#### 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: Local DHHR Office address and

Address: 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 04-01-05 is the EIP agreement number for the fifth (05) contract for

county 01 (Barbour County) during

Fiscal Year 2004 (03).

Client Name: Name of person being assigned.

Social Security Number: Cleint'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

12/03 C-1

## 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 bargaining, 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.