



## **VENDOR INFORMATION FORM**

The participant/representative must complete this form for each business entity providing services or supports to the consumer through the CDC+ program. Such business entities include independent contractors (IC) or for-profit and not-for-profit agencies, and other businesses including retail merchants that sell supplies. For each business entity EXCEPT corporations, a completed IRS Form W-9 must 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 approved by CDC+. Submit a Direct Deposit Request Form with every vendor packet to ensure providers can be paid directly.

Participant Name:		Participant ID #:	Date:
Ve	endor Name		
Ac	ldress		
Ph	one #Email	Tax ID/FEIN	
	Specify this vendor's provider type. Age		
	Agency/Vendor (A/V). Select one:		
	Corporation		
		LC [a completed IRS Form W-9 MUST be att	ached]
	Partnership [a completed IRS Form W-9 MUST be attached]		
	<b>Independent Contractor (IC)</b> [a co	ompleted IRS Form W-9 MUST be attached]	
2.	Does the provider meet the qualifications as a live-in?		
3.	Provider's Relationship to CDC+ Participant: None Parent Spouse		
	Child Sibling Grandparent	Grandchild (includes step- relationships)	
4.	Provider is a Medicaid-enrolled provider	r? 🗌 Yes 🗌 No	
	If yes, circle Medicaid provider	r type: <u>APD Waiver</u> or <u>General</u> . Circle both	if applicable.
	Does the provider have a <b>current</b> profess	sional license from the Florida Department of	Health for the
	profession for which the provider is apply	ying? 🗌 Yes 🗌 No	
	Medicaid Provider #	DOH License #	
5.	Will this provider be providing direct car	re to the participant? Yes No	
	If Yes, a copy of the Level 2 b	ackground screening MUST be attached.	
6.	Has the provider signed a certificate confirming that the provider has complied with Section 402.3057,		
	Florida Statutes? 🗌 Yes 🗌 No		
7.	If necessary, will A/V need to use CDC+	+'s electronic visit verification (EVV) system t	to track CDC+ service shift
	information? (Does not apply to Indepen	ndent Contractors.) 🗌 Yes 🗌 No	

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