

SAMPLE



Informed Consent Florida CDC+ Fiscal/Employer Agent

Effective March 1, 2008, the Florida Agency for Persons with Disabilities (APD) became the Fiscal/Employer Agent (F/EA) for APD consumers participating in the Florida Consumer-Directed Care Plus (CDC+) Program. The role of the F/EA is to assure that all wage and tax-related issues are in compliance with applicable state and federal laws and regulations.

- APD will review all timesheets, invoices and other claims for payment to ensure that they are consistent with the consumer's Purchasing Plan, that all documents are completed properly and that adequate funds are available to pay the claim.
- APD will automatically calculate overtime when an employee works for a consumer more than 40 hours during the work week (except for Companion Services or for an employee who lives in the consumer's home). For CDC+, the work week is 12:00 AM (Midnight) Monday through 11:59 PM Sunday.
- APD will use a payroll company, Mains'l Services, Inc., to process payroll and distribute payments, including payroll, vendor payments, reimbursement payments and cash payments to consumers by check or electronic funds transfer (EFT). Mains'l Services, Inc., will also file appropriate tax returns and make appropriate tax payments on behalf of each consumer.

By your signature below, you delegate to APD and its sub-agent, Mains'l Services, Inc., a limited power of attorney to perform these tax-related tasks on your behalf and discuss, if necessary, tax information with appropriate federal and state government agencies (i.e. Internal Revenue Service and the Florida Department of Revenue).

Questions about any of the F/EA functions being provided by APD may be addressed to your consultant or APD Customer Service at 1-866-761-7043 or via email at APD_cdcinfo@apd.state.fl.us.

I understand and agree to the F/EA and sub-agent functions stated above.

PARTICIPANT/CONSUMER NAME	LEAVE BLANK
Participant/ Consumer (PRINT NAME)	Consumer ID #
CONSUMER SIGNATURE	xx/xx/xxxx
Signature of Participant/Consumer	Date
WITNESS SIGNATURE	xx/xx/xxxx
Signature of Witness	Date