

Instructions for Participant/Employer Packet

SPECIAL NOTE BEFORE COMPLETING THIS PACKET – THE TERM PARTICIPANT, EMPLOYER, AND CONSUMER ARE USED INTERCHANGABLY IN THIS PACKET. ALL OF THESE TERMS WILL REFER TO THE INDIVIDUAL ACTING ON BEHALF OF PERSON RECEIVING SERVICES.

Participant/Employer Appointment of Agent:

Print the Participant/Employer name at the beginning. Then Participant/Employer needs to READ, sign, and date the bottom where indicated by Participant/Employer Signature. An ACES\$ Agent will sign by the Agent Signature where indicated.

Service Agreement between Participant and Contract/Provider:

Three pages total. On Page 1 print the Participant/Employer name in the first section where indicated by the blank line. Participant/Employer must then READ, sign and date where it indicates Participant/Employer Signature. An ACES\$ Agent will sign by the Agent Signature where indicated.

Form SS-4 Application for Employer Identification Number:

Section 1: Print Participant/Employer's name EXACTLY as it appears on their Social Security Card. (*Note this is a very important step, as it determines the flow of the business startup.)

Section 4-a: Fill in Participant/Employer's mailing address.

Section 4-b: Fill in Participant/Employer's City, State and Zip Code.

Section 6: Fill in County and State where Participant/Employer lives.

Section 7-b: Enter the Participant/Employers Social Security Number.

Section 11: Fill in today's date.

Section 18: Ask the Participant/Employer if they have ever had a business and paid wages to employees. (*Note this is also very important to avoid any delays in the business startup process)

*If the Participant/Employer is unsure if he/she has had a business in the past then it is VERY IMPORTANT that you call the following phone number of 1-800-829-4933, this will walk you through the process of checking whether or not your EIN (Employer Identification Number) is still active.

*If the Participant/Employer answers "Yes" then write the previously held EIN to the right.

*If the Participant/Employer answers "No" then proceed to the bottom of the form where it states name and title. Here you will print the Participant/Employer name and the phone number with area code. The Participant/Employer will then need to sign and date the bottom of the form

Consumer EIN Authorization Form:

Print Participant/Employers name on the line at the top of the form. READ and SIGN the form.

Form 2678 Employment Appointment of Agent:

Part 1: Check the box marked "You want to appoint an agent..."

Part 2: Line 2: Fill in the Participant/Employers name EXACTLY as it appears on their Social Security Card.

Line 4: Fill in the Participant/Employers address, city, state, and zip code. Line 5: Mark all boxes in the column labeled “For ALL employees/ payees” if the Participant/Employer has not previously had an EIN, if they have, mark all boxes in the column labeled “For SOME employees/payees”

Form 8821 Tax Information Authorization:

Section 1: Enter the Participant/Employer’s name, address, SS#, and phone number.

Section 7: On the bottom left side of form the Participant/Employer must sign and date where indicated, then directly below this, fill in the printed name.

Participant Grievance Policy/Procedure:

Participant/Employer must read and initial two copies. One copy will stay with the Participant/Employer and the remaining will be kept at ACES\$ office for their records.

Request for the Employee’s paycheck to go directly to the employee: (If Applicable)

The Participant/Employer’s name should be printed on the top line. The Participant/Employer then signs and dates the next two lines, and lastly the Personal Support Worker prints their name and address.

Consent For Release of Professional Information:

Print Participant/Employer Name on top.

Sign and Date the form. Print name of signer, and relationship of signer to Participant.

Participant-Employer Worker’s Compensation Acknowledgement: Print

Participant/Employer name on top line. READ and SIGN the form

LE-10 Power of Attorney

On the first blank line (“NAME” is printed below this line)Please write in the name of the EMPLOYER/representative

On the third (3rd) line of the form (“ADDRESS” is printed below this line), Please write the address of the EMPLOYER/representative

At the bottom of the form, please PRINT and SIGN the EMPLOYER/representatives name.

ACES\$ Employer Tax Exemption Checklist

EMPLOYER fills out top 3 lines, and answer questions 1 and 2. (EMPLOYER only fills out question #3 if the Participant is acting as their own employer with their legal guardian signing on their behalf.) EMPLOYER must SIGN and DATE the bottom of the form