agency for persons with disabilities
State of Florida

CDC+
Consumer-Directed Care Plus

PARTICIPANT/CONSUMER PACKET
Step-by-Step Instructions

1. **Informed Consent for Florida CDC+ Fiscal/Employer Agent (F/EA)**
(MUST HAVE THE ORIGINAL WITH SIGNATURE)
    - ❒ Print participant/consumer's name.
    - ❒ Leave Consumer ID number # area BLANK (APD will complete this for you).
    - ❒ Participant/Consumer signs and dates the form on the signature line.
    - ❒ Witness signs and dates form at the same time and the same date as the participant/consumer.
    - ❒ Make a copy for your records.
    - ❒ Give the original to your Consultant who will provide to the Area Office.
2. **IRS Form 2678 – Employer/Payer Appointment of Agent**
(MUST HAVE THE ORIGINAL WITH SIGNATURE)
    - ♦ Complete ONLY page 1.
    - ❒ Go to Part 1 of form section:
        - ❒ Check the box stating: "You want to **appoint** an agent for tax reporting, depositing and paying."
    - ❒ Go to Part 2 of form section:
        - ❒ Item #1 - Leave BLANK (Employer identification number EIN).
        - ❒ Item #2 - Print in capital letters the participant/consumer's complete name (Employer's or payer's name).
        - ❒ Item #3 - Leave BLANK (trade name).
        - ❒ Item #4 - Print in capital letters the consumer's mailing address (this must be a physical street address; a PO Box will not be accepted by the IRS).
        - ❒ Item #5 - Check the two boxes stating: "Form 941, 941-PR, 941-SS (Employer's QUARTERLY Federal Tax Return" **AND** "Form 945 (Annual Return of Withheld Federal Income Tax).
    - ❒ Consumer signs in box indicated by an X.
    - ❒ Print the participant/consumer's name in the (Print your name here) box.
    - ❒ Print title "Household Employer" in the (Print your title here) box.
    - ❒ Print the phone number in the (Best daytime phone) box.
    - ❒ Enter the date signed.
    - ❒ Witness signs and dates form at the same time and the same date as the participant/consumer, if any of the following conditions apply:
        - ❒ participant/consumer is a minor (under age 18)
        - ❒ participant/consumer is age 18 or older and has a LEGAL GUARDIAN (appointed by the court)
        - ❒ participant/consumer signs with an X or a mark.
    - ❒ If document needs to be witnessed, simply make the witness line under the consumer's signature, as follows:
WITNESS:________________________________ Date: ___________
    - ❒ Make a copy for your records.
    - ❒ Give the original to your Consultant who will provide to the Area Office.

3. IRS Form 8821 - Tax Information Authorization (MUST HAVE THE ORIGINAL WITH SIGNATURE)

- ❒ In Section 1 (Taxpayer information), print in capital letters the participant/consumer's
  - ❒ Complete name
  - ❒ Mailing address (this must be a physical street address, a PO Box will not be accepted by the IRS)
  - ❒ Social Security number
  - ❒ Daytime telephone number
  - ❒ Leave Employer identification and Plan Number(s) BLANK
- ❒ Leave Section 2 BLANK
- ❒ For Section 3,
  - Box (a) in line 1, enter: Payroll Tax
  - Box (b) in line 1, enter: SS-4, 940, 940EZ, 941, 941(E)
  - Box (b) in line 2, enter: 843, W-2, W-2(e), W3, W3(e), W5
  - Box (b) in line 3, enter: 1096, 1099, 8822, 2678, 8655
  - Box (c) in lines 1, 2, and 3 enter: 4th Qtr 2009, 2010, 2011
  - Box (d) in line 1, enter: Tax Liability
- ❒ Check the box in Section 4.
- ❒ Leave Sections 5 – 6 BLANK.
- ❒ In Section 7, consumer signs on first signature line.
- ❒ Enter the date signed.
- ❒ Leave second signature area on the right BLANK.
- ❒ Print the name of the participant/consumer below his or her signature.
- ❒ Witness signs and dates form at the same time and the same date as the participant/consumer, if any of the following conditions apply:
  - ❒ participant/consumer is a minor (under age 18)
  - ❒ participant/consumer is age 18 or older and has a LEGAL GUARDIAN (appointed by the court)
  - ❒ participant/consumer signs with an X or a mark.
- ❒ If document needs to be witnessed, make the witness line under the consumer's signature, as follows:
  WITNESS:_________________________________ Date: ___________
- ❒ Page 2 of this tax form has already been completed for you and is not included in this mailing.
- ❒ Make a copy for your records.
- ❒ Give the original to your Consultant who will provide to the Area Office.

4. Direct Deposit Form (A copy of the form is acceptable)

- ❒ Please complete if Consumer or Representative wishes to receive by direct deposit the monthly cash check or reimbursement for personal funds used to pay vendors in accordance with program policies.
- ❒ All sections of form must be completed.
- ❒ Include a voided check. The voided check must have the Consumer or Representatives name machine printed on the check. Checks with no name or self written names will not be accepted. If such a check is not available, a letter from the bank on bank letterhead must be attached. This letter must

be signed by a bank official confirming the Consumer or Representative has an account, and providing the bank account and routing numbers.

- ❒ Make a copy for your records.
- ❒ Give the original to your Consultant who will provide to the Area Office.

See a completed SAMPLE of each of the referenced forms in this packet.