



FISCAL CONDUIT MEMBER DATA FORM

1. Member Information:

Name: _____
First MI Last

Address: _____ City, State, Zip: _____

County of Residence: _____ Member ID#: _____

DOB: _____ Social Security#: _____

Phone: _____ Cell: _____ Email: _____

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".

Approval for photo usage [] Yes [] No

2. Managing Party Information: [] Member [] Other Responsible Adult (complete below)

Name: _____
First MI Last

Address: _____ Phone: _____

City, State, Zip: _____ Cell: _____

Email: _____ Relation to Member: _____

Approval for photo usage [] Yes [] No

Would you like to Opt in to allow text messages with CDWI [] Yes [] No

3. Case Manager/MCO Information:

Case Manager/Care Coordinator Name: _____

Managed Care Organization (MCO): _____

4) Notes: _____

Multiple horizontal lines for notes.





MEMBER ORIENTATION AND ENROLLMENT CHECKLIST

Member Name	Managing Party Name

Member Training Manual/Resource Guide:

- Welcome Letter & Philosophy of Self-Direction
- Complaint/Grievance Process
- Medicaid Fraud—False Claims Act
- Monthly Spending Summary Description

Member Enrollment Packet:

- Member Data Form
- Member Orientation and Enrollment Checklist (*this form*)
- Fiscal Conduit Service Agreement
 - Review in Detail Managing Party Responsibilities
 - Review in Detail Consumer Direct Responsibilities

Vendor Forms:

- Form W-9
- Vendor Payment Forms

Note copies of all signed forms will be mailed to Member/Managing Party

Completed on: Date: _____ Time Approx. (from / to): _____ to _____

Signature: Program Coordinator: _____
Name *Signature*





FISCAL CONDUIT MEMBER SERVICES AGREEMENT

This Agreement is between Consumer Direct for Wisconsin, LLC doing business as Consumer Direct Care Network Wisconsin (CDCN) and the following person:

Check here if you are the **Member**.

My name is: _____ . I will be directing my services under this Agreement.

Check here if you are the Member's **Managing Party (MP)**.

My name is: _____ . I will be directing the Member's services under this Agreement.

The Member's name is: _____ .

A. Introduction

1. In this Agreement:

- "Member" refers to the Medicaid recipient who receives services through Wisconsin's Family Care Program.
- "You" refers to the person directing the Member's services, either the Member or the Member's PR.
- "Party" shall mean either You or CDCN individually. "Parties" shall mean You and CDCN together.
- "Approving Entity" is the Managed Care Organization that authorizes the Member's services. The Approving Entity is: _____ .

2. Through this Agreement, You have chosen CDCN to provide You with financial management services. CDCN will administer the Member's budget and pay vendors and independent contractors for goods and services provided.

3. The Approving Entity acknowledges and recognizes CDCN will provide financial management services to You.

B. Member/MP Responsibilities – You agree to:

1. Ensure all goods and services requested for purchase from third-party vendors are authorized by the Approving Entity.

2. Submit all claims with necessary paperwork and documentation to CDCN within 90 days of service.

- Each reimbursement claim must include a statement verifying the goods or services have been received and the purchase amount is correct. The statement must be signed and dated by You.

3. Monitor CDCN's monthly budget tracking reports and not spend more than what is authorized in the Member's approved budget.

4. Review Provider requirements with their selected Providers. Additional information is available via this website:



<https://www.forwardhealth.wi.gov/WIPortal/Subsystem/ManagedCare/FamilyCareProvider.aSPX>

5. Report to CDCN immediately, changes to:
 - Your contact information.
 - The Member's service funding, hospitalization, or if in jail.
6. Immediately report suspected Medicaid fraud to the appropriate authority. Reporting contact information is available on our website under the Resources/Fraud Prevention tab.

C. Agency Responsibilities – CDCN agrees to:

1. Review all claims to ensure they are authorized. If a claim is not within authorization limits or does not have an invoice, it will be sent back to You.
2. Submit all CDCN approved claims (including re-submitted claims) to the Approving Entity for final approval and billing.
 - If a claim is denied by the Approving Entity, CDCN will report the denial and let You know the reasons for the denial.
3. Pay third-party vendors for all approved claims.
 - CDCN will not make payment on the claim until funds has been received from the Approving Entity.
4. Prepare and provide spending summaries (monthly and annual) to You and the Approving Entity to track expenditures so spending remains within authorization limits.

D. Terms and Conditions

Term: This Agreement starts when it is signed by You and CDCN and should remain in effect until terminated.

Disputes: Parties agree to try to resolve any conflict between them, subject to the dispute resolution policy provided by the Approving Entity. If the conflict is not resolved by the Parties, then at CDCN's discretion, the Approving Entity may be contacted for guidance.

Indemnification: You are in the best position to oversee the delivery of goods and services provided by independent contractors and vendors when they are working with You. Due to this, You agree to indemnify CDCN. This means that if the vendor cause property damages or a legal dispute while working with You, You are responsible for paying all damages and legal fees, if damages and fees are assessed to CDCN. CDCN is also not responsible for the vendor theft of personal belongings. CDCN is not liable for the vendor actions and damages incurred.

Partial Invalidity: If part of this Agreement is found to be wrong, it does not mean the whole Agreement is not correct. The rest of the Agreement must be followed.

Arbitration: A dispute about this Agreement is handled by an independent arbitrator at the location of the dispute. Parties will split the cost of the arbitrator. Each Party will handle their own legal fees. Parties may agree to another arbitration process.





FISCAL CONDUIT MEMBER SERVICES AGREEMENT

State Law: If Parties cannot solve a problem through negotiation or talking about the problem, then Wisconsin laws apply. Any legal action related to this Agreement must be held in the county where CDCN is located.

Modification of Agreement: The Agreement can be changed. Changes must be in writing, signed and dated by both Parties. The Agreement may be ended at any time by either party. You agree that ending the Agreement means services from CDCN will stop.

Timely Notification: Both Parties agree to notify each other in a timely manner about the duties in this Agreement.

Termination: This Agreement can end in three ways:

- **Mutual Agreement** - Both Parties can agree in writing to end the Agreement at any time.
- **Termination Without Cause** - Either Party can end the Agreement with a 30-day written notice for any reason or no reason. Also, if the Member’s relationship with the Approving Entity ends, this Agreement is terminated.
- **Termination for Cause** - Either Party can end the Agreement with written notice if a policy or procedure established by the Approving Entity is not being followed. Notice must include the policy(s) that is not being followed by the other Party.

Assignment: You may not assign this Agreement nor any of its rights, benefits, duties or obligations to another Party without the prior written consent of CDCN.

Entire Agreement: This Agreement and other written materials describe the complete understanding between You and CDCN. Any verbal agreements do not apply. All agreements must be put in writing.

By signing, the Parties agree to follow the Responsibilities and Terms and Conditions stated above.

_____	_____	_____
Member/MP Name	Signature	Date

_____	_____	_____
CDCN Representative Name	Signature	Date



Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ► _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
6 City, state, and ZIP code	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number									
				-			-		
OR									
Employer identification number									
			-						

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ►	Date ►
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.



By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting*, later, for further information.

Note: If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the instructions for Part II for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships*, earlier.

What is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

00540



Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note: ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C corporation, or S corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

Line 3

Check the appropriate box on line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3.

IF the entity/person on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation
• Individual • Sole proprietorship, or • Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes.	Individual/sole proprietor or single-member LLC
• LLC treated as a partnership for U.S. federal tax purposes, • LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or • LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes.	Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C corporation; or S= S corporation)
• Partnership	Partnership
• Trust/estate	Trust/estate

Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947



The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 5 ²
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

Note: You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, write NEW at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

Line 6

Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note: See *What Name and Number To Give the Requester*, later, for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at www.SSA.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/Businesses and clicking on Employer Identification Number (EIN) under Starting a Business. Go to www.irs.gov/Forms to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to www.irs.gov/OrderForms to place an order and have Form W-7 and/or SS-4 mailed to you within 10 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note: Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.



1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.

You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.

You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions.

You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor ²
5. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee ¹
b. So-called trust account that is not a legal or valid trust under state law	The actual owner ¹
6. Sole proprietorship or disregarded entity owned by an individual	The owner ³
7. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor*
For this type of account:	Give name and EIN of:
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity ⁴
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee

For this type of account:	Give name and EIN of:
14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
15. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships*, earlier.

*Note: The grantor also must provide a Form W-9 to trustee of trust.

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records From Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes.

Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.



The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at spam@uce.gov or report them at www.ftc.gov/complaint. You can contact the FTC at www.ftc.gov/idtheft or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see www.IdentityTheft.gov and Pub. 5027.

Visit www.irs.gov/IdentityTheft to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.





VENDOR DIRECT DEPOSIT AUTHORIZATION

Consumer Direct Care Network (CDCN) has the ability to process payments to vendors through a weekly direct deposit service. Advantages of this service include:

- Payment goes straight to your bank account
- No mail delays
- No more trips to the bank to deposit your check
- No checks to lose, misplace or be stolen

Authorization for Direct Deposit Payment Processing

Vendor Name: _____ Phone: _____

Email: _____

(Providing email contact information is highly recommended. Payment confirmation will be sent via email.)

I authorize CDCN to initiate deposits to the financial institution and account named below.

Name of Bank or Credit Union: _____

Account Type (check one): Checking Savings

For Checking Accounts:

Attach (tape) voided check here

Do not attach a deposit slip.

For Savings Accounts: provide a document from your bank with exact numbers to process direct deposits to your account. If the document is larger than a standard-sized check, please provide a separate document. Do not attach a deposit slip because it does not have all the necessary numbers.

In the event that funds are deposited mistakenly to my account, I authorize CDCN to debit my account to correct the error. It is my responsibility to confirm that each deposit has occurred and to pay any fees caused by overdrafts on my account. I understand that CDCN reserves the right to refuse any direct deposit request, that all direct deposits are made through an Automated Clearing House (ACH), and that the processing is subject to ACH terms and limitations, as well as those of my financial institution. This authorization will remain in effect until I have cancelled it in writing.

Vendor Signature

Date

Form submittal: Please mail to Consumer Direct Care Network, 100 Consumer Direct Way, Suite 375, Missoula, MT 59808 or email to InfoAccountsPayable@consumerdirectcare.com





VENDOR PAYMENT REQUEST INSTRUCTIONS

A Vendor Payment Request Form must accompany all requests for vendor payment. Make sure your vendor payment request is filled out completely and correctly. Print all entries neatly. Each receipt or invoice listed must include Date, Service Code, Description, Quantity, Rate, and Total. Incorrect or incomplete forms may result in payment delays.

1. Name of Individual Receiving Services. Print Individual's Name.

2. Consumer Direct Participant/Employer ID. Seven-digit ID number.

3. Make check payable to. Indicate who the check should be made out to. Include name and full address. Please list one vendor per Request Form.

4. New Address. If this vendor has moved since the last time you submitted a request for payment, check the box and fill in the new address. If the vendor provides service(s), you will also need to submit a new W-9.

5. Date of Invoice. The date on the invoice or receipt. In MM/DD/YY format. Please list each invoice on a separate line, one date per line. Attach a copy of each receipt, invoice, or signed bid/estimate.

6. Service Code. Fill in the Service Code for the service provided on this invoice. Ensure the service code is approved on the budget/auth/plan.

7. Description of Service. Write out what service or good the vendor provided on each invoice/receipt.

8. Quantity. The number of items, units, hours, or times the good or service was provided.

9. Rate per Unit. The cost for one item, unit, hour, or time of this good or service.

10. Total Dollar Amount. The total amount of this line.

11. Total Check Amount. The total for all invoices to be paid to this vendor.

VENDOR PAYMENT REQUEST FORM

Mail/Drop Off: _____

Email: _____

Fax: _____

Have Questions? Phone: _____

Requests for Vendor Payments received by Consumer Direct before 5:00 pm Monday are normally processed for payment by the end of the same week.

For Internal Use Only

<input type="checkbox"/> Participant Name & ID	<input type="checkbox"/> W-9*
<input type="checkbox"/> Vendor Name & Address	<input type="checkbox"/> Agreement*
<input type="checkbox"/> Serv. Code Matches Auth	<input type="checkbox"/> Amount approved
<input type="checkbox"/> Item/Service Authorized	<input type="checkbox"/> Funds available

*if needed

- Consumer Direct must have authorization from the payer (State, MCO, or County) to process payment for all goods and services.
- The goods or services must be listed on the Participant's approved budget.
- All receipts and/or invoices must be included with this Vendor Payment Request Form to ensure proper processing.
- The Employer is responsible for allowing adequate processing time for payments to be made by due dates.
- Incorrect or incomplete Vendor Payment Request Forms may be returned for correction, which will result in delay of payment.

1	2
Name of Individual Receiving Services	Consumer Direct Participant/Employer ID #

Make check payable to	NEW Address – <u>Must check here</u> <input type="checkbox"/>
Name 3	Indicate <u>NEW</u> address below
Address	4
City/State/Zip	

A vendor providing service(s) must submit a new W-9 if changing address.

Date of Invoice (mm/dd/yy)	Service Code	Description of Service	Quantity (Units)	Rate per Unit	Total Dollar Amount
5	6	7	8	9	10
SAMPLE					
Total Check Amount					11

Please attach a copy of the voided receipt, agency invoice, or signed bid/estimate.

I approve Consumer Direct to issue payment directly to the above named Vendor for the services/goods listed above. I certify that the above Vendor provided services in accordance with the plan. Falsification of this Vendor Payment Request is considered Medicaid Fraud and may result in dismissal from the program and/or criminal prosecution.

12	13	14
Participant/Guardian Signature	Print Name	Date (mm/dd/yyyy)

12. Participant/Guardian Signature.

13. Print Name. Print the name of the employer/guardian.

14. Date. Participant/Guardian signature date. In MM/DD/YYYY format. This must be **on or after** the last invoice date. Future signature dates are not accepted and will be returned for correction.





VENDOR PAYMENT REQUEST FORM

Mail/Drop Off: 744 Ryan Dr, Ste. 201
Hudson, WI 54016

Email: infocdwi@consumerdirectcare.com

Fax: 1-877-785-9992

Have Questions? Phone: 1-877-785-9991

Requests for Vendor Payments received by Consumer Direct Care Network (CDCN) before 5:00 pm Monday are normally processed for payment by the end of the same week.

For Internal Use Only

<input type="checkbox"/> Participant Name & ID	<input type="checkbox"/> W-9*
<input type="checkbox"/> Vendor Name & Address	<input type="checkbox"/> Agreement*
<input type="checkbox"/> Serv. Code Matches Auth	<input type="checkbox"/> Amount approved
<input type="checkbox"/> Item/Service Authorized	<input type="checkbox"/> Funds available

*if needed

- CDCN must have authorization from the payer (State, MCO, or County) to process payment for all goods and services.
- The goods or services must be listed on the Participant's approved budget.
- All receipts and/or invoices must be included with this Form and submitted within 90 days of service.
- The Employer is responsible for allowing adequate processing time for payments to be made by due dates.
- Incorrect or incomplete Vendor Payment Request Forms may be returned for correction, which will result in delay of payment.

Name of Individual Receiving Services	CDCN Member/Employer ID #

Make check payable to	NEW Address – <u>Must</u> check here <input type="checkbox"/>
Vendor Name	Indicate NEW address below
Address	
City/State/Zip	

A vendor providing service(s) **must** submit a new W-9 if changing address.

Date of Invoice (mm/dd/yy)	Service Code	Description of Service	Clock In Time	Clock Out Time	Shift entered on EVV?	Quantity (Units)	Rate per Unit	Total Dollar Amount
Total Check Amount								

Please attach a copy of the voided receipt, agency invoice, or signed bid/estimate.

I approve CDCN to issue payment directly to the above-named Vendor for the services/goods listed above. I certify that the above Vendor provided services in accordance with the plan. Falsification of this Vendor Payment Request is considered Medicaid Fraud and may result in dismissal from the program and/or criminal prosecution.

_____ /_____/_____
Member/Managing Party Signature Print Name Date (mm/dd/yyyy)





VENDOR PAYMENT REQUEST FORM

Mail/Drop Off: 744 Ryan Dr, Ste. 201
Hudson, WI 54016

Email: infocdwi@consumerdirectcare.com

Fax: 1-877-785-9992

Have Questions? Phone: 1-877-785-9991

Requests for Vendor Payments received by Consumer Direct Care Network (CDCN) before 5:00 pm Monday are normally processed for payment by the end of the same week.

For Internal Use Only

<input type="checkbox"/> Participant Name & ID	<input type="checkbox"/> W-9*
<input type="checkbox"/> Vendor Name & Address	<input type="checkbox"/> Agreement*
<input type="checkbox"/> Serv. Code Matches Auth	<input type="checkbox"/> Amount approved
<input type="checkbox"/> Item/Service Authorized	<input type="checkbox"/> Funds available

*if needed

- CDCN must have authorization from the payer (State, MCO, or County) to process payment for all goods and services.
- The goods or services must be listed on the Participant's approved budget.
- All receipts and/or invoices must be included with this Vendor Payment Request Form to ensure proper processing.
- The Employer is responsible for allowing adequate processing time for payments to be made by due dates.
- Incorrect or incomplete Vendor Payment Request Forms may be returned for correction, which will result in delay of payment.

Name of Individual Receiving Services	CDCN Member/Employer ID #

Make check payable to	NEW Address – <u>Must</u> check here <input type="checkbox"/>
Vendor Name	Indicate NEW address below
Address	
City/State/Zip	

A vendor providing service(s) **must** submit a new W-9 if changing address.

Date of Invoice (mm/dd/yy)	Service Code	Description of Service	Quantity (Units)	Rate per Unit	Total Dollar Amount
Total Check Amount					

Please attach a copy of the voided receipt, agency invoice, or signed bid/estimate.

I approve CDCN to issue payment directly to the above-named Vendor for the services/goods listed above. I certify that the above Vendor provided services in accordance with the plan. Falsification of this Vendor Payment Request is considered Medicaid Fraud and may result in dismissal from the program and/or criminal prosecution.

_____ / _____ / _____
Member/Managing Party Signature Print Name Date (mm/dd/yyyy)

