

## APPENDIX C

## INSTRUCTIONS FOR COMPLETION OF DFA-EIP-1

An DFA-EIP-1 must be completed for each individual placed into the Employer Incentive Program (EIP) Group contracts are not acceptable. In addition all agreements must be negotiated and signed by all parties prior to the initial start date. Payment to the employer will be based on the hours of work shown on the appropriate time sheet.

**Section I**

WVDHHR Office Address: Local DHHR Office address and telephone number.

Agreement Number: Authorized Representative: Person authorized by employer to sign EIP Agreement.

The agreement number shows agreement, the State Fiscal Year, the county number and the sequential agreement number for that county. **EXAMPLE:** EIP-06-01-05 is for Fiscal Year 2006 (06), Barbour County (01), sequential EIP Agreement number 5 (05).

Client Name: Name of person being assigned.

Social Security Number: Client's Social Security Number

PIN Number: Client's PIN Case Number

**Section II**

Employer: Names of Employer

Address: Address where reimbursement is to be mailed and phone number

Vendor Number: Assigned by fiscal office

FEIN Number: Federal Employer TAX Identification Number

Worker's Comp. No: Employer's Worker's Compensation Number

**Section III**

- Effective EIP Training Dates: Date the placement is to begin and the estimated ending date.
- Employer's Product or Service: The business in which the employer is engaged.
- Payment Schedule: Monthly itemized invoice. EIP payments are made monthly upon receipt of the OFS-TS-12 or other appropriate time sheet.

**Section IV**

Identify the total fixed price the EIP Agreement cannot exceed. Enter the dollar amount the Agreement can not exceed. (Example:  $\$5.15 \times 200 \div 50\% = \$515.00$ )

**Section V**

Signatures: Enter signatures, titles, date signed.

**Section VI**

- Location and Person in Charge: Enter the location of the placement and the person in charge.
- Statement of Employer's Need for EIP: A brief statement of the Employer's need for the EIP is to be entered here. (If additional space is needed attach a separate sheet of paper).
- Job Description: A brief job description is to be entered here. (If additional space is needed attach a separate sheet of paper or the OFS-JO-1 may be used).

**Section VII**

Concurrence of the Collective Bargaining Agent: If the occupation is subject to collective enter the name, title and union affiliation of the bargaining representative.

**Section VIII**

General Provisions to the EIP Agreement: The employer's authorized representative must read this section. His signature signifies that these conditions will be followed.