agency for persons with disabilities
State of Florida

CDC+
Consumer-Directed Care Plus

VENDOR INFORMATION

The participant/representative must complete this form for all business entities that provide services and supports to the consumer under the CDC+ program. Such business entities include independent contractors, for-profit and not-for-profit agencies and other businesses, and retail merchants that sell supplies. For all business entities EXCEPT corporations, a completed IRS Form W-9 must also be attached. Every person who provides direct care services to a CDC+ participant must have passed a level 2 background screening before they can provide services. If this vendor wishes to have pay checks direct deposited, a completed Direct Deposit (Electronic File Transfer/EFT) Form can be submitted with the vendor packet or can be submitted separately.

Participant Name: _____

Participant ID #: _____ **Date:** _____

Vendor Name: _____

Address: _____

_____

City State Zip: _____

Phone Number: _____

Tax ID/FEIN: _____

1. **Specify this vendor's provider type (select one).**
   - ☐ Agency/Vendor (A/V)
     - ☐ Corporation
     - ☐ Limited Liability Company **[attach a completed IRS Form W-9]**
     - ☐ Partnership **[attach a completed IRS Form W-9]**
   - ☐ Independent Contractor [sole proprietor, self-employed](IC) **[attach a completed IRS Form W-9]**
2. **Provider's Relationship to CDC+ Participant:** ☐ None ☐ Parent ☐ Spouse ☐ Child ☐ Sibling ☐ Grandparent ☐ Grandchild (includes step-relationships)
3. **Provider is a Medicaid-enrolled provider.** Yes ☐ No ☐
   Provider has a current professional license from FL Dept of Health Yes ☐ No ☐
   If No to both, level 2 background screening clearance letter is attached. Yes ☐
   Provider signed an affidavit confirming that the provider has complied with section 402.3057, Florida Statutes Yes ☐ No ☐