Bald  
  Black  
  Blonde  
  Blue  
  Brown  
  Green  
  Gray  
 Orange  
 Purple  
 Pink  
 Red  
 Sandy  
 White  
 Unknown

Height:  Feet  
  Inches  
 Weight (pounds):

Please select how you want to be paid:

- Direct Deposit to your Bank Account, or
- By Debit Card.

You will be paid by paper check until direct deposit is set up. It takes one to two pay periods for direct deposit to become active.

If you need to update your bank account details, you must submit a Direct Deposit Update form.

**Payment Information**

**Direct Deposit to Bank Account**

Account Type (select one):     Checking                       Savings

Bank Name:

Routing Number: 

--	--	--	--	--	--	--	--	--	--

Account Number: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**Deposit to Debit Card**

If you select Debit Card as your payment method, you must provide PPL with an address where you live. If you work for more than one Participant, all payments will be on one debit card.

**Pay Stub**

Your pay stub is available through:

- The web portal, or
- The mobile app.

**PPL Terms and Conditions**

I understand and accept:

- PPL is not my Employer.
- PPL will help my Employer collect my personal details. The details are needed to complete the employment forms. PPL, as an FEA (Fiscal Employer Agent), will support my Employer in processing their:
  - Taxes, and
  - Payroll tasks.
- Information provided to PPL, on behalf of my Employer, can/will be used to fill required forms for employment. The forms are required under:
  - Federal programs,
  - State programs, and
  - Self-Directed Services programs.
- PPL will collect my account numbers only to process my payment on behalf of my Employer.
- PPL will process my payment only after my Employer approves my timesheet.
- Through PPL I can select my preferred method of contact. Using details provided by me, PPL can contact me through:
  - Phone calls,
  - Email, and
  - Regular mail.
- If I want to find out other ways PPL might use my details, I can find it in PPL's Privacy Policy on their website.

**Agree and Sign**

I confirm:

- I have read all of this form.
- The details I have provided are:
  - Accurate, and
  - Complete.
- Any false statement on this form may result in my dismissal.
- This document is not a contract between:
  - The DSW,
  - PPL, and/or
  - The State.
- Employment depends on verifying my right to work in the US.
- PPL can deposit my payment directly into my bank account based on my choice above.
- If I fail to provide complete and accurate information on this form, processing may be delayed or made impossible, or my electronic payments may be incorrectly made.
- PPL can withdraw from the designated account all amounts deposited electronically in error.
- If my account is closed, or does not have enough money to allow withdrawal, PPL can withhold any payment owed to me until the incorrect deposited amounts are repaid.
- Before I spend money from my wages, I must ensure the money has been deposited into my account. I agree PPL is not responsible for any insufficient funds fee(s) or any other fees or charges on my account(s).
- If I want to cancel direct deposit, I will contact PPL customer service and provide both:
  - The account number, and
  - The routing number.

**Direct Service Worker Signature:**

**Date:**



## DIRECT DEPOSIT UPDATE FORM

### Direct Service Worker Name

First:  Last:  PPL ID:

### Participant Name

First:  Last:  PPL ID:

### Employer Name

First:  Last:

Please select how you want to be paid. Either:

- Direct Deposit to your Bank Account, or
- By Debit Card

You will be paid by paper check until direct deposit is set up. This is because it takes one to two pay periods for direct deposit to become active. If you need to update your bank account details, you must submit a new form.

**In the PDO Program, the Participant is your Employer. If you work for multiple PDO Participants, you will need to submit this form for each Participant.**

### Payment Details

**Direct Deposit to Bank Account**

Account Type (select one):  Checking Account  Savings Account

Bank Name:

Routing Number:

Account Number:

**Deposit to Debit Card**

If you select Debit Card as your payment method, you must provide PPL with an address where you live. If you work for more than one Participant, all payments will be on one pay card.

### Pay Stub

Your pay stub is available through:

- The web portal, or
- The mobile app.

You may access your pay stub through a:

- Computer,
- Tablet, or
- Smart phone

**Agree and Sign**

The Direct Service Worker confirms:

- I have read all of this form.
- The details I have provided are:
  - Accurate, and
  - Complete.
- PPL can deposit my payment directly into my bank account based on my choice above.
- If I fail to give complete and accurate details on this form:
  - Processing may be delayed
  - Or my electronic payments may be made in error
- PPL can withdraw from the designated account all amounts deposited electronically in error.
- If my account is closed or does not have enough money to allow withdrawal, then PPL can withhold any payment owed to me until the incorrect deposited amounts are repaid.
- Before I spend money from my wages, I must ensure the money has been deposited into my account. I agree PPL is not responsible for any insufficient funds fee(s) or any other fees or charges on my account(s).
- If I want to cancel direct deposit, I will contact PPL customer service and provide both:
  - The account number, and
  - The routing number.

**Direct Service Worker Signature:**

**Date:**



# DIRECT SERVICE WORKER SERVICES AND RATES FORM

Direct Service Worker (DSW) Name		
First: <input style="width: 90%;" type="text"/>	Last: <input style="width: 90%;" type="text"/>	PPL ID: <input style="width: 90%;" type="text"/>
Participant Name		
First: <input style="width: 90%;" type="text"/>	Last: <input style="width: 90%;" type="text"/>	PPL ID: <input style="width: 90%;" type="text"/>
Employer Name		
First: <input style="width: 90%;" type="text"/>	Last: <input style="width: 90%;" type="text"/>	

The hourly rate of pay for the DSW is based on the Participant's Self-Directed Services budget.

**! IMPORTANT:** We need to know the hourly rate of pay, not the hourly rate plus Employer taxes or other costs. For example: If a person works in a job, they can tell you how much money they make per hour. That is the number you enter in the "Hourly Rate" field.

"Change Hourly Rate" should be marked ONLY if:

- The DSW is already working, and
- You want to change their hourly rate of pay.

Once PPL receives a complete form, we will change the hourly rate of pay at the beginning of the next available pay period. Please include Service Name and Service Code for the hourly rate being changed.

**Request Type:**     New Service         Change Hourly Rate

Service Name and Service Code	Hourly Rate

Agree and Sign	
I confirm:	
<ul style="list-style-type: none"> <li>• I read all of this form.</li> <li>• The details provided are:                             <ul style="list-style-type: none"> <li>• Accurate, and</li> <li>• Complete.</li> </ul> </li> <li>• I have discussed the above-listed service and/or hourly rate details with my Direct Service Worker.</li> <li>• This form is not intended to create a contract of employment or rate of pay for a specific period of time.</li> </ul>	
<b>Participant or Employer or Designated Representative Signature:</b> <input style="width: 95%; height: 30px;" type="text"/>	<b>Date:</b> <input style="width: 95%; height: 30px;" type="text"/>



## DIFFICULTY OF CARE FEDERAL INCOME EXCLUSION FORM

### Direct Service Worker Name

First:  Last:  PPL ID:

### Participant Name

First:  Last:  PPL ID:

### Employer Name (this must be completed)

First:  Last:

Some Employees may not owe taxes on their Self-Directed Services earnings. This is because they qualify for the Difficulty of Care Federal Income Exclusion (DOC). In that case, Public Partnerships LLC (PPL):

- Will not report the payments as income.
- Will not withhold taxes that apply.

As a reminder, PPL is not your Employer.

To find out if you qualify, read the items below.

### Part 1: Applying for Difficulty of Care Federal Income Exclusion

Select all that apply:

- I provide services to the Participant in my home.
- I do not have a separate home where I live.
- This is the home where I live and perform the routines of private life, including shared meals and holidays.

#### **! IMPORTANT:**

- If all the above apply, you qualify for the DOC.
- If both the state taxing authority and program rules follow federal guidelines for DOC, the exclusion would also apply at the state level.
- You understand that if you no longer live with the Participant, you will no longer qualify. You must cancel the DOC by completing Part 2 below.

If none of the above apply, select the option below.

- None of the above.

### Part 2: Cancelling Difficulty of Care Federal Income Exclusion

Select if applies:

- I no longer live with the Participant that I provide services to.

**Agree and Sign**

I confirm:

- I have read all of this form.
- I am providing services to the Participant receiving payments under a state Medicaid, Home and Community-Based Services program.
- The details provided are:
  - Accurate, and
  - Complete.

**Direct Service Worker Signature:**

**Date:**



# EMPLOYMENT AGREEMENT

## Direct Service Worker (DSW) Name

First:  Last:  PPL ID:

## Participant Name

First:  Last:  PPL ID:

## Employer Name (this must be completed)

First:  Last:

This agreement explains the duties between the:

- Participant, and
- The Direct Service Worker (DSW).

Read this form in full. You need to understand what is required of you and others.

## Terms and Conditions

1. I am 18 years of age or older.
2. The Participant is my Employer. I am their employee. I am not an employee of:
  - Public Partnerships LLC (PPL),
  - FL Simply Healthcare, and
  - The State of Florida.
3. If required by the Case Manager, I am certified in:
  - CPR, and
  - First Aid.
4. I agree to submit to background and registry checks, as required:
  - Initially, and
  - Ongoing.
5. I must pass a Level 2 background check. This must happen before I am hired. This is required by:
  - Chapter 435 F.S., and
  - Section 408.809, F.S.
 Results may be shared with:
  - The PDO, and/or
  - My Employer.
6. If hired to do Intermittent and Skilled Nursing, I must submit proof of either:
  - A Registered Nursing License. Required by: Chapter 464, F.S., and
  - A Licensed Practical Nursing License. Required by: Chapter 464, F.S.
7. I will provide safe care. Universal precautions must always be used.
8. I will report any emergency right away by calling 911.
9. This agreement does not promise a certain number of hours of work.
10. I cannot work and be paid by the program for more hours than my Employer approves.
11. I will keep private what is shared with me about:
  - My Employer, and
  - Their family.
12. My Employer will assign me duties and jobs. I will complete those duties and jobs.
13. If I cannot contact my Employer, I will let all involved agencies know. This includes my Case Manager.
14. My Employer will:
  - Tell me if I am hired.
  - Tell me my start date. This is based on a "Good to Go" notice from PPL.
  - Set the terms of my employment.

- Explain what I will be doing on the job.
  - Set a work schedule we both agree with.
  - Approve my timesheets.
15. I will treat my Employer with dignity and respect. This includes respecting their:
- Personal beliefs,
  - Culture,
  - Religion,
  - Privacy, and
  - Personal property.
16. I will communicate in an effective way with my Employer. If they have a preferred method of communication, I will respect it and use it.
17. I will give a two week notice to the Employer if I am leaving their employment.
18. I can be terminated (and not be eligible for rehire) if I:
- Commit:
    - Abuse,
    - Neglect, and
    - Fraud.
  - Misuse funds or property of the Participant.
  - Violate the terms of this Agreement.
19. I must report possible:
- Neglect,
  - Abuse, and
  - Misuse of funds or property.
- I will report any of these to the Florida Abuse Hotline. There are three (3) ways to report:
- 1-800-962-2873,
  - Florida Relay 711, or
  - TTY: 1-800-955-8771.
- Some workers are mandatory reporters. For example: nurses. See Sections:
- 39.201 F.S., and
  - 415.1034. F.S.
20. If my Participant is not be able to report a change in their condition, I will report for them. This includes if they are admitted to a health facility.
21. I will document my hours of service. I will do so using PPL's electronic methods. To be paid through the program, my timesheets must be:
- Correct, and
  - Approved.
22. I will be paid bi-weekly.
23. If I am unable to provide the scheduled service, I will provide adequate notice. I will do this as soon as possible. I will tell the Participant in advance if:
- I must be absent for a portion of a scheduled service, or
  - I will be arriving late.
24. I cannot submit timesheets or be paid through the program if:
- Services are not authorized.
  - I work before PPL issues a "Good-to-Go" notice.
  - My Participant:
    - No longer has Medicaid,
    - Is hospitalized, and
    - Is in a nursing home or similar facility.
  - I am no longer eligible under program rules to provide services.
25. I will let PPL know if my personal details change.
26. I am paid with federal and/or state funds. Submitting accurate details is required by law.
27. If I am paid for the work I did not do, I will have to pay it back. The Program through PPL will pursue all legal means to recover this amount.

In the event of a transfer between managed care organizations (MCO), program information will be shared with the new MCO.

If my employment stops for 6 months or longer, I may have to complete new paperwork.

**Medicaid Fraud**

Medicaid Fraud is a crime. It can lead to penalties and/or jail time. I can report any suspected fraud to PPL, the MCO, and/or the State.

**Overtime**

Any overtime worked without approval will not be paid by the Program.

**Electronic Signatures**

PPL supports electronic signing of forms if it is lawful and applies. I agree to sign all paperwork by an electronic method, as it applies to me.

**Electronic Visit Verification (EVV)**

The DSW must clock in and clock out for their shift using an approved EVV method.

**Agree and Sign**

The Direct Service Worker (DSW), Participant, and Employer confirm:

- I have read and agree to everything stated in this Agreement.
- I understand my responsibilities as they are explained above.
- The details we have provided are:
  - Accurate, and
  - Complete.
- If employed, any false statement on this form may result in:
  - Dismissal, and
  - Further actions.
- I agree to follow the Programs:
  - Policies, and
  - Procedures.
- My employment depends upon verifying my right to work in the US.
- It is the Employer’s duty to properly complete and execute the USCIS Form I-9.
- I hold harmless, release, and forever discharge the Program, the MCO, and PPL from any claims and/or damages that might arise out of any action or omissions by me (the Direct Service Worker), the Participant, or the Employer.
- Any of the terms, conditions, and responsibilities above may be changed or waived at the discretion of the Program and/or the MCO.
- This Agreement is not meant to:
  - Be a contract of employment, or
  - Promise me continued employment.

**Direct Service Worker Signature:**

**Date:**

**Participant or Employer or Designated Representative Signature:**

**Date:**



# Employment Eligibility Verification

## Department of Homeland Security

### U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
OMB No.1615-0047  
Expires 07/31/2026

**START HERE:** 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 [Instructions](#).

**ANTI-DISCRIMINATION NOTICE:** All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

**Section 1. Employee Information and Attestation:** 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.

Last Name (Family Name)		First Name (Given Name)		Middle Initial (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address		Employee's Telephone Number	
<p><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.</b></p>		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):				
		<input type="checkbox"/> 1. A citizen of the United States				
		<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 <b>Item Numbers 2.</b> and <b>3.</b> above) authorized to work until (exp. date, if any)						
If you check <b>Item Number 4.</b> , enter one of these:						
USCIS A-Number		OR	Form I-94 Admission Number		OR	Foreign Passport Number and Country of Issuance
Signature of Employee				Today's Date (mm/dd/yyyy)		

**If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the [Preparer and/or Translator Certification](#) on Page 3.**

**Section 2. Employer Review and Verification:** 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.

	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)	<p><b>Additional Information</b></p>    <p>Check here if you used an alternative procedure authorized by DHS to examine documents.</p>				
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)					

<p><b>Certification:</b> 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>		First Day of Employment (mm/dd/yyyy):
Last Name, First Name and Title of Employer or Authorized Representative		Signature of Employer or Authorized Representative
		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name		Employer's Business or Organization Address, City or Town, State, ZIP Code

**For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.**

## 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
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole:                             <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                                     <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(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.</li> </ol> </li> </ol> </li> <li>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</li> </ol>	OR	<ol style="list-style-type: none"> <li>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</li> <li>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</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	AND	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:                             <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>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</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security                             <p style="margin-left: 20px;">For examples, see <a href="#">Section 7</a> and <a href="#">Section 13</a> of the M-274 on <a href="https://uscis.gov/i-9-central">uscis.gov/i-9-central</a>.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, <b>Item Number 4</b>, document, not a List C document.</p> </li> </ol>
<p><b>Acceptable Receipts</b></p> <p>May be presented in lieu of a document listed above for a temporary period.</p> <p>For receipt validity dates, see the M-274.</p>				
<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	<p>Receipt for a replacement of a lost, stolen, or damaged List B document.</p>	AND	<p>Receipt for a replacement of a lost, stolen, or damaged List C document.</p>

\*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.