

USE BLACK OR BLUE INK ONLY
**Pre-Screening Notice and Certification Request for
the Work Opportunity Credit**

Information about Form 8850 and its separate instructions is at www.irs.gov/form8850.

Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.

Your name _____ Social security number ▶ _____

Street address where you live _____

City or town, state, and ZIP code _____

County _____ Telephone number _____

If you are under age 40, enter your date of birth (month, day, year) // _____

1 Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.

- 2 Check here if **any** of the following statements apply to you.
- I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
 - I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.
 - I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
 - I am at least age 18 but **not** age 40 or older and I am a member of a family that:
a. Received SNAP benefits (food stamps) for the past 6 months; **or**
b. Received SNAP benefits (food stamps) for at least 3 of the past 5 months, **but** is no longer eligible to receive them.
 - During the past year, I was convicted of a felony or released from prison for a felony.
 - I received supplemental security income (SSI) benefits for any month ending during the past 60 days.
 - I am a veteran and I was unemployed for a period or periods totaling at least 4 weeks but less than 6 months during the past year.

3 Check here if you are a veteran and you were unemployed for a period or periods totaling at least 6 months during the past year.

4 Check here if you are a veteran entitled to compensation for a service-connected disability and you were discharged or released from active duty in the U.S. Armed Forces during the past year.

5 Check here if you are a veteran entitled to compensation for a service-connected disability and you were unemployed for a period or periods totaling at least 6 months during the past year.

- 6 Check here if you are a member of a family that:
- Received TANF payments for at least the past 18 months; **or**
 - Received TANF payments for any 18 months beginning after August 5, 1997, **and** the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years; **or**
 - Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.

7 Check here if you are in a period of unemployment that is at least 27 consecutive weeks and for all or part of that period you received unemployment compensation.

Signature—All Applicants Must Sign

Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

Job applicant's signature ▶ _____

Date _____

For Employer's Use Only

Employer's name Alay Home Care Telephone no. 201-899-4990 EIN 83-1431495

Street address 31 Newark Bay CT

City or town, state, and ZIP code Bayonne, NJ 07002

Person to contact, if different from above isolved HCM Midwest, LLC Telephone no. 833-964-1688

Street address PO BOX 3310 , 2355 John F Kennedy Rd

City or town, state, and ZIP code Dubuque, IA 52004-3310

If, based on the individual's age and home address, he or she is a member of group 4 or 6 (as described under *Members of Targeted Groups* in the separate instructions), enter that group number (4 or 6) _____

Date applicant:

Gave information / / Was offered job / / Was hired / / Started job / /

Under penalties of perjury, I declare that the applicant provided the information on this form on or before the day a job was offered to the applicant and that the information I have furnished is, to the best of my knowledge, true, correct, and complete. Based on the information the job applicant furnished on page 1, I believe the individual is a member of a targeted group. I hereby request a certification that the individual is a member of a targeted group.

Employer's signature _____ Title _____ Date / / _____

Privacy Act and Paperwork Reduction Act Notice

Section references are to the Internal Revenue Code. Section 51(d)(13) permits a prospective employer to request the applicant to complete this form and give it to the prospective employer. The information will be used by the employer to complete the employer's federal tax return. Completion of this form is voluntary and may assist members of targeted groups in securing employment. Routine uses of this form include giving it to the state workforce agency (SWA), which will contact appropriate sources to confirm that the applicant is a member of a targeted group. This form may also be given to the Internal Revenue Service for administration of the Internal Revenue laws, to the Department of Justice for civil and

criminal litigation, to the Department of Labor for oversight of the certifications performed by the SWA, and to cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is: Recordkeeping . . . 6 hr., 27 min. Learning about the law or the form 24 min. Preparing and sending this form to the SWA 31 min. If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can send us comments from www.irs.gov/formspubs. Click on "More Information" and then on "Give us feedback." Or you can send your comments to: Internal Revenue Service Tax Forms and Publications 1111 Constitution Ave. NW, IR-6526 Washington, DC 20224 Do not send this form to this address. Instead, see *When and Where To File* in the separate instructions.



Individual Characteristics Form (ICF) Work Opportunity Tax Credit

1. Control No. (For Agency use Only)	APPLICANT INFORMATION (See instructions on reverse)	2. Date Received (For Agency Use Only)
EMPLOYER INFORMATION		
3. Employer Name Alay Home Care	4. Employer Address and Telephone 31 Newark Bay CT Bayonne, New Jersey 07002 201-899-4990	5. Employer Federal ID Number (EIN) 83-1431495
APPLICANT INFORMATION		
6. Applicant Name (Last, First, MI)	7. Social Security Number USE BLACK OR BLUE INK ONLY	8. Have you worked for this employer before? Yes _____ No _____ IF YES , enter last date of employment: _____
APPLICANT CHARACTERISTICS FOR WOTC TARGET GROUP CERTIFICATION		
9. Employment Start Date	10. Starting Wage	11. Position
12. Are you at least 16, but under age 40? Yes _____ No _____ If YES , enter your date of birth _____		
13. Are you a Veteran of the U.S. Armed Forces? Yes _____ No _____ If NO , go to Box 14. If YES , are you a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (Food Stamps) for at least 3 months during the 15 months before you were hired? Yes _____ No _____ If YES , enter name of <i>primary recipient</i> _____ and <i>city and state</i> where benefits were received _____. OR , are you a veteran entitled to compensation for a service-connected disability? Yes _____ No _____ If YES , were you discharged or released from active duty within a year before you were hired? Yes _____ No _____ OR , were you unemployed for a combined period of at least 6 months (whether or not consecutive) during the year before you were hired? Yes _____ No _____		
14. Are you a member of a family that received Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamps) benefits for the 6 months before you were hired? Yes _____ No _____ OR , received SNAP benefits for at least a 3-month period within the last 5 months But , you are no longer receiving them? Yes _____ No _____ If YES to either question , enter name of <i>primary recipient</i> _____ and <i>city and state</i> where benefits were received _____.		
15. Were you referred to an employer by a Vocational Rehabilitation Agency approved by a State? Yes _____ No _____ OR , by an Employment Network under the Ticket to Work Program? Yes _____ No _____ OR , by the Department of Veterans Affairs? Yes _____ No _____		

16. Are you a member of a family that received TANF assistance for at least the last 18 months before you were hired? Yes _____ No _____
OR, are you a member of a family that received TANF benefits for **any** 18 months beginning after August 5, 1997, and the earliest 18-month period beginning after August 5, 1997, ended within 2 years before you were hired? Yes _____ No _____
OR, did your family stop being eligible for TANF assistance within 2 years before you were hired because a Federal or state law limited the maximum time those payments could be made? Yes _____ No _____
If NO, are you a member of a family that received TANF assistance for any 9 months during the 18-month period before you were hired? Yes _____ No _____
If YES, to any question, enter name of *primary recipient* _____ and the *city and state* where benefits were received _____

17. Were you convicted of a felony or released from prison after a felony conviction during the year before you were hired? Yes _____ No _____
If YES, enter *date of conviction* _____ and *date of release* _____ .
Was this a Federal _____ or a State conviction _____ ? (Check one)

18. Do you live in an Empowerment Zone or Rural Renewal County (RRC)? Yes _____ No _____

19. Do you live in an Empowerment Zone and are at least age 16, but not yet 18, on your hiring date? Yes _____ No _____

20. Did you receive Supplemental Security Income (SSI) benefits for any month ending within 60 days before you were hired? Yes _____ No _____

21. Are you a veteran unemployed for a combined period of at least 6 months (whether or not consecutive) during the year before you were hired? Yes _____ No _____

22. Are you a veteran unemployed for a combined period of at least 4 weeks but less than 6 months (whether or not consecutive) during the year before you were hired? Yes _____ No _____

23. Are you an individual who is or was in a period of unemployment that is at least 27 consecutive weeks and for all or part of that period you received unemployment compensation? Yes _____ No _____
If YES, what state did you receive unemployment compensation in? _____
(Enter state where UI compensation was received)

24. Sources used to document eligibility: (Employers/Consultants: List all documentation provided or forthcoming.) For SWA Staff: List all documentation used in determining target group eligibility and enter your initials and date when determination was made.

I certify that this information is true and correct to the best of my knowledge. I understand that the information above may be subject to verification.

<p>25(a). Signature: (See instructions in the Box 25.(b) for who signs this signature block)</p>	<p>25. (b) Indicate with a mark who signed this form: <input checked="" type="checkbox"/> Employer, <input type="checkbox"/> Consultant, <input type="checkbox"/> SWA, <input type="checkbox"/> Participating Agency, <input type="checkbox"/> Applicant, or <input type="checkbox"/> Parent/Guardian(if applicant is a minor)</p>	<p>26. Date:</p>
---	--	-------------------------



LONG-TERM UNEMPLOYMENT RECIPIENT SELF-ATTESTATION FORM
Work Opportunity Tax Credit (WOTC) Program

Instructions: This Self-Attestation Form (SAF) is to be completed, signed, and dated by the new hire only. Employers or consultants submit this SAF to the State Workforce Agency with IRS Form 8850 or if filed separately, with ETA Form 9061 (or ETA Form 9062) for each certification request filed for the new target group.

Under penalties of perjury, I declare that this information is true and correct to the best of my knowledge.
USE BLACK OR BLUE INK ONLY

New Hire's Signature: _____ Date _____

New Hire Name: _____

Social Security Number: _____ - _____
(Enter last four digits)

Employer Name: Alay Home Care

Please check the statements below if they apply to you.

I declare that I was in a period of unemployment that is at least 27 consecutive weeks and for all or part of that period I received unemployment compensation.

I declare that I have been in a period of unemployment since _____.

Privacy Act Notice:

The Internal Revenue Code of 1986, Section 51, as amended and its enacting legislation, P.L. 104-188, specify that the State Workforce Agencies are the "designated" agencies responsible for administering the WOTC certification procedures of this program. The information you have provided completing this form will be disclosed by your employer to the State Workforce Agency. Provision of this information is voluntary; however the information is required to determine your employer's eligibility for the federal tax credit.

Public Burden Statement:

Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Respondents' obligation to complete this form is required to obtain or retain benefits (P.L. 111-5). Public reporting burden is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate to the U.S. Department of Labor, Division of National Programs Tools Technical Assistance, Room C-4510, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0371). Please do not submit completed forms to this address.