



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)

Last Name (Family Name) Winslow		First Name (Given Name) william		Middle Initial M	Other Last Names Used (if any)	
Address (Street Number and Name) 6515 Kemp Blvd.			Apt. Number	City or Town Wichita Falls		State TX
Date of Birth (mm/dd/yyyy) 08/07/1960		U.S. Social Security Number [REDACTED] - [REDACTED] - 1161		Employee's E-mail Address		Employee's Telephone Number


I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input checked="" type="checkbox"/> 1. A citizen of the United States
<input type="checkbox"/> 2. A noncitizen national of the United States (See instructions)
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): <u>N/A</u>
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): <u>N/A</u> Some aliens may write "N/A" in the expiration date field. (See instructions)

Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.

1. Alien Registration Number/USCIS Number: N/A
OR
 2. Form I-94 Admission Number: N/A
OR
 3. Foreign Passport Number: N/A
 Country of Issuance: N/A

QR Code - Section 1
 Do Not Write In This Space


Signature of Employee	Today's Date (mm/dd/yyyy)
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Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
 (Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy) 2-19-2019	
Last Name (Family Name) W. M. Winslow, DSS, AC56 U.S. Army Cerge 99994		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State
			ZIP Code

STCP Employer Completes Next Page STCP




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Section 2. Employer or Authorized Representative Review and Verification.
(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name) Winslow	First Name (Given Name) William	M.I. M	Citizenship/Immigration Status 1
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List A	OR	List B	AND	List C
Identity and Employment Authorization		Identity		Employment Authorization
Document Title [Redacted]		Document Title [Redacted]		Document Title [Redacted]
Issuing Authority [Redacted]		Issuing Authority [Redacted]		Issuing Authority [Redacted]
Document Number [Redacted]		Document Number [Redacted]		Document Number [Redacted]
Expiration Date (if any)(mm/dd/yyyy) [Redacted]		Expiration Date (if any)(mm/dd/yyyy) [Redacted]		Expiration Date (if any)(mm/dd/yyyy) [Redacted]
Document Title N/A		Additional Information <div style="border: 1px solid black; width: 100%; height: 100%;"></div>		QR Code - Section 2 Do Not Write In This Space 
Issuing Authority N/A				
Document Number N/A				
Expiration Date (if any)(mm/dd/yyyy) N/A				
Document Title N/A				
Issuing Authority N/A				
Document Number N/A				
Expiration Date (if any)(mm/dd/yyyy) N/A				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): 02/20/2019 (See instructions for exemptions)

Signature of Employer or Authorized Representative <i>Lisa Jennifer Mills Langley</i>		Today's Date (mm/dd/yyyy) <i>2/19/19</i>	Title of Employer or Authorized Representative Admin. Asst	
Last Name of Employer or Authorized Representative Langley		First Name of Employer or Authorized Representative James	Employer's Business or Organization Name North Texas State Hospital	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)			B. Date of Rehire (if applicable)
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	LIST B Documents that Establish Identity	LIST C Documents that Establish Employment Authorization
OR	AND	
1. U.S. Passport or U.S. Passport Card	1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)	2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa	3. School ID card with a photograph	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)	4. Voter's registration card	4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.	5. U.S. Military card or draft record	5. Native American tribal document
	6. Military dependent's ID card	6. U.S. Citizen ID Card (Form I-197)
	7. U.S. Coast Guard Merchant Mariner Card	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
	8. Native American tribal document	8. Employment authorization document issued by the Department of Homeland Security
	9. Driver's license issued by a Canadian government authority	
	For persons under age 18 who are unable to present a document listed above:	
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI	10. School record or report card	
	11. Clinic, doctor, or hospital record	
	12. Day-care or nursery school record	

Examples of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.



North Texas State Hospital
James E. Smith, LCSW, DCSW
Superintendent

Vernon Campus
P.O. Box 2231
Vernon, TX 76385
(940) 552-9901

Wichita Falls Campus
P.O. Box 300
Wichita Falls, TX 76307
(940) 692-1220

**Wichita Falls Campus Central Rehab
Client Worker Program Contract**

Dear: William Winslow

As a participant in the Client Worker Program you are advised both orally and in writing of your coverage under rules of the U.S. Department of Labor Wage and Hour Division which regulates this program.

Your job assignment is considered a part of your treatment and recovery by your Unit Recovery Team and is listed on your Recovery Plan as an Intervention. As such, this activity and scheduling are both subject to change per your Unit Recovery Team. You may be discontinued from this therapeutic activity and changed to a different type of therapeutic activity for reasons not connected to your performance, behavior or response to this activity.

Your job assignment is Paper Recycling Assistant at CWP in Bldg. 711.

Your starting date for position #508 is 2/20/19.

You will be scheduled to work Monday through Friday, 9:45-11:45am, which is a total of 10 hours per week.

Your wage rate will be \$7.25 per hour (both Federal and State minimum wage).

Your earnings will be deposited in your trust fund account. You may withdraw your funds according to your unit rules. You will be informed at the end of each pay period of your earnings. Pay periods are bi-monthly: 1st to 15th and 16th to the end of the month.

2/19/19
DATE

W. M. Winslow, ACS 6
U.S. ARMY CAGE 99994
CLIENT SIGNATURE

[Signature]
STAFF SIGNATURE

Tasks/Procedures/Standards

Task: Sort School/Office Paper

Description: The trainee will sort paper according to different types.

Procedure:

- 1) Move raw product (paper) to workstation.
- 2) From raw product, pick out useable Paper & place in designated receptacle.
- 3) Place all undesired/ non-recyclable materials into the trash container.
- 4) Move more raw product (paper) to workstation.

Standard:

Assigned product (recyclable paper) will be sorted into the proper containers. Any case of unsatisfactory workmanship may be used for training purposes.

Task: Operate Shredder

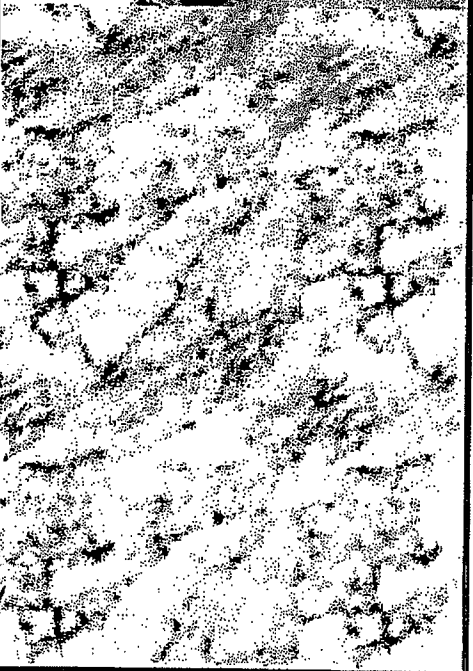
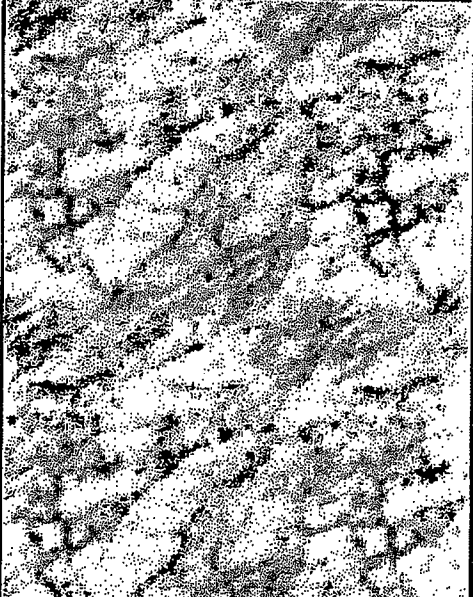
Description: The trainee will operate the Paper Shredding Machine.

Procedure:

- 1) Turn on Shredding Machine.
- 2) Sort through assigned paper, picking out sticky notes, plastic cards, and carbon paper.
- 3) Load Machine receptacle/conveyor with the appropriate amount of paper.
- 4) Insure that the paper has been shredded.
- 5) Repeat as needed.

Standard:

Assigned materials will be destroyed and no longer legible. Any case of unsatisfactory workmanship may be used for training purposes.



X
U.S.A. 9999

Tasks/Procedures/Standards

Task: Load Baler

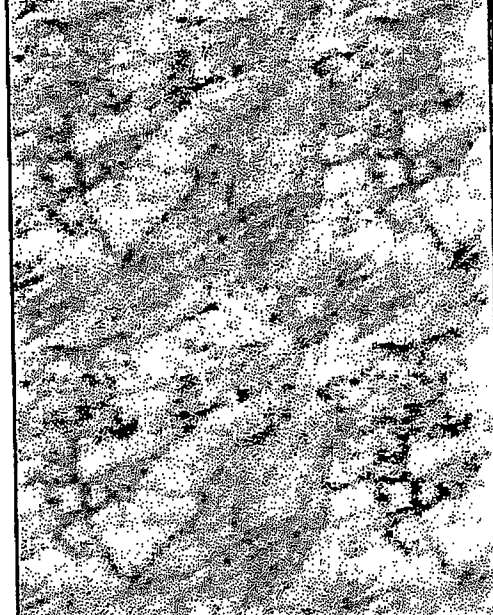
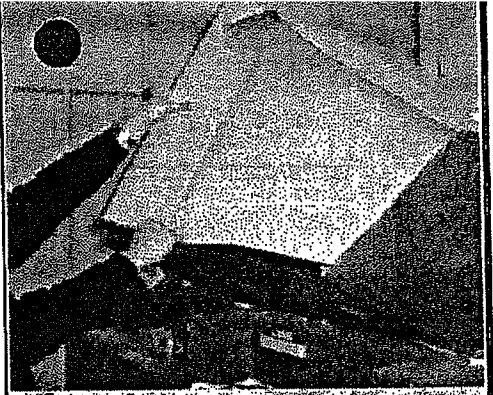
Description: The trainee will load and cycle the baler as instructed by supervising staff.

Procedure:

- 1) Locate moving-equipment and relocate to the dock area.
- 2) Load product onto moving-equipment.
- 3) Move all to baler area.
- 4) Place product into baler hopper in an even manner.
- 5) Cycle baler as instructed by staff.
- 6) Repeat loading/ cycling until "TIE-LIGHT" illuminates.

Standard:

Upon Completion: Tie-light will be illuminated. Bale will be squared & symmetrical. Any case of unsatisfactory workmanship may be used for training purposes.



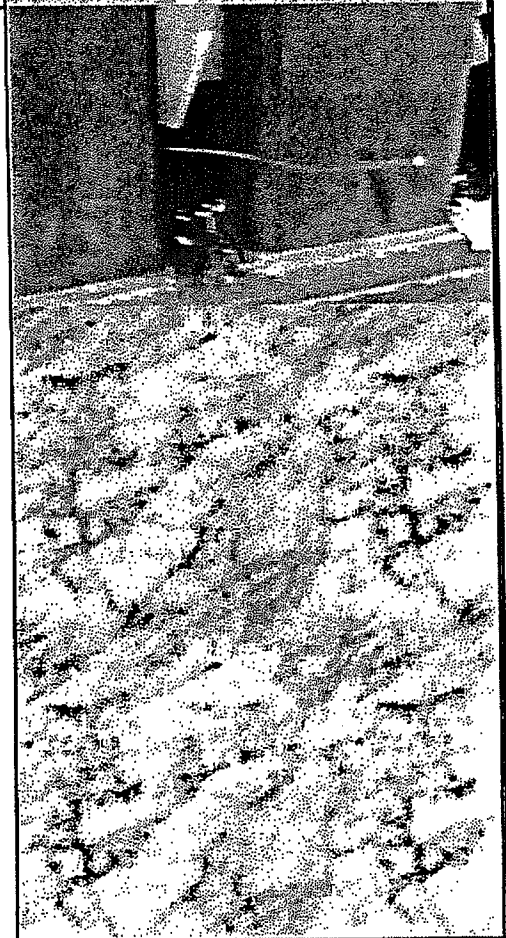
Task: Wire Bale

Description: The trainee will install baling wire and eject bale.

- Procedure:**
- 1) With "TIE-LIGHT" illuminated, thread the baling wire through slots with "EYE" on top.
 - 2) Thread wire through bottom eye.
 - 3) Tighten wire.
 - 4) Hook end of wire through eye.
 - 5) Wrap the loop at least twice.
 - 6) Clear baler door path.
 - 7) Reverse ram by pressing reverse button (yellow).
 - 8) Open the baler door (using ratchet-handle).
 - 9) Depress ejector foot-pedal (may need to stand on it).
 - 10) Push cycle button (green) to eject bale forward into the pincers of waiting lift-truck operated by staff.

Standard:

Bales will be properly tied, & ejected from baler. Any case of unsatisfactory workmanship may be used for training.



Task: Sweep Shop Floor

Description:

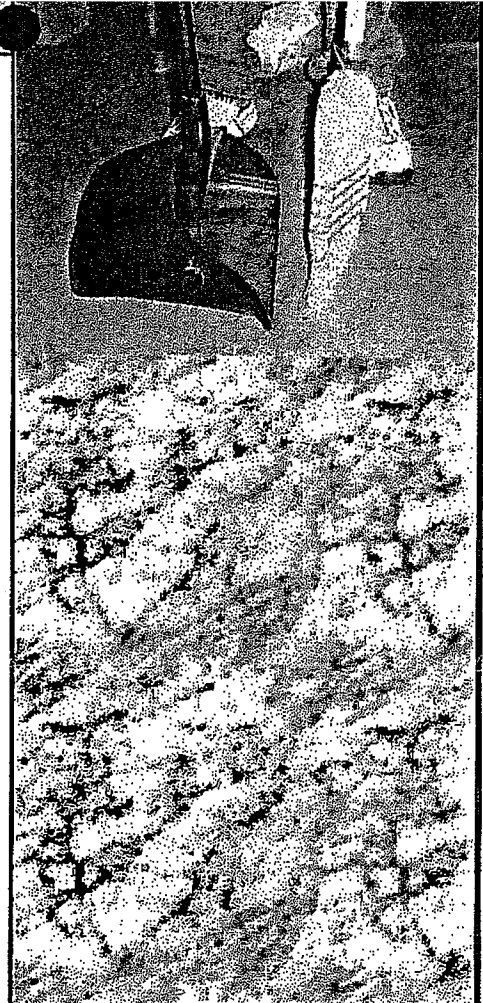
The trainee will clean all dust, dirt, and debris from assigned area of workshop floors.

Procedure:

- 1) Get broom & dust pan from storage area.
- 2) Sweep assigned area (move and replace obstacles as needed).
- 3) Use dust-pan to dispose of debris.
- 4) Return broom & dust-pan to designated storage area.

Standard:

No debris will be left on assigned shop floor surface. Debris will be placed into proper refuse container. Any case of unsatisfactory workmanship may be used for training purposes.



Task: Collect Recyclable Materials

Description:

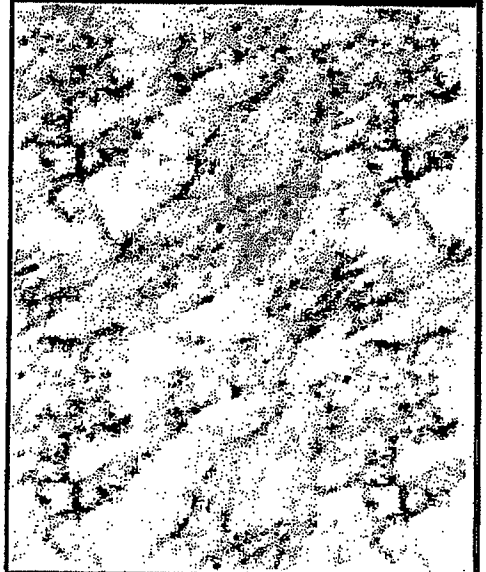
The Trainee will assist in collecting recyclable materials from hospital grounds.

Procedure:

- 1) The trainee will report to assigned workstation.
- 2) The trainee will accompany staff in state vehicle to scheduled collection sites.
- 3) The trainee will load/unload containers according to instructions given by assigned supervisor.
- 4) The trainee will return with staff to Bldg.#711 and unload containers of recyclable material as instructed.
- 5) The trainee will clean the vehicle as needed.

Standard:

The client worker will follow the procedure with no more than two discrepancies per month. Any case of unsatisfactory workmanship will be used for training purposes.



**North Texas State Hospital – Wichita Falls Campus – Vocational
Services
Patient Dress Code for Employment**

1. The purpose of this dress code is to provide instructions to patients which are understandable and enforceable and which promote the safety of all patients and staff in the work environment. This dress code applies to all vocational services patients. Specific additional guidelines are addressed for those in safety or sanitation employment areas or where the work environment demands modification.
 - A. Clothing must be neat and clean, in good repair and should fit in such a way that it can be worn attractively according to the design.
 - B. Shorts must be no shorter than three inches above the knee. Mini-skirts are not allowed.
 - C. All female client workers must wear brassieres.
 - D. Shoes must be secured on the foot. No open toed shoes
 - E. Hair must be kept neat and clean.
 - F. Long hair must be arranged in a manner that prevents it from being caught in equipment.
 - G. Clothing must fit so as not to interfere with bending or performing tasks.
 - H. Jewelry must be kept to a minimum. Nothing should dangle or hang loosely from the body.
2. If your apparel is not appropriate, your supervisor/job coach may ask you to return to your unit to change into appropriate apparel and return to work as soon as possible.
3. The smoke free policy of the North Texas State Hospital is the same for client workers, both on or off grounds. We are a smoke free facility.

I have read, understand, and agree to comply with the dress code of the North Texas State Hospital-Wichita Falls Campus, Vocational Services Department.

*W. M. Windsor, PFS, ACS6
U.S. ARMY Code Code 99994*

CLIENT'S SIGNATURE

2/19/19

DATE

[Signature]

SUPERVISOR/JOB/COACH

NORTH TEXAS STATE HOSPITAL

VOCATIONAL SERVICES - WF

CONTRACT

To maintain confidentiality of secure paper documents and maintain inventory of the supplies (tools, equipment, jackets, vests, etc.) that aid all staff and client workers to complete their jobs -- we ask, per NTSB Vocational Services Rules, Regulations, Policy and Procedure that no items can be taken outside of the workshop, unless the item is assigned to you during your shift. Following your shift the item(s) assigned to you will be placed back in its location prior to leaving the workshop at the end of your shift.

As per NTSB Vocational Services Rules, Regulations, Policy and Procedures all snack items (including drinks) must be consumed before leaving the activity.

Personal documents must be kept at a minimum (i.e. schedule, etc...) while you are involved in CWP activities.

As per policy, patient-workers breaking these policies may be discontinued from the CWP program.

*W. M. Winslow, DSS AC54
U. S. ARM & COGE Code 99994*

Signature of Patient-Worker

Lisa Jamer

Signature of Job Coach

2/19/19

Date

2/19/19

Date