

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: 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 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.