CONSUMER DIRECT CARE NETWORK

Dear future Attendant,

Welcome to Consumer Direct Care Network Virginia (CDCN). CDCN provides financial management services for individuals, "Consumers", enrolled in certain Medicaid programs. This packet contains information and forms, to establish you as an employee. CDCN will pay and file payroll taxes on your behalf.

Once you have received notice from CDCN that your enrollment documents have been received and approved:

1. Register for online services. Our web portal is www.DirectMyCare.com. Here you can review pay stubs, adjust time records, etc.

2. Sign up for Electronic Visit Verification (EVV). All attendants are required to clock-in and clock-out using the CareAttend app or Interactive Voice Response (IVR).

Please review training materials and instructions regarding the CDCN web portal and EVV at https://www.consumerdirectva.com/training-materials/.

Questions? We are happy to help! Please call us Monday-Friday from 8:00 a.m. to 6:00 p.m. and Saturday from 9:00 a.m. to 1:00 p.m., excluding federal holidays or email us at infocdva@consumerdirectcare.com

Important Contact Information

CDCN Customer Service Center:

DMAS Services	1-888-444-8182
Aetna Better Health of Virginia Services	1-888-444-2418
Sentara Health Plans Services	1-888-444-2419
Kaiser	1-888-592-4341
Humana	1-888-665-9781
CDCN Fax (Forms)	1-877-747-7764
CDCN Email (Forms/Correspondence)	InfoCDVA@consumerdirectcare.com
CDCN Web (Forms/Packets/Instructions/Training Materials)	www.ConsumerDirectVA.com
CDCN Web Portal (Pay Information/Time Approval)	https://DirectMyCare.com/

State Hotlines:

Virginia Medicaid Fraud Hotline	1-800-371-0824
Adult Protective Services Hotline	1-888-832-3858
Child Protective Services Hotline	1-800-552-7096

CONSUMER DIRECT CARE NETWORK

Checklist of Attendant Transition Packet Forms to Submit to CDCN

(Forms are listed in the order they appear in the packet. Some forms are completed by the Attendant. Some by both the Attendant and the Employer.)

1. ☐ **Transitioning Attendant Data Form**
   - *Attendant completes the Attendant Information section of the form.*
   - *Employer completes the Employer Information section of the form.*
   - *Both Attendant and Employer sign and date the form.*
2. ☐ **Payroll Tax Exemptions Determination**
   - *Enter the Attendant's, Employer's and Consumer's name on the top of the form.*
   - *Attendant checks one relationship.*
   - *If Attendant is the Employer's parent or child, check additional descriptions that apply.*
   - *Both Attendant and Employer sign and date the form.*
3. ☐ **Attendant-Consumer Live-in Determination**
   - *Enter the Attendant's, Employer's and Consumer's name on the top of the form.*
   - *Attendant checks one living arrangement.*
   - *If Attendant lives full time with the Consumer:*
     - *Send proof of address to CDCN, and*
     - *Check Yes or No for Difficulty of Care income tax exclusion.*
   - *Both Attendant and Employer sign and date the form.*
4. ☐ **W-4 Employee's Withholding Allowance Certificate** – A complete W-4 with instructions and worksheets is found on the forms page of the CDCN Virginia website.
   - *Attendant completes steps 1-4 as needed.*
   - *Attendant signs and dates step 5.*
5. ☐ **VA-4 Virginia Employee's Tax Withholding Exemption Certificate** – A complete VA-4 with instructions is found on the forms page of the CDCN Virginia website.
   - *Attendant completes the demographic section (name, SSN, address).*
   - *Attendant completes lines 1 through 4, as applicable, depending on withholding status.*
   - *Attendant signs and dates the form.*
6. ☐ **Pay Selection Form –** Wisely Card information and fee schedule are found on the forms page of the CDCN Virginia website.
   - *Enter the Attendant's name on the top of the form.*
   - *Choose one of the two direct deposit pay options.*
   - *For an existing bank account (1) Enter the bank's name, (2) Check the account type, and (3) Upload a voided check or other document with exact routing numbers.*
   - *Attendant signs and dates the bottom of the form.*
7. ☐ **Employment Agreement**
   - *Enter the Attendant's and Employer's name on the top of the form.*
   - *Attendant and Employer review the Agreement.*
   - *Both Attendant and Employer sign and date the Agreement to acknowledge their understanding.*

This PDF document is optimized for use in Adobe Acrobat. Completion in a browser such as Chrome, Firefox, or Edge is not recommended.

Clear Form

ATTENDANT DATA FORM

Attendant Information

Name: _____ _____ _____
First Middle Last

Physical Address: _____
Street Apt/Unit # City State Zip Code

Mailing Address: _____
(if different than physical address) Street/PO Box Apt/Unit # City State Zip Code

Phone #: Home _____ Cell _____

We may reach out to you via SMS/Text Messaging concerning your services with CDCN. Please note that CDCN will never request sensitive personal information, such as your Social Security Number, banking details, address, or date of birth through text messages. If you receive an SMS message from CDCN and would like to opt-out from future SMS messages, please respond to the initial message with "STOP"

Email: _____

Date of Birth: _____ Social Security Number: _____ - _____ - _____

☐ Yes ☐ No – The Consumer is my child, and the Consumer is a minor under age 18?

☐ Yes ☐ No – The Consumer is my spouse?

If yes to either question above, the Attendant cannot provide Respite Care. If the Attendant is the parent of more than one minor Consumer in Consumer Direction, the Attendant can work up to 40 hours per week for each child but cannot work more than 16 hours per day in total. All other LRI attendants cannot work more than 40 hours per week.

Employer Information

Name of Employer of Record (EOR): _____

EOR Phone #: _____

EOR Email: _____

Name of Consumer: _____

Consumer Medicaid ID #: _____

Age of Consumer (check one): ☐ Adult 18 years old or older ☐ Minor under age 18

Note: If the Consumer is a minor, the Attendant must complete a Dept of Social Services background check form. The form will be sent to the Attendant in an email from Virginia DSS on behalf of Consumer Direct. The email will be from CDVADSS@ConsumerDirectCare.com with subject line "*Virginia Central Registry Search Authorization*". The attendant needs to complete the form in one sitting. Click on the link in the email to begin filling out the DSS background check form.

The EOR will receive an *Enrollment Confirmation Form* from CDCN. This confirms that CDCN has received and approved all employment paperwork. **CDCN is not the Attendant's employer.**

The Attendant attests that the Attendant Information listed above is accurate. If this information changes, the Attendant must notify CDCN.

_____ _____ _____ _____
Attendant Signature *Date* *Employer of Record Signature* *Date*

CONSUMER DIRECT CARE NETWORK

PAYROLL TAX EXEMPTIONS DETERMINATION

Attendant Name	Employer of Record (EOR) Name	Consumer Name

Background: Employees providing domestic services may be exempt from some payroll taxes. This is based on the Attendant's age and relationship to the Employer of Record (EOR). Consumer Direct Care Network (CDCN) will apply any exemptions based on the relationships identified below. **Incorrectly filling this form out may result in inaccurate tax withholdings.**

Note: If the Attendant and EOR qualify for tax exemptions, they must be taken. Exemptions cannot be waived. If the Attendant's earnings are exempt from these taxes, they may not qualify for related benefits. An example is unemployment insurance.

Attendant-Employer Relationship

*Attendant select **one** relationship below.*

☐ **I am the spouse of the Employer.** *Exempt from FICA[1], FUTA[2], and SUTA[3].*

☐ **I am the parent of the Employer.**

If parent checked, check any of the following that apply:

- ☐ I provide care for the EOR's child or stepchild that lives in the home.
- ☐ The EOR's child or stepchild is less than 18 years old or requires personal care of an adult for at least 4 straight weeks in 3 months.
- ☐ The EOR is a widow, widower, divorced or married and lives with a spouse, but the spouse has a physical or medical condition that prevents them from caring for the child at least 4 straight weeks in 3 months.

Exempt from FUTA and SUTA. Subject to FICA if all three boxes checked above; else FICA exempt.

☐ **I am the child of the Employer.**

If child checked, check one option below:

- ☐ I am 21 years of age or older. *Subject to FICA, FUTA, and SUTA.*
- ☐ I am less than 21 years old. *Exempt from FICA, FUTA, and SUTA.*

☐ **I am not related to the Employer or my relationship is not described above.** *Subject to FICA, FUTA, and SUTA.*

Acknowledgement: The Attendant and EOR attest the exemptions listed above are accurate. If this information changes, the Attendant must notify CDCN. If CDCN is not notified of changes, the Attendant may have to pay back money that should have been withheld from pay.

Attendant Signature	*Date*	*Employer of Record Signature*	*Date*

[1]FICA – Federal Insurance Contributions Act (Social Security and Medicare)
[2]FUTA – Federal Unemployment Tax Act
[3]SUTA – State Unemployment Tax

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ATTENDANT-CONSUMER LIVE-IN DETERMINATION

Attendant Name	Employer of Record	Consumer Name

Attendant Care Workers may be exempt from overtime pay requirements and exempt from paying income taxes. Consumer Direct Care Network (CDCN) will apply exemptions based on your answers below.

Attendant-Consumer Live-in Status

*Attendant select **one** living arrangement below.*

1. ☐ **I live full time in the same house as the Consumer and have the same physical address.**

   If Checked Above:

   - **Send proof of residence to CDCN**. *We will accept a driver's license, voter registration card, bank statement, credit card statement, utility bill, or phone bill.*
   - ☐ Yes ☐ No **I attest that I qualify for IRS Difficulty of Care income tax exclusion**. *State and Federal income taxes will not be withheld from my pay. For more information please refer to https://www.irs.gov/pub/irs-drop/n-14-07.pdf*

   Note: Payroll withholding changes are applied at the beginning of the pay period following the processing of your request.

2. ☐ **I live temporarily, but for extended periods with the Consumer (at least 120 hours per week or 5 consecutive days or nights per week).**

3. ☐ **I live at a separate residence than the Consumer.**

Live-in Attendants *(1 or 2 above)***:** You will be paid at the regular hourly rate for all hours worked. You are exempt from the overtime payment rate.

Non Live-in Attendants *(3 above)***:** Overtime hours worked will be paid at 1.5 times the regular pay rate.

Acknowledgement: The Attendant and Employer of Record agree the statements above are accurate. If living arrangements change, the Attendant must notify CDCN immediately as overtime and tax status will also change.

_____ _____

Attendant Signature *Date*

_____ _____

EOR Signature *Date*

W-4 Instructions

Form **W-4**

Department of the Treasury
Internal Revenue Service

Employee's Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.
Give Form W-4 to your employer.
Your withholding is subject to review by the IRS.

OMB No. 1545-0074

2026

Step 1: Enter Personal Information

(a) First name and middle initial	Last name	(b) Social security number
Address		**Does your name match the name on your social security card?** If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to *www.ssa.gov*.
City or town, state, and ZIP code		

(c) ☐ **Single** or **Married filing separately**
☐ **Married filing jointly** or **Qualifying surviving spouse**
☐ **Head of household** (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)

Caution: To claim certain credits or deductions on your tax return, you (and/or your spouse if married filing jointly) are required to have a social security number valid for employment. See page 2 for more information.

TIP: Consider using the estimator at *www.irs.gov/W4App* to determine the most accurate withholding for the rest of the year if you: are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at *www.irs.gov/W4App*.

Step 2: Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at *www.irs.gov/W4App* for the most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than Step 2(b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, Step 2(b) is more accurate . . . . . ☐

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependent and Other Credits

If your total income will be $200,000 or less ($400,000 or less if married filing jointly):

(a) Multiply the number of qualifying children under age 17 by $2,200 . . . . . **3(a)** $

(b) Multiply the number of other dependents by $500 . . . **3(b)** $

Add the amounts from Steps 3(a) and 3(b), plus the amount for other credits. Enter the total here . . . . . **3** $

Step 4: Other Adjustments

(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . . **4(a)** $

(b) Deductions. Use the Deductions Worksheet on page 4 to determine the amount of deductions you may claim, which will reduce your withholding. (If you skip this line, your withholding will be based on the standard deduction.) Enter the result here . . **4(b)** $

(c) Extra withholding. Enter any additional tax you want withheld each **pay period** . . **4(c)** $

Exempt from withholding

I claim exemption from withholding for 2026, and I certify that I meet **both** of the conditions for exemption for 2026. See *Exemption from withholding* on page 2. I understand I will need to submit a new Form W-4 for 2027 . ☐

Step 5: Sign Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

Employee's signature (This form is not valid unless you sign it.) **Date**

Employers Only

Employer's name and address	First date of employment	Employer identification number (EIN)

FORM VA-4

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF TAXATION
PERSONAL EXEMPTION WORKSHEET

(See back for instructions)

1. If you wish to claim yourself, write "1" ..... _____
2. If you are married and your spouse is not claimed on his or her own certificate, write "1" ..... _____
3. Write the number of dependents you will be allowed to claim on your income tax return (do not include your spouse) ..... _____
4. Subtotal Personal Exemptions (add lines 1 through 3) ..... _____
5. Exemptions for age
   - (a) If you will be 65 or older on January 1, write "1" ..... _____
   - (b) If you claimed an exemption on line 2 and your spouse will be 65 or older on January 1, write "1" ..... _____
6. Exemptions for blindness
   - (a) If you are legally blind, write "1" ..... _____
   - (b) If you claimed an exemption on line 2 and your spouse is legally blind, write "1" ..... _____
7. Subtotal exemptions for age and blindness (add lines 5 through 6) ..... _____
8. Total of Exemptions - add line 4 and line 7 ..... _____

Detach here and give the certificate to your employer. Keep the top portion for your records

FORM VA-4 EMPLOYEE'S VIRGINIA INCOME TAX WITHHOLDING EXEMPTION CERTIFICATE

Your Social Security Number	Name	
Street Address		
City	State	Zip Code

COMPLETE THE APPLICABLE LINES BELOW

1. If subject to withholding, enter the number of exemptions claimed on:
   - (a) Subtotal of Personal Exemptions - line 4 of the Personal Exemption Worksheet ..... _____
   - (b) Subtotal of Exemptions for Age and Blindness line 7 of the Personal Exemption Worksheet ..... _____
   - (c) Total Exemptions - line 8 of the Personal Exemption Worksheet ..... _____
2. Enter the amount of additional withholding requested (see instructions) ..... _____.____
3. I certify that I am not subject to Virginia withholding. I meet the conditions set forth in the instructions ..... (check here) ☐
4. I certify that I am not subject to Virginia withholding. I meet the conditions set forth Under the Service member Civil Relief Act, as amended by the Military Spouses Residency Relief Act ..... (check here) ☐

Signature Date

EMPLOYER: Keep exemption certificates with your records. If you believe the employee has claimed too many exemptions, notify the Department of Taxation, P.O. Box 1115, Richmond, Virginia 23218-1115, telephone (804) 367-8037. Note: Employers may establish a system to electronically receive Forms VA-4 from employees, provided the system meets Internal Revenue Service requirements as specified in § 31.3402(f)(5)-1(c) of the Treasury Regulations (26 CFR).

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CONSUMER DIRECT CARE NETWORK

PAY SELECTION FORM

Attendant Name: _____ Date of Birth: ____/____/____
(please print)

Consumer Direct Care Network (CDCN) issues pay by direct deposit. This is to a bank account or a pay card. Direct deposits avoid all possible delays from mail delivery. That helps you access your pay on pay day. Pay stubs (summaries) are available online through our secure web portal, DirectMyCare.com.

CDCN offers the following pay options. Please check one option below.

☐ **Direct Deposit to a Wisely Pay Card Account.** I authorize CDCN to issue me a Wisely Pay Card and make payroll deposits to my card account. It is mailed to me by ADP in an unmarked envelope about 2 weeks after my enrollment paperwork is approved. Wisely Pay Card Information

☐ **Direct Deposit to an Existing Checking, Savings or Pay Card Account.** I authorize CDCN to initiate payroll deposits to my bank or financial institution.

The Name of my bank is: _____

The Account Type is (check one): ☐ Checking. ☐ Savings. ☐ Pay Card.

AN ATTACHMENT IS REQUIRED.

For a Checking Account. Please attach a voided check. This is preferred.
A bank-issued direct deposit form or bank letter* is ok too.

For a Savings Account or Pay Card. Please attach a bank-issued direct deposit form or bank letter.*

**Do not submit a deposit slip*. *The routing numbers differ from direct deposit routing numbers.*

Acknowledgement. I authorize CDCN to process my selected method of pay. I understand that:

- I will be issued a Wisely Pay Card if I do not select a Direct Deposit option above or I fail to provide an attachment with routing numbers for bank deposits.
- I may receive a paper check for my first two pay periods during account set up.
- CDCN reserves the right to refuse any direct deposit request.
- I am responsible to confirm that each deposit has occurred. I must pay any fees caused by overdrafts on my account.
- All direct deposits are made through an Automated Clearing House (ACH). Processing is subject to ACH terms. The terms of my bank also apply.
- If funds are deposited to my account in error, or an improper payment is made, I authorize CDCN to debit my account to correct the error. If my account cannot be debited due to closure or insufficient balance, then CDCN may withhold future payments until the erroneous deposited amounts are repaid.
- I must submit a new Pay Selection Form to CDCN if I wish to change my Direct Deposit option.

_____ _____
Attendant Signature *Date*

CONSUMER DIRECT CARE NETWORK

EMPLOYMENT AGREEMENT

Attendant Name	Employer of Record

This Agreement is between the Attendant and Employer of Record (EOR) named above. It establishes the responsibilities of the parties to each other.

This Agreement will be effective when it is signed by both parties. Either party may terminate this Agreement. Notice to the EOR can be made orally or in writing. Notice must also be supplied to Consumer Direct Care Network Virginia (CDCN). The EOR must send a *Notice of Discontinued Employment Form*. The form is located on the CDVA Forms webpage www.consumerdirectva.com/forms

Attendant Acknowledgements

As the Attendant, I acknowledge the following:

- I am at least 18 years old.
- I have a valid Social Security Number. I am authorized to work in the United States.
- I am an employee receiving payments under a state Medicaid Home and Community-Based Services program. I will not be paid by CDCN for services performed if the Consumer is not authorized for services.
- I am an employee of the EOR. I am not an employee of CDCN.
- My hourly pay rate is set by the Virginia General Assembly. The rate is based on the Consumer's physical address.
- This Agreement does not guarantee me employment or payment of wages for any time period.
- I will keep information about the Consumer confidential.
- I will carry out assigned duties and tasks. These will be explained by the Consumer or EOR. Approved tasks are outlined in the Consumer's Plan of Care.
- I must report to the Dept. of Social Services:
  - Neglect or abuse of a Consumer.
  - Misuse of funds or property of a Consumer.
- Wages are from federal and state funds. I can report suspected Medicaid fraud to the Virginia Medicaid Fraud Hotline. Reporting contact information is available on the CDCN website under the Resources/Fraud Prevention tab.
- Federal and state taxes will be withheld from my wages, as applicable. Garnishments, support orders, and liens may also apply. I will submit to CDCN:
  - *IRS Form W-4.*
  - *Virginia Form VA-4.*
  - *CDCN Payroll Tax Exemptions Determination*.
  - *CDCN Attendant-Consumer Live-In Determination.*

- I cannot be paid if:
  - The Consumer is no longer authorized for services
  - I work more hours than what the Consumer is authorized.
  - I work more than 16 hours within one day.
  - I submit time outside of the 30 day shift submission rule.
- If I am the Consumer's spouse or the Consumer is my child under the age of 18:
  - I cannot work more than 40 hours per week for the Employer of Record; unless I am a parent of a minor Consumer, and have more than one minor child in Consumer Direction and;
  - I cannot provide Respite care.
- I must notify CDCN of changes in my information on file. Such as name, address, contact information and tax withholdings.
- I am classified as a "domestic service employee" under Virginia law. I am not covered by Workers' Compensation Insurance.

EOR Acknowledgements

As the EOR, I acknowledge the following:

- I am responsible for completing the *USCIS Form I-9*. I will keep a copy for my record and send a copy to CDCN.
- I will hire, dismiss, and train the attendant.
- I will submit to CDCN a *Notice of Discontinued Employment* form when an Attendant is no longer employed.

Background Check Requirements

- The Attendant is subject to background checks prior to hire. These include:
  - Criminal History Record Name Search. This is by the Virginia State Police.
  - List of Excluded Individuals/Entities (LEIE). This is by the U.S. Dept. of Health and Human Services; Office of Inspector General.
  - Child Abuse and Neglect Central Registry Records Check. This is by the Virginia Dept. of Social Services. *This is only required if the Consumer is a minor (under the age of 18).*
- Attendant authorizes CDCN to proceed with required background checks. Results cannot be released for any other purpose without Attendant's written consent. The results of background and LEIE checks are made available to CDCN, the EOR, and the Consumer's Medicaid program.
- Background checks are paid for by the Consumer's Medicaid program.
- The Attendant may be hired on a temporary basis for no more than thirty (30) days. This is pending results of all background and LEIE checks.

- An Attendant who fails a background or LEIE check is not allowed to work or be paid under this program upon or after discovery of failed results.

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Time Records and Payment

- The Attendant must clock-in and clock-out for each shift worked using the CareAttend app or Interactive Voice Response (IVR).
- Use the EVV exception process only as needed. The reasons an Attendant would need to adjust or correct a shift include:
  - New Enrollment/Eligibility
  - The Member had an emergency
  - Non-compliant shift
- Attendant wages are paid biweekly by CDCN. Payment is through Electronic Funds Transfer. Payment is to a bank account or pay card.
- CDCN will not pay for services provided when:
  - They are not authorized.
  - They exceed the service authorization.
  - The Consumer has lost program eligibility.
  - Time records are submitted more than 30 days from the date of service, unless an exception reason is approved.
- If the Consumer is responsible for any "Patient Pay" amount, CDCN will deduct the amount from the Attendant's net pay. The Consumer pays the Attendant the Patient Pay amount shown on the pay stub.

Attestation

By signing below, the parties attest and agree that they:

- Have read and understand all program rules and responsibilities.
- Understand what is being requested.
- Must sign and return this Agreement.
- Will abide by the terms and conditions of this Agreement.

EOR Printed Name	*Signature*	Date
Attendant Printed Name	*Signature*	Date

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2026 Payroll Calendar

CONSUMER DIRECT CARE NETWORK

Symbol Key: ◯ Pay Day △ Postal and Bank Holiday

JANUARY

Sun	Mon	Tue	Wed	Thu	Fri	Sat
				△1	◯2	3
4	5	6	7	8	9	10
11	12	13	14	15	◯16	17
18	△19	20	21	22	23	24
25	26	27	28	29	◯30	31

FEBRUARY

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3	4	5	6	7
8	9	10	11	12	◯13	14
15	△16	17	18	19	20	21
22	23	24	25	26	◯27	28

MARCH

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3	4	5	6	7
8	9	10	11	12	◯13	14
15	16	17	18	19	20	21
22	23	24	25	26	◯27	28
29	30	31				

APRIL

Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	3	4
5	6	7	8	9	◯10	11
12	13	14	15	16	17	18
19	20	21	22	23	◯24	25
26	27	28	29	30		

MAY

Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1	2
3	4	5	6	7	◯8	9
10	11	12	13	14	15	16
17	18	19	20	21	◯22	23
24	△25	26	27	28	29	30
31						

JUNE

Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1	2	3	4	◯5	6
7	8	9	10	11	12	13
14	15	16	17	◯18	△19	20
21	22	23	24	25	26	27
28	29	30				

JULY

Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	◯2	△3	4
5	6	7	8	9	10	11
12	13	14	15	16	◯17	18
19	20	21	22	23	24	25
26	27	28	29	30	◯31	

AUGUST

Sun	Mon	Tue	Wed	Thu	Fri	Sat
						1
2	3	4	5	6	7	8
9	10	11	12	13	◯14	15
16	17	18	19	20	21	22
23	24	25	26	27	◯28	29
30	31					

SEPTEMBER

Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1	2	3	4	5
6	△7	8	9	10	◯11	12
13	14	15	16	17	18	19
20	21	22	23	24	◯25	26
27	28	29	30			

OCTOBER

Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1	2	3
4	5	6	7	8	◯9	10
11	△12	13	14	15	16	17
18	19	20	21	22	◯23	24
25	26	27	28	29	30	31

NOVEMBER

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3	4	5	◯6	7
8	9	10	△11	12	13	14
15	16	17	18	19	◯20	21
22	23	24	25	△26	27	28
29	30					

DECEMBER

Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1	2	3	◯4	5
6	7	8	9	10	11	12
13	14	15	16	17	◯18	19
20	21	22	23	24	△25	26
27	28	29	30	◯31		

2026 Bank & Post Office Holidays

*Consumer Direct Care Network office closures

- ***New Year's Day** - Thursday, January 1
- ***Martin Luther King, Jr. Day** - Monday, January 19
- **Presidents Day** - Monday, February 16
- ***Memorial Day** - Monday, May 25
- ***Juneteenth** - Friday, June 19
- ***Independence Day** - Friday, July 3
- ***Labor Day** - Monday, September 7
- **Indigenous Peoples Day** - Monday, October 12
- ***Veterans Day** - Wednesday, November 11
- ***Thanksgiving Day** - Thursday, November 26
- ***Christmas Day** - Friday, December 25

CONSUMER DIRECT CARE NETWORK

Work weeks are Thursday through Wednesday. You must submit time daily using Electronic Visit Verification (EVV). Corrections are due by the correction deadline. Late time or time with mistakes may result in late pay. Thank you!

Two Week Pay Period		EVV Time Correction Deadline	Pay Date
Start Date	End Date		
Thursday	Wednesday	Friday	Friday
12/11/2025	12/24/2025	12/26/2025	1/2/2026
12/25/2025	1/7/2026	1/9/2026	1/16/2026*
1/8/2026	1/21/2026	1/23/2026	1/30/2026
1/22/2026	2/4/2026	2/6/2026	2/13/2026*
2/5/2026	2/18/2026	2/20/2026	2/27/2026
2/19/2026	3/4/2026	3/6/2026	3/13/2026*
3/5/2026	3/18/2026	3/20/2026	3/27/2026
3/19/2026	4/1/2026	4/3/2026	4/10/2026*
4/2/2026	4/15/2026	4/17/2026	4/24/2026
4/16/2026	4/29/2026	5/1/2026	5/8/2026
4/30/2026	5/13/2026	5/15/2026	5/22/2026*
5/14/2026	5/27/2026	5/29/2026	6/5/2026
5/28/2026	6/10/2026	6/12/2026	6/18/2026*†
6/11/2026	6/24/2026	6/26/2026	7/2/2026†
6/25/2026	7/8/2026	7/10/2026	7/17/2026*
7/9/2026	7/22/2026	7/24/2026	7/31/2026
7/23/2026	8/5/2026	8/7/2026	8/14/2026*
8/6/2026	8/19/2026	8/21/2026	8/28/2026
8/20/2026	9/2/2026	9/4/2026	9/11/2026*
9/3/2026	9/16/2026	9/18/2026	9/25/2026
9/17/2026	9/30/2026	10/2/2026	10/9/2026
10/1/2026	10/14/2026	10/16/2026	10/23/2026*
10/15/2026	10/28/2026	10/30/2026	11/6/2026
10/29/2026	11/11/2026	11/13/2026	11/20/2026*
11/12/2026	11/25/2026	11/27/2026	12/4/2026
11/26/2026	12/9/2026	12/11/2026	12/18/2026*
12/10/2026	12/23/2026	12/25/2026	12/31/2026†

*If applicable, Patient Pay amount is subtracted from pay on these dates.

†Thursday payday

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