



Thanks for your interest in working with Inner Light Counseling & Wellness, LLC. Listed below is the paperwork and requirements for your contract with us:

1. Application Packet 
  - Signed Application with References
  - Emergency Contact Form
  - Signed Authorization for Release of Info
  - BCI
  - Signed Confidentiality Agreement
2. Signed Contract
3. Copy of Professional License (if applicable)

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4. Verification of Degree  (copy of diploma or verification, if applicable) \_\_\_\_\_

5. Copy of Driver's License & either Birth Certificate, Passport, or SS Card
6. Payroll/ Tax Packet 
  - 1099 Form
  - Direct Deposit
  - I-9 Form & Identification Documents

5. Signed Job Description



## COVID-19 Waiver

*I acknowledge the contagious nature of the COVID-19 virus, and understand that I am choosing to work in person with clients at Inner Light Counseling & Wellness, LLC.*

*As an Independent Contractor/Intern I understand that I am able to implement safety precautions as needed when working with clients in person. Inner Light Counseling & Wellness requires maintaining a safe distance from clients and inclusion of air purifiers, screening of clients for symptoms and sanitizing between clients at all times.*

*I further acknowledge that no guarantee exists regarding whether or not I may contract COVID-19. I understand that the risk of becoming exposed to and/or infected by the COVID-19 virus may result from the actions, omissions, or negligence of myself and others, including, but not limited to, staff and other clients.*

*I attest that:*

*\* I will not work with clients in person if I am experiencing any symptom of illness such as cough, shortness of breath, difficulty breathing, fever, chills, muscle pain, headache, sore throat, or new loss of taste or smell.*

*\* I will not work with clients in person if I test positive for COVID-19 for at least five days after onset of symptoms and must obtain clearance to return to work by a medical professional.*

*\* I will not work with clients in person if I have been exposed to someone with a suspected and/or confirmed case of COVID-19.*

*\*Please note telehealth sessions can be utilized with permission of CEO- providing insurance coverage and client agreement.*



*I hereby release and agree to hold **Inner Light Counseling & Wellness, LLC** harmless from any causes of action, claims, demands, damages, costs, expenses and compensation for damage to myself that may be caused by any act, or failure to act, or that may otherwise arise in any way. I understand that this release discharges the aforementioned from any liability with respect to bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to my work at Inner Light Counseling & Wellness, LLC. This liability waiver and release extends to all owners, partners, and employees.*

Contractor Signature \_\_\_\_\_

Date \_\_\_\_\_

CEO Signature \_\_\_\_\_



**DIRECT DEPOSIT INFORMATION**

AUTHORIZATION FOR DIRECT DEPOSIT- FORM (Please attach a voided check)

This authorizes Inner Light Counseling & Wellness, LLC to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my (our) account (s) indicated below and to other accounts I (we) identify in the future (the "Account"). This authorizes the financial institution holding the Account to post all such entries.

ACCOUNT TYPE (E.G. Checking or Savings): \_\_\_\_\_

BANK NAME: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

BANK ROUTING NUMBER (ABA#): \_\_\_\_\_

EMAIL ADDRESS (MANDATORY): \_\_\_\_\_

This authorization will be in effect until Inner Light Counseling & Wellness, LLC receives a written termination notice from myself and has a reasonable opportunity to act on it.

SIGNATURE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE: \_\_\_\_\_

**NOTICE OF DESIGNATION AS INDEPENDENT CONTRACTOR PURSUANT TO RIGL §28-29-17.1**

PLEASE READ OTHER SIDE

**WARNING**

**No one can force you to sign this form. When you sign this form you are stating that you are an independent contractor and in the event of injury, are not entitled to workers' compensation benefits.**

\* (Name) \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_  
\* Business Name \_\_\_\_\_ FEIN \_\_\_\_\_  
\_\_\_\_\_ Business License No. \_\_\_\_\_  
Address \_\_\_\_\_ Date of Birth \_\_\_\_\_  
\_\_\_\_\_

I declare that I am an independent contractor pursuant to RIGL §28-29-17.1 and, therefore, I am not eligible for nor entitled to Workers' Compensation benefits pursuant to Title 28, Chapters 29-38, of the Workers' Compensation Act of the State of Rhode Island for injuries sustained while working as an independent contractor for the hiring entity named below. This designation will remain in effect while performing services for the named hiring entity or until a withdrawal of designation as independent contractor form is filed with the Department of Labor and Training.

\* Hiring Entity Name \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_  
\_\_\_\_\_ FEIN \_\_\_\_\_  
\* Address \_\_\_\_\_ Business License No. \_\_\_\_\_  
\_\_\_\_\_

**Warning! This form is for purposes of Workers' Compensation only and completion of this form does not mean that you are an Independent Contractor under the rules, regulations or statutes of the Internal Revenue Service or the RI Division of Taxation. Information on this form will be shared within the Dept. of Labor and Training, the RI Division of Taxation and the Internal Revenue Service.**

Independent Contractor: \_\_\_\_\_  
Signature Date

A hiring entity that knowingly assists, aids and abets, solicits, conspires with or coerces an employee to misrepresent the employee's status as an independent contractor may be subject to criminal prosecution under RIGL §28-33-17.3.

**\* This information is available to the public including the Hiring Entity's Workers' Compensation Insurance Carrier.**

**The Department will mail a confirmation of this filing to the independent contractor within five business days. If you have any questions, call 462-8100, option 5.**

## **DWC-11-IC Reverse Side**

This is a form DWC11-IC, Designation of Independent Contractor. This means that you have stated that you are an independent contractor NOT an employee and are NOT eligible for Workers' Compensation benefits.

Many factors are considered when determining whether someone is an employee or an independent contractor. Some of those factors are: independent contractors set their own work hours, have their own tools and work when and for whom they choose.

An employer generally does not have to withhold or pay any taxes on payment to independent contractors, such as social security, Medicare, unemployment and Temporary Disability Insurance (TDI).

This form is for purposes of Workers' Compensation, and completion of this form does not mean that you are considered an Independent Contractor under the rules, regulations or statutes of the Internal Revenue Service or the R.I. Division of Taxation.

SHOULD YOU HAVE ANY QUESTIONS ABOUT WHETHER YOU ARE AN INDEPENDENT CONTRACTOR OR AN EMPLOYEE, PLEASE CONTACT THE RI DIVISION OF TAXATION AT (401) 222-3682, OR THE US GOVERNMENT INTERNAL REVENUE SERVICE AT 800-829-1040.

IF YOU FEEL YOU HAVE BEEN COERCED OR FORCED TO SIGN THE INDEPENDENT CONTRACTOR FORM, REPORT THIS TO THE WORKERS' COMPENSATION FRAUD AND COMPLIANCE UNIT AT (401) 462-8100, option 7.

When your work as an independent contractor ends with this employer, complete and return the form titled Notice of Withdrawal of Designation as Independent Contractor, DWC-11-ICR, to the Dept. of Labor and Training, Division of Workers' Compensation.

If you have a question, contact the Division of Workers' Compensation at (401) 462-8100, option 5. For further information, contact the Workers' Compensation Information Line at (401) 462-8100, option 1.



## *Inner Light Counseling & Wellness, LLC*

### **Emergency Contact Information Form**

Staff Name: \_\_\_\_\_

**Emergency Contact Name:**

\_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_



## Employment Reference Form

The individual above has applied to work for Inner Light Counseling & Wellness, LLC and has submitted your name as a former employer for reference purposes. We appreciate your feedback for the reference questions listed below and for returning this form to us as soon as possible via email: [cdicasparro@innerlightne.com](mailto:cdicasparro@innerlightne.com) or Fax: (401)561-8871. Thank you in advance for your cooperation and assistance with this.

**Applicant Name:** \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Position(s) Held:

\_\_\_\_\_

Eligible for rehire: Yes      No

Employed

From: \_\_\_\_\_ TO: \_\_\_\_\_

Please Circle a response for the following questions:

**Quality of Work:**

Exceeds





Average

Minimal

**Attendance & Reliability:**

Exceeds

Average

Minimal

**Communicates Effectively:**

Exceeds

Average

Minimal

**Demonstrates Competent Skills**

Exceeds

Average

Minimal

**Demonstrates courteous, cooperative, respectful behavior towards co-workers and clients**

Exceeds

Average

Minimal



**Additional**

**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please Fax or Email Reference Form to [cdicasparro@innerlightne.com](mailto:cdicasparro@innerlightne.com) or Fax: (401)561-8871.**



## **HIPAA Contractor CONFIDENTIALITY AGREEMENT**

THIS AGREEMENT entered into this \_\_\_\_\_ by and between Inner Light Counseling & Wellness, LLC, and \_\_\_\_\_ known as the “Contractor/Intern/Student”, and known collectively as the “Parties”, set forth the terms and conditions under which information created or received by or on behalf of this Inner Light Counseling & Wellness (known collectively as protected health information or “PHI”) may be used or disclosed under State law and the Health Insurance Portability and Accountability Act of 1996 and updated through HIPAA Omnibus Rule of 2013 and will also uphold regulations enacted there under

(hereafter “HIPAA”).

THEREFORE, in consideration of the premises and the covenants and agreements contained herein, the Parties hereto, intending to be legally bound hereby, covenant and agree as follows:

**1. Confidential Information.** The Parties acknowledge that meaningful employment may or will necessitate disclosure of Confidential Information by Inner Light Counseling & Wellness, LLC to the contractor and use of Confidential Information by the contractor. The term “Confidential Information” includes, but is not limited to, PHI, any information about patients or other Contractor s, any computer log-on codes or passwords, any patient records or billing information, any patient lists, any financial information about Inner Light Counseling & Wellness or its patients that is not public, any intellectual property rights of Practice, any proprietary information of Practice and any information that concerns Inner Light Counseling & Wellness, LLC’s contractual relationships, relates to this company’s competitive advantages, or is otherwise designated as confidential by Inner Light Counseling & Wellness, LLC .

**2. Disclosure.** Disclosure and use of Confidential Information includes oral communications as well as display or distribution of tangible physical documentation, in whole or in part, from any source or in any format (e.g., paper, digital, electronic, internet, social networks, magnetic or optical media, film, etc.). The Parties have entered into this Agreement to induce use and disclosure of Confidential Information and are relying on the covenants contained herein in making any such use or disclosure. Inner Light Counseling & Wellness, LLC , not the



Contractor , is the records owner under state law and the Contractor has no right or ownership interest in any Confidential Information.

**3. Applicable Law.** Confidential Information will not be used or disclosed by the Contractor in violation of applicable law, including but not limited to HIPAA Federal and State records owner statute; this Agreement; the Practice's Notice of Privacy Practices, as amended; or other limitations as put in place by Practice from time to time. The intent of this Agreement is to ensure that the Contractor will use and access only the minimum amount of Confidential Information necessary to perform the Contractor's duties and will not disclose Confidential Information outside this company unless expressly authorized in writing to do so by this Inner Light Counseling & Wellness, LLC. All Confidential Information received (or which may be received in the future) by Contractor will be held and treated by him or her as confidential and will not be disclosed in any manner whatsoever, in whole or in part, except as authorized by this company and will not be used other than in connection with the employment relationship.

**4. Log-on Code and Password.** The Contractor understands that he or she will be assigned a log-on code or password by Practice, which may be changed as this company , in its sole discretion sees fit. The Contractor will not change the log-on code or password without this Inner Light Counseling & Wellness, LLC's permission. Nor will the Contractor leave Confidential Information unattended (e.g., so that it remains visible on computer screens after the Contractor's use). The Contractor agrees that his or her log-on code or password is equivalent to a legally binding signature and will not be disclosed to or used by anyone other than the Contractor . Nor will the Contractor use or even attempt to learn another person's log-on code or password. The Contractor immediately will notify this company's HIPAA Privacy Officer/ CEO upon suspecting that his or her log-on code or password no longer is confidential. The Contractor agrees that all computer systems are the exclusive property of Practice and will not be used by the Contractor for any purpose unrelated to his or her employment.

**5. Returning Confidential Information.** Immediately upon request by Inner Light Counseling & Wellness, LLC , the Contractor will return all Confidential Information to this Healthcare Facility and will not retain any copies of any Confidential Information, except as otherwise expressly permitted in writing signed by this company. All Confidential Information, including copies thereof, will remain and be the exclusive property of this company unless otherwise required by applicable law. The Contractor specifically agrees that he or she will not and will not allow anyone working on their behalf or affiliated with the Contractor in any way, use any or all



of the Confidential Information for any purpose other than as expressly allowed by this Agreement. The Contractor understands that violating the terms of this Agreement may, in this company's sole discretion result in disciplinary action including termination of contract and/or legal action to prevent or recover damages for breach. Breach reporting is imperative.

**6. Breach.** The Parties agree that any breach of any of the covenants or agreements set forth herein by the Contractor will result in irreparable injury to this company for which money damages are inadequate; therefore, in the event of a breach or an anticipatory breach, Practice will be entitled (in addition to any other rights and remedies which it may have at law or in equity, including money damages) to have an injunction without bond issued enjoining and restraining the Contractor and/or any other person involved from breaching this Agreement.

**7. Binding Arrangement.** This Agreement shall be binding upon and endure to the benefit of all Parties hereto and to each of their successors, assigns, officers, agents, Contractor s, shareholders and directors. This Agreement commences on the date set forth above and the terms of this Agreement shall survive any termination, cancellation, expiration or other conclusion of this Agreement unless the Parties otherwise expressly agree in writing.

**8. Governing Law.** The Parties agree that the interpretation, legal effect and enforcement of this Agreement shall be governed by the laws in the State of Rhode Island and by execution hereof, each party agrees to the jurisdiction of the courts of the State. The Parties agree that any suit arising out of or relation to this Agreement shall be brought in the county where this company's principal place of business is located.

**9. Severability.** If any provision under this Agreement shall be held invalid or unenforceable for any reason, the remaining provisions and statements shall continue to be valid and enforceable.

IN WITNESS WHEREOF, and intending to be legally bound, the Parties hereto have executed this Agreement on the date first above written, when signing below and after training on HIPAA Law with full understanding this agreement shall stand.



**Contractor DOCUMENTATION OF HIPAA PRIVACY TRAINING**

The Health Insurance Portability Act of 1996 (HIPAA) requires our privacy officer to train Contractor's on our health information privacy policies and procedures to the HIPAA Omnibus Standards of 2013 which also includes HI-TECH and Protected Health Information (PHI), Electronic Protected Health Information (ePHI) and Electronic Health Records (EHR). All Contractor's with treatment, payment or healthcare operations responsibilities, which allow access to protected health information, are trained with updates periodically as State and Federal mandates require. HIPAA also requires that we keep this documentation (that the training was completed) for six years after the training.

I, the undersigned, do hereby certify that I have received, read, understood and agree to abide by Inner Light Counseling & Wellness's HIPAA Policies and Operating Procedures.

**Contractor 's/Intern Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Print Name: \_\_\_\_\_

CEO/Owner Signature: \_\_\_\_\_ **Date:** \_\_\_\_\_



*Inner Light*

COUNSELING & WELLNESS



**Employment Eligibility Verification**  
**Department of Homeland Security**  
 U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 10/31/2022

▶ **START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.**

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**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 <i>(Family Name)</i>		First Name <i>(Given Name)</i>		Middle Initial	Other Last Names Used <i>(if any)</i>	
Address <i>(Street Number and Name)</i>			Apt. Number	City or Town		State ZIP Code
Date of Birth <i>(mm/dd/yyyy)</i>	U.S. Social Security Number □□□□ - □□ - □□□□		Employee's E-mail Address		Employee's Telephone Number	

**I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.**

**I attest, under penalty of perjury, that I am (check one of the following boxes):**

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____  <b>OR</b>          2. Form I-94 Admission Number: _____  <b>OR</b>          3. Foreign Passport Number: _____          Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee	Today's Date <i>(mm/dd/yyyy)</i>
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**Preparer and/or Translator Certification (check one):**  
 I did not use a preparer or translator.     A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
*(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)*

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

Signature of Preparer or Translator		Today's Date <i>(mm/dd/yyyy)</i>	
Last Name <i>(Family Name)</i>		First Name <i>(Given Name)</i>	
Address <i>(Street Number and Name)</i>		City or Town	State ZIP Code

Employer Completes Next Page





**Employment Eligibility Verification**  
**Department of Homeland Security**  
 U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 10/31/2022

**Section 2. Employer or Authorized Representative Review and Verification**

*(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")*

<b>Employee Info from Section 1</b>	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

**Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear 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.**

**The employee's first day of employment (mm/dd/yyyy):** \_\_\_\_\_ **(See instructions for exemptions)**

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative		Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

**Section 3. Reverification and Rehires** *(To be completed and signed by employer or authorized representative.)*

<b>A. New Name (if applicable)</b>			<b>B. Date of Rehire (if applicable)</b>	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

**C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.**

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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**I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.**

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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## LISTS OF ACCEPTABLE DOCUMENTS

### All documents must be UNEXPIRED

Employees may present one selection from List A  
or a combination of one selection from List B and one selection from List C.

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 a nonimmigrant alien authorized to work for a specific employer because of his or her status:               <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 alien's nonimmigrant status 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</li> </ol>

**Examples of many of these documents appear in the Handbook for Employers (M-274).**

**Refer to the instructions for more information about acceptable receipts.**