



Kansas Veteran Directed Care Program

EMPLOYER ENROLLMENT PACKET



NOTE:

Signature Fields
marked with
asterisk ->
require a
non-electronic
handwritten wet
signature



Employer Information

Employer First Name:	
Employer Middle Name:	
Employer Last Name:	
Employer Full Name:	
Employer Date of Birth:	
Employer Social Security Number:	
Employer FEIN: (00-0000000) <i>"Only if you have an existing FEIN for Domestic Employer for Home Community-Based/Caregiver Services."</i>	
Employer Email:	
Employer Primary Phone:	
Employer Physical Address:	
Employer Physical Address Apt/Unit:	
Employer Physical Address City:	
Employer Physical Address State: (abbreviation)	
Employer Physical Address Zip:	
Employer Physical Address County:	
Employer Mailing Address:	
Employer Mailing Address Apt/Unit:	
Employer Mailing Address City:	
Employer Mailing Address State: (abbreviation)	
Employer Mailing Address Zip:	

Veteran Information

Veteran First Name:	
Veteran Middle Name:	
Veteran Last Name:	
Veteran Full Name:	
Veteran Date of Birth:	
Veteran Social Security Number:	
Veteran Email:	
Veteran Primary Phone:	
Veteran Physical Address:	
Veteran Physical Address Apt/Unit:	
Veteran Physical Address City:	
Veteran Physical Address State: <i>(abbreviation)</i>	
Veteran Physical Address Zip:	
Veteran Mailing Address:	
Veteran Mailing Address Apt/Unit:	
Veteran Mailing Address City:	
Veteran Mailing Address State: <i>(abbreviation)</i>	
Veteran Mailing Address Zip:	

Case Manager Information

Case Manager Name:	
Case Manager Email:	
Case Manager Phone:	



Employer Packet (keep this folder for your records)

Congratulations on self-directing your supports! Acumen Fiscal Agent, LLC (Acumen) is one of the oldest and most experienced Fiscal Employer Agents in the nation. We have been helping people self-direct since 1995, and we look forward to working with you.

Becoming an Employer - Enrollment

Inside this packet you will find the necessary forms and instructions that authorize Acumen to act on your behalf as your Fiscal Employer Agent. This appointment is only in regard to this program. This folder cover provides you with reference information to assist you in being an employer.

The following forms are needed to authorize Acumen to act as your Fiscal Employer Agent. Please complete and return them to Acumen. Examples of these completed forms can be found in the back of the packet. Please check and note the date you emailed, mailed or faxed to Acumen. If you currently have or have had an Employer Identification Number (EIN), please let Acumen know, as we will need you to contact the IRS to complete the Existing EIN Process.

- | | |
|-----------------------------------------------------------------------------------------|-----------------|
| <input type="checkbox"/> Acumen Authorization Form | Date Sent _____ |
| <input type="checkbox"/> Employer Appointment of Agent – IRS Form 2678 | Date Sent _____ |
| <input type="checkbox"/> Application for Employer Identification Number – IRS Form SS-4 | Date Sent _____ |
| <input type="checkbox"/> K-CNS-32 Employer Representative Authorization | Date Sent _____ |
| <input type="checkbox"/> Kansas Dept. of Revenue Power of Attorney | Date Sent _____ |
| <input type="checkbox"/> Employer's Previous Business Information | Date Sent _____ |
| <input type="checkbox"/> Employer Agreement Form | Date Sent _____ |

Reminder:

- Having Acumen as your Fiscal Employer Agent does not affect your employer-employee relationship.
- Acumen is not the employer.

Email, Fax or Mail Information to Acumen **PLEASE INCLUDE KS VDC in SUBJECT LINE**

**Acumen Fiscal Agent, LLC.
5416 E. Baseline Rd., Suite 200
Mesa, AZ 85206
Fax: (866)-496-4573
enrollment-ks@acumen2.net**



Employer/Participant – Information and Responsibilities

Employment law is complicated. It is considered a specialty area in the legal profession. The purpose of this overview is to briefly review some requirements in a general way. **This overview should in no way be considered a substitute for competent legal counsel.**

When You Hire an Employee:

1. It is important to not discriminate against an applicant because of their age, race, color, religion, sex, national origin, or disability.
2. You must hire people who are authorized to work in the United States – citizens and legal aliens with proper documentation. You are required to complete a Form I-9 to verify their authorization to work. Employers must enter the date the employee began or will begin work for pay on the I-9. If the actual date of hire (first date of providing services for pay) for the employee changes from the date entered, it is the employer's responsibility to correct and resubmit the form to Acumen within three days of the actual date of hire.
 - To review Frequently Asked Questions about Form I-9, please visit www.acumenfiscalagent.com/resources.
3. Avoid the temptation to classify your workers as independent contractors, as they probably are not. If you are not sure if someone providing a service for you is an employee or an independent contractor, go to the IRS website at www.irs.gov and fill out an SS-8 Form. Just type in SS8 in the search box. This form will help you to determine which classification to use.

After You Hire an Employee:

1. The work environment must be “free from recognized hazards that are causing or are likely to cause death or serious physical harm.”
2. Your employees should not be subjected to circumstances that would create a “hostile work environment.” Such an environment can be many things, but an employee should never be subjected to sexual harassment or belittlement, jokes, or prejudice because of their age, race, color, religion, sex, national origin, or disability.

If You Need to Terminate Employment:

If your state is an “at will” state it means both you and your employee have the right to terminate employment with or without cause; but it is important that you treat people professionally and fairly. You cannot terminate or lay off an employee because of their age, race, color, religion, sex, national origin, or disability. Remember, you must notify Acumen whenever you terminate an employee or when an employee stops working for you.

More Information:

- For free information you can access the Federal Department of Labor: www.dol.gov. They issue a *Small Business Handbook* which is helpful. It can be viewed and downloaded for free.

Remember, only services that are approved in the development of your budget/spending plan will be paid through this program. As an employer, if you cause work to be performed over and above what you have been approved for, you are responsible for paying for those services



Workers' Compensation

This program requires that the employer have Workers' Compensation. Upon enrollment, your employees are automatically covered by Workers' Compensation insurance. There are no additional forms you need to fill out.

Remember, you can do your part to prevent injury and keep the cost of this Workers' Compensation insurance down by providing a safe, hazard free workplace, and by training your employees on how best to support you.

You will find a Workers' Compensation poster in this packet. It is suggested that this poster be displayed in a prominent place to inform your employees of their rights and the resources available to them.

Please report all work-related injuries to Acumen within 24 hours. For more information or to report an injury, please call (866) 472-2297.

Fraud

Fraud is committed when an EMPLOYER or EMPLOYEE is untruthful regarding services provided, in order to obtain improper payment. The Fraud Unit investigates and prosecutes people who commit fraud. Fraud is a felony, and conviction can lead to substantial penalties.

Examples of Fraud include:

- Signing or submitting a timesheet for services that were not actually provided.
- Signing or submitting a timesheet for services provided by a different person.
- Signing or submitting a timesheet for services that were reimbursed by another source.
- Signing or submitting a duplicate timesheet for reimbursement from the same source.

Confidentiality

If you mail forms to Acumen always make a copy first and if you fax forms to Acumen retain the original in your files. Remember that these forms contain sensitive and confidential information about you and your employees and they need to be kept in a safe place. Employees must not disclose or knowingly permit the disclosure of any information concerning the participant, employer, authorized representative or his/her family to any unauthorized person.

Reports

Acumen will provide you with reports each month. It is important to read these reports and to call us with any questions that you may have. The reports summarize your employee's time, any vendor payments, your beginning benefits, your declining balance, so you are aware of the remaining amount after each payment. These reports are available to you in your Direct Care Innovations (DCI) time entry system at any time, and can be emailed to you for your convenience if we have your email address on file or can be mailed. You will have to let Acumen know if you want a hard copy of your account statement mailed.

Good to Go Process

Acumen will not be able to pay your employee with program funds until we have received and processed all the required paperwork. This includes:

- Entering enrollment information into our system when a document is submitted correctly and completely
- Notifying the employer of corrections needed in order to proceed with the enrollment process

Once enrolled successfully in the program, Acumen will notify the employer that a "Good to Go" packet will be mailed or emailed. The start date and applicable consumer and employee ID numbers will be given at that time.

5416 E. Baseline Rd., Suite 200
Mesa, AZ 85206
Email: enrollment-ks@acumen2.net
www.acumenfiscalagent.com



Authorization Form

Complete each item and email enrollment-ks@acumen2.net fax (866) 496-4573 or mail 5416 E. Baseline Rd., Suite 200, Mesa, AZ 85206 to Acumen. Please call (866)-559-2253 for English or (800) 611-4936 for Spanish if you have any questions.

I hereby authorize Acumen Fiscal Agent (Acumen) to:

1. File Form SS-4 on my behalf to obtain an Employer Identification Number (EIN), if I do not already have one, and allow the IRS to mail EIN information to Acumen once obtained. Note: If you currently have or have had an EIN, please contact the above phone number before proceeding with the employer enrollment paperwork.
2. Represent you, as the Veteran-Employer/Authorized Representative-Employer, for employer-related tax reporting purposes, by signing IRS Form 2678.
3. Handle all correspondence regarding employer tax reporting issues.
4. Serve as my Employer Agent for unemployment and withholding tax purposes. As such, Acumen shall provide all services for me, the employer, (tax, benefits, and appeals) and shall receive all documents related to my, the employer's, state unemployment and withholding tax account that would otherwise have been sent to me.
5. Receive confidential information and perform any and all acts the employer can perform relating to matters pertaining to Unemployment Insurance Program and state tax withholding regulations effective signature date forward; subject to revocation.
6. Electronically send me (e.g. e-mail) information including, but not limited to: employer and/or employee enrollment information, account statement reports, good-to-go information, and new products or services.

Any limitations to this authorization must be specifically stated and attached. This authorization revokes all earlier authorizations and powers of attorney on file and shall remain in effect until receipt of a written notice of revocation or a subsequent authorization or power of attorney by the Kansas Department of Revenue and Kansas Department of Labor.

What am I really authorizing?

- Your appointment grants Acumen Fiscal Agent a limited power of attorney to act as your employer agent for acts required under Section 3504 and Chapters 21, 22, 24, and/or 25 of Subchapter C of the Internal Revenue Code, and for taxes required under 3301.
- You are appointing Acumen Fiscal Agent to act as your agent for the Kansas Department of Revenue and Kansas Department of Labor in the fulfilling of domestic employer responsibilities relative to the employing of persons through initiatives funded by the VA.

Employer (Responsible for managing staff)

Name:
Social Security Number:
Date of Birth:
Physical Address:
City/State/Zip:
Mailing Address:
City/State/Zip:
Phone Number:
E-mail Address:

Veteran (The person receiving services)

Name:
Social Security Number:
Date of Birth:
Physical Address:
City/State/Zip:

Case Manager

Name:
E-mail Address:
Phone Number:

Your signature means that you have read and understand the above information.

Veteran or Employer Signature

Date

Form 2678 Employer/Payer Appointment of Agent

(Rev. December 2023) Department of the Treasury — Internal Revenue Service

OMB No. 1545-0748

Use this form if you want to request approval to have an agent file returns and make deposits or payments of employment or other withholding taxes or if you want to revoke an existing appointment.

- If you're an employer or payer who wants to request approval, complete Parts 1 and 2 and sign Part 2. Then give it to the agent. Have the agent complete Part 3 and sign it.

Note: This appointment isn't effective until we approve your request. See the instructions for more information.

- If you're an employer, payer, or agent who wants to revoke an existing appointment, complete all three parts. In this case, only one signature is required.

For IRS use:

Part 1: Why you're filing this form.

(Check one)

- ☒ You want to **appoint** an agent for tax reporting, depositing, and paying.
☐ You want to **revoke** an existing appointment.

Part 2: Employer or Payer Information: Complete this part if you want to appoint an agent or revoke an appointment.

1 Employer identification number (EIN)

 -

2 Employer's or payer's name
(not your trade name)

3 Trade name (if any)

4 Address

Number Street Suite or room number

City State ZIP code

Foreign country name Foreign province/county Foreign postal code

5 Forms for which you want to appoint an agent or revoke the agent's appointment to file. (Check all that apply.)

	For ALL employees/ payees/payments	For SOME employees/ payees/payments
Form 940, Employer's Annual Federal Unemployment (FUTA) Tax Return* (all 940 series)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Form 941, Employer's QUARTERLY Federal Tax Return (all 941 series)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Form 943, Employer's Annual Federal Tax Return for Agricultural Employees (all 943 series)	<input type="checkbox"/>	<input type="checkbox"/>
Form 944, Employer's ANNUAL Federal Tax Return (all 944 series)	<input type="checkbox"/>	<input type="checkbox"/>
Form 945, Annual Return of Withheld Federal Income Tax	<input type="checkbox"/>	<input type="checkbox"/>
Form CT-1, Employer's Annual Railroad Retirement Tax Return	<input type="checkbox"/>	<input type="checkbox"/>
Form CT-2, Employee Representative's Quarterly Railroad Tax Return	<input type="checkbox"/>	<input type="checkbox"/>

Form 940, Employer's Annual Federal Unemployment (FUTA) Tax Return* (all 940 series)

Form 941, Employer's QUARTERLY Federal Tax Return (all 941 series)

Form 943, Employer's Annual Federal Tax Return for Agricultural Employees (all 943 series)

Form 944, Employer's ANNUAL Federal Tax Return (all 944 series)

Form 945, Annual Return of Withheld Federal Income Tax

Form CT-1, Employer's Annual Railroad Retirement Tax Return

Form CT-2, Employee Representative's Quarterly Railroad Tax Return

* Generally, you can't appoint an agent to report, deposit, and pay tax reported on Form 940, unless you're a home care service recipient.

- ☒ Check here if you're a home care service recipient, and you want to appoint the agent to report, deposit, and pay FUTA tax for you. See the instructions.

I am authorizing the IRS to disclose otherwise confidential tax information to the agent relating to the authority granted under this appointment, including disclosures required to process Form 2678. The agent may contract with a third party, such as a reporting agent or certified public accountant, to prepare or file the returns covered by this appointment, or to make any required deposits and payments. Such contract may authorize the IRS to disclose confidential tax information of the employer/payer and agent to such third party. If a third party fails to file the returns or make the deposits and payments, the agent and employer/payer remain liable.

Sign your name here

Print your name here

Print your title here

 HCSR EMPLOYER

Date

 / /

Best daytime phone

Now give this form to the agent to complete.

Application for Employer Identification Number
(For use by employers, corporations, partnerships, trusts, estates, churches,
government agencies, Indian tribal entities, certain individuals, and others.)
See separate instructions for each line. Keep a copy for your records.
Go to www.irs.gov/FormSS4 for instructions and the latest information.

OMB No. 1545-0003

EIN

Employer's Name Here	1	Legal name of entity (or individual) for whom the EIN is being requested		
	2	Trade name of business (if different from name on line 1)	3	Executor, administrator, trustee, "care of" name
	4a	Mailing address (room, apt., suite no. and street, or P.O. box) 5416 E BASELINE RD STE 200	5a	Street address (if different) (Don't enter a P.O. box.)
	4b	City, state, and ZIP code (if foreign, see instructions) MESA, AZ 85206-4704	5b	City, state, and ZIP code (if foreign, see instructions)
Employer's County & State Here	6	County and state where principal business is located		
Employer's Name Here	7a	Name of responsible party	7b	SSN, ITIN, or EIN
	8a	Is this application for a limited liability company (LLC) (or a foreign equivalent)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	8b	If 8a is "Yes," enter the number of LLC members		
	8c	If 8a is "Yes," was the LLC organized in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	9a	Type of entity (check only one box). Caution: If 8a is "Yes," see the instructions for the correct box to check.		
		<input type="checkbox"/> Sole proprietor (SSN) <input type="checkbox"/> Estate (SSN of decedent)		
		<input type="checkbox"/> Partnership <input type="checkbox"/> Plan administrator (TIN)		
		<input type="checkbox"/> Corporation (enter form number to be filed) <input type="checkbox"/> Trust (TIN of grantor)		
		<input type="checkbox"/> Personal service corporation <input type="checkbox"/> Military/National Guard <input type="checkbox"/> State/local government		
		<input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government		
		<input type="checkbox"/> Other nonprofit organization (specify) <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises		
		<input checked="" type="checkbox"/> Other (specify) HCSR EMPLOYER Group Exemption Number (GEN) if any		
	9b	If a corporation, name the state or foreign country (if applicable) where incorporated	State	Foreign country
	10	Reason for applying (check only one box)		
		<input type="checkbox"/> Started new business (specify type)		
		<input type="checkbox"/> Banking purpose (specify purpose)		
		<input type="checkbox"/> Changed type of organization (specify new type)		
		<input type="checkbox"/> Purchased going business		
		<input type="checkbox"/> Hired employees (Check the box and see line 13.)		
		<input type="checkbox"/> Created a trust (specify type)		
		<input type="checkbox"/> Compliance with IRS withholding regulations		
		<input type="checkbox"/> Created a pension plan (specify type)		
		<input checked="" type="checkbox"/> Other (specify) HCSR EMPLOYER		
	11	Date business started or acquired (month, day, year). See instructions.		
	12	Closing month of accounting year DECEMBER		
	13	Highest number of employees expected in the next 12 months (enter -0- if none).		
		Agricultural	Household	Other
			0	
	14	Reserved for future use		
	15	First date wages or annuities were paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year)		
	16	Check one box that best describes the principal activity of your business.		
		<input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker		
		<input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail		
		<input checked="" type="checkbox"/> Other (specify) HCSR EMPLOYER		
	17	Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.		
		HCSR EMPLOYER		
	18	Has the applicant entity shown on line 1 ever applied for and received an EIN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
		If "Yes," write previous EIN here		
Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.			
	Designee's name JARED ENDERS, SUNNY HUDSON		Designee's telephone number (include area code) (623) 792-6100	
	Address and ZIP code 5416 E BASELINE RD STE 200, MESA, AZ 85206-4704		Designee's fax number (include area code) (480) 371-2241	
Employer's Name Here	Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.		Applicant's telephone number (include area code)	
Employer Sign Here	Name and title (type or print clearly) HCSR EMPLOYER		Applicant's fax number (include area code)	
	Signature		Date	

Do I Need an EIN?

File Form SS-4 if the applicant entity doesn't already have an EIN but is required to show an EIN on any return, statement, or other document.¹ See also the separate instructions for each line on Form SS-4.

IF the applicant...	AND...	THEN...
started a new business	doesn't currently have (nor expect to have) employees	complete lines 1, 2, 4a-8a, 8b-c (if applicable), 9a, 9b (if applicable), 10-13, and 16-18.
hired (or will hire) employees, including household employees	doesn't already have an EIN	complete lines 1, 2, 4a-6, 7a-b, 8a, 8b-c (if applicable), 9a, 9b (if applicable), and 10-18.
opened a bank account	needs an EIN for banking purposes only	complete lines 1-5b, 7a-b, 8a, 8b-c (if applicable), 9a, 9b (if applicable), 10, and 18.
changed type of organization	either the legal character of the organization or its ownership changed (for example, you incorporate a sole proprietorship or form a partnership) ²	complete lines 1-18 (as applicable).
purchased a going business ³	doesn't already have an EIN	complete lines 1-18 (as applicable).
created a trust	the trust is other than a grantor trust or an IRA trust ⁴	complete lines 1-18 (as applicable).
created a pension plan as a plan administrator ⁵	needs an EIN for reporting purposes	complete lines 1, 3, 4a-5b, 7a-b, 9a, 10, and 18.
is a foreign person needing an EIN to comply with IRS withholding regulations	needs an EIN to complete a Form W-8 (other than Form W-8ECI), avoid withholding on portfolio assets, or claim tax treaty benefits ⁶	complete lines 1-5b, 7a-b (SSN or ITIN as applicable), 8a, 8b-c (if applicable), 9a, 9b (if applicable), 10, and 18.
is administering an estate	needs an EIN to report estate income on Form 1041	complete lines 1-7b, 9a, 10-12, 13-17 (if applicable), and 18.
is a withholding agent for taxes on nonwage income paid to an alien (that is, individual, corporation, or partnership, etc.)	is an agent, broker, fiduciary, manager, tenant, or spouse who is required to file Form 1042, Annual Withholding Tax Return for U.S. Source Income of Foreign Persons	complete lines 1, 2, 3 (if applicable), 4a-5b, 7a-b, 8a, 8b-c (if applicable), 9a, 9b (if applicable), 10, and 18.
is a state or local agency	serves as a tax reporting agent for public assistance recipients under Rev. Proc. 80-4, 1980-1 C.B. 581 ⁷	complete lines 1, 2, 4a-5b, 7a-b, 9a, 10, and 18.
is a single-member LLC (or similar single-member entity)	needs an EIN to file Form 8832, Entity Classification Election, for filing employment tax returns and excise tax returns, or for state reporting purposes ⁸ , or is a foreign-owned U.S. disregarded entity and needs an EIN to file Form 5472, Information Return of a 25% Foreign-Owned U.S. Corporation or a Foreign Corporation Engaged in a U.S. Trade or Business	complete lines 1-18 (as applicable).
is an S corporation	needs an EIN to file Form 2553, Election by a Small Business Corporation ⁹	complete lines 1-18 (as applicable).

¹ For example, a sole proprietorship or self-employed farmer who establishes a qualified retirement plan, or is required to file excise, employment, alcohol, tobacco, or firearms returns, must have an EIN. A partnership, corporation, REMIC (real estate mortgage investment conduit), nonprofit organization (church, club, etc.), or farmers' cooperative must use an EIN for any tax-related purpose even if the entity doesn't have employees.

² However, don't apply for a new EIN if the existing entity only (a) changed its business name, (b) elected on Form 8832 to change the way it is taxed (or is covered by the default rules), or (c) terminated its partnership status because at least 50% of the total interests in partnership capital and profits were sold or exchanged within a 12-month period. The EIN of the terminated partnership should continue to be used. See Regulations section 301.6109-1(d)(2)(iii).

³ Don't use the EIN of the prior business unless you became the "owner" of a corporation by acquiring its stock.

⁴ However, grantor trusts that don't file using Optional Method 1 and IRA trusts that are required to file Form 990-T, Exempt Organization Business Income Tax Return, must have an EIN. For more information on grantor trusts, see the Instructions for Form 1041.

⁵ A plan administrator is the person or group of persons specified as the administrator by the instrument under which the plan is operated.

⁶ Entities applying to be a Qualified Intermediary (QI) need a QI-EIN even if they already have an EIN. See Rev. Proc. 2000-12.

⁷ See also *Household employer agent* in the instructions. **Note:** State or local agencies may need an EIN for other reasons, for example, hired employees.

⁸ See *Disregarded entities* in the instructions for details on completing Form SS-4 for an LLC.

⁹ An existing corporation that is electing or revoking S corporation status should use its previously assigned EIN.

Tax Information Authorization

► Go to www.irs.gov/Form8821 for instructions and the latest information.
► Don't sign this form unless all applicable lines have been completed.
► Don't use Form 8821 to request copies of your tax returns or to authorize someone to represent you. See instructions.

OMB No. 1545-1165
For IRS Use Only
Received by:
Name _____
Telephone _____
Function _____
Date _____

Please fill in your name and address here.

1 Taxpayer information. Taxpayer must sign and date this form on line 6.

Taxpayer name and address

You must list a physical address. A PO box will not be accepted.

Taxpayer identification number(s)

Daytime telephone number

Plan number (if applicable)

Please fill in your phone number here.

2 Designee(s). If you wish to name more than two designees, attach a list to this form. **Check here if a list of additional designees is attached** ☐

Name and address

JARED A ENDERS, CPA
PO BOX 1902
LITCHFIELD PARK, AZ 85340-1902

Check if to be sent copies of notices and communications ☐

CAF No. 0304-14664R

PTIN P00280191

Telephone No. 623-792-6100

Fax No. 480-371-2241

Check if new: Address ☐ Telephone No. ☐ Fax No. ☐

Name and address

SUNNY HUDSON
5416 E BASELINE RD STE 200
MESA, AZ 852064704

Check if to be sent copies of notices and communications ☒

CAF No. 0314-89965R

PTIN

Telephone No. (623) 792-6100

Fax No. (480) 371-2241

Check if new: Address ☐ Telephone No. ☐ Fax No. ☐

3 Tax information. Each designee is authorized to inspect and/or receive confidential tax information for the type of tax, forms, periods, and specific matters you list below. See the line 3 instructions.

☐ By checking here, I authorize access to my IRS records via an Intermediate Service Provider.

(a) Type of Tax Information (Income, Employment, Payroll, Excise, Estate, Gift, Civil Penalty, Sec. 4980H Payments, etc.)	(b) Tax Form Number (1040, 941, 720, etc.)	(c) Year(s) or Period(s)	(d) Specific Tax Matters
EMPLOYMENT TAXES	940 AND 941	Q1 2024 THRU Q4 2026	NOT APPLICABLE
EMPLOYMENT TAXES	W2 AND W3	2024 THRU 2026	NOT APPLICABLE
INCOME TAXES	1099	2024 THRU 2026	NOT APPLICABLE

4 Specific use not recorded on the Centralized Authorization File (CAF). If the tax information authorization is for a specific use not recorded on CAF, check this box. See the instructions. If you check this box, skip line 5 ☐

5 Retention/revocation of prior tax information authorizations. If the line 4 box is checked, skip this line. If the line 4 box isn't checked, the IRS will automatically revoke all prior tax information authorizations on file unless you check the line 5 box and **attach a copy** of the tax information authorization(s) that you want to retain ☐

To revoke a prior tax information authorization(s) without submitting a new authorization, see the line 5 instructions.

6 Taxpayer signature. If signed by a corporate officer, partner, guardian, partnership representative (or designated individual, if applicable), executor, receiver, administrator, trustee, or individual other than the taxpayer, I certify that I have the legal authority to execute this form with respect to the tax matters and tax periods shown on line 3 above.

► IF NOT COMPLETED, SIGNED, AND DATED, THIS TAX INFORMATION AUTHORIZATION WILL BE RETURNED.

► DON'T SIGN THIS FORM IF IT IS BLANK OR INCOMPLETE.

Please sign your name here.

Signature

Date

Enter date here.

Print your name here.

Print Name

HCSR EMPLOYER

Title (if applicable)

POWER OF ATTORNEY**1. TAXPAYER INFORMATION.**

Include spouse's name if this is for a joint return. If a business, enter both its legal name and its trade or DBA name. Both the person granting and the person being granted the power of attorney **must** sign and date this form below in Sections 3 and 4.

Taxpayer's Name (if a business include both legal name and DBA name)					Taxpayer's EIN/SSN/PTIN	
Address		City	State	Zip Code	Area Code & Phone Number	
Foreign Address (if applicable)		City	Province	Country	Zip Code	Email Address
Spouse's Name					Spouse's Social Security Number	
Address (if different)		City	State	Zip Code	Area Code & Phone Number	
Foreign Address (if applicable)		City	Province	Country	Zip Code	Email Address

2. TAXPAYER GRANT OF POWER OF ATTORNEY.

I hereby appoint the following attorney, accountant, or other representative as my attorney-in-fact:

Representative's name and title (if member of a firm, enter both the representative's name and firm name)					EIN/SSN/PTIN	Phone Number
JARED ENDERS, ACUMEN OF KANSAS AS FISCAL AGENT					99-4446443	623-792-6100
Address		City	State	Zip Code	Fax Number	
5416 E BASELINE RD STE 200		MESA	AZ	85206-4704	480-371-2241	
Foreign Address (if applicable)		City	Province	Country	Zip Code	Email Address
						TAX-KS@ACUMEN2.NET
Representative's name and title (if member of a firm, enter both the representative's name and firm name)					EIN/SSN/PTIN	Phone Number
SUNNY HUDSON, ACUMEN OF KANSAS AS FISCAL AGENT					99-4446443	623-792-6100
Address		City	State	Zip Code	Fax Number	
5416 E BASELINE RD STE 200		MESA	AZ	85206-4704	480-371-2241	
Foreign Address (if applicable)		City	Province	Country	Zip Code	Email Address
						TAX-KS@ACUMEN2.NET

To represent me before the Kansas Department of Revenue for the following tax matters:

☐ All Tax Types (if not all list those applicable below) ☒ All Tax Years (if not all list those applicable below)

Type of Tax (Individual Income, Sales, Withholding, etc.)	Tax Year(s) or Period(s)
Withholding	ALL TAX YEARS

AUTHORIZED ACTS.

For the tax types and periods listed, the representative(s) are authorized to (check all applicable boxes):

- ☒ Receive and inspect my confidential tax information. ☒ Sign agreements, consents or other documents on my behalf.
☒ Represent me in tax matters before the department. ☒ Perform any act that I can perform with respect to the tax matter listed above.

☒ List any specific additions or deletions to the acts that are otherwise authorized in this power of attorney (see Instructions).

NAME OTHER APPOINTEES

RETENTION/REVOCAION OF PRIOR POWERS OF ATTORNEY.

I hereby revoke all earlier powers of attorney on file with the Kansas Department of Revenue for the same tax matters and periods covered by this document.

☐ Check here if you DO NOT wish to revoke a prior power of attorney. List below representatives you want to retain power of attorney.

Representative's name and title (if member of a firm, enter both the representative's name and firm name)	EIN/SSN/PTIN
Representative's name and title (if member of a firm, enter both the representative's name and firm name)	EIN/SSN/PTIN

PLEASE SIGN PAGE 2

3. **SIGNATURE OF TAXPAYER(S).** If a tax matter concerns a joint return, both husband and wife must sign when joint representation is requested. When a corporate officer, partner, guardian, executor, receiver, administrator, or trustee signs this section on behalf of a taxpayer, the signatory also certifies that the signatory is authorized to execute this form on behalf of the taxpayer.

_____ (Signature)	_____ (Printed Name)	_____ (Date)
_____ (Signature)	_____ (Printed Name)	_____ (Date)

4. **SIGNATURE OF REPRESENTATIVE(S).**

_____ (Signature)	JARED ENDERS _____ (Printed Name)	_____ (Date)
_____ (Signature)	SUNNY HUDSON _____ (Printed Name)	_____ (Date)

INSTRUCTIONS FOR POWER OF ATTORNEY AUTHORIZATION

A power of attorney is a legal document authorizing someone to act as your representative. You, the taxpayer, must complete, sign, and return this form if you wish to grant a power of attorney (POA) to an attorney, accountant, agent, tax return preparer, family member, or anyone else to act on your behalf with the Kansas Department of Revenue (KDOR). You may use this form for any matter affecting any tax administered by the department, including audit and collection matters. This POA will remain in effect until the expiration date, if included under Section 2, or until you revoke it, whichever is earlier. KDOR will accept copies of this form, including fax copies.

SECTION 1. TAXPAYER INFORMATION.

Individuals. In the block provided, enter your name, SSN, address, telephone number, and email address in the spaces provided. If this POA is for a joint return and your spouse is designating the same representative or representatives, enter your spouse's name, address (if different from your own), Social Security number, and your spouse's email address.

Businesses. Enter both the legal name and the DBA or trade name, if different. For example, if the business is an individual proprietorship, enter the proprietor's name and the name under which business is transacted. (e.g., *Joe Smith dba Joe's Diner*). Also enter the EIN (federal employer identification number), telephone number, business address, and email address.

Estates. Enter the name, title, address, and email address of the decedent's executor/personal representative in the taxpayer section. Use the spouse's section to enter the decedent's name, date of death, and SSN.

SECTION 2. TAXPAYER GRANT OF POWER OF ATTORNEY.

Representative's name. Complete all the requested information for each representative. If the representative is a member of a firm, enter the firm's name too. If you are designating more than two representatives, please complete another form and attach it to this form. Mark the second form "additional representatives."

Type of tax. If you wish the power of attorney to apply to all periods and all tax types administered by KDOR, please check the box(es) for "All tax types" and "All tax periods". If for a specific tax type and/or tax year enter the type of tax and the tax years or reporting periods for each tax type. If the matter relates to estate, inheritance, or succession tax, please enter the date of the decedent's death.

Authorized acts. Check all boxes that apply. Use the additional lines to limit, clarify, or otherwise define the acts authorized by this POA. For example, if you wish to limit the POA to a specific time period or to establish an expiration date, enter that information and the dates (month, day, and year) on these lines.

Retention/revocation of prior powers of attorney. Unless otherwise specified, this POA replaces and revokes all previous POAs on file with the department. If there is an existing POA that you do NOT want to revoke, check the box in this section and enter the representative's name and EIN/SSN/PTIN in the space provided.

If you wish to revoke an existing POA without naming a new representative, attach a copy of the previously executed POA. On the copy of the previously executed POA, write "REVOKE" across the top of the form, and initial and date it again under your signature or signatures already in Section 3.

SECTION 3. SIGNATURE OF TAXPAYER(S).

You must sign and date the POA. If a joint return is being filed and both husband and wife intend to authorize the same person to represent them, both spouses must sign the POA unless one spouse has authorized the other in writing to sign for both. You must attach a copy of your spouse's written authorization to this POA.

SECTION 4. SIGNATURE OF REPRESENTATIVE(S).

Each representative that you name must sign and date this form.

TAXPAYER ASSISTANCE

If you have questions about this form, please visit or call our office.

Taxpayer Assistance Center
Scott State Office Building
120 SE 10th St.
PO Box 3506
Topeka, KS 66625-3506
Phone: 785-368-8222

The Department of Revenue office hours are 8 a.m. to 4:45 p.m., Monday through Friday.

Additional copies of this form are available from our website at: ksrevenue.gov

EMPLOYER REPRESENTATIVE AUTHORIZATION

K-CNS 032 (Rev. 12-21)

MAIL: Kansas Department of Labor
UI Tax Contributions
401 SW Topeka Blvd.
Topeka, KS 66603-3182

FAX: (785) 291-3425

Request will be denied if any item is incomplete.

Employer Serial Number: _____

Employer: _____

Physical address of business **in KANSAS**. If no physical address, store front or business location exists **in KANSAS**, you must indicate **where in KANSAS** you have workers performing a service. Do **NOT** use a Post Office Box number.

- ☒ Business location ☐ Job site ☐ Company representative residence
- ☐ Other (explain): _____

Address (Do **NOT** use PO Box number) _____ City _____ State _____ ZIP _____

Representative retained to represent you: ACUMEN OF KANSAS AS FISCAL AGENTRepresentative's phone: (623) 792-6100 Representative's email: Tax-KS@Acumen2.net

Indicate which Kansas unemployment insurance reports you have delegated the authority to receive. Provide the mailing address for the delegated reports.

☒ **Employer's Quarterly Wage Report and Unemployment Tax Return, K-CNS 100**Name: ACUMEN OF KANSAS AS FISCAL AGENTAddress: 5416 E BASELINE RD #200City, State, ZIP: MESA, AZ 85206☒ **Annual Experience Rating Notice, K-CNS 404, and Annual Notice of Benefit Charges, K-CNS 403**Name: ACUMEN OF KANSAS AS FISCAL AGENTAddress: 5416 E BASELINE RD #200City, State, ZIP: MESA, AZ 85206☐ **Last Employer, Base Period and all other Benefit and Appeal Claim Notices**

Name: _____

Address: _____

City, State, ZIP: _____

Owner, partner, corporate officer, LLC member/manager signature_____
Date (mm/dd/yyyy)_____
Email() _____
PhoneMore information about filing reports as an authorized employer representative is found at **www.KansasEmployer.gov**.



Employer's Previous Business Information

This form must be completed by the individual assuming the role of the Employer. Please provide a response to every question below. If any of the questions *cannot* be answered, check "N/A" or write "Do not know" next to the question.

Please do not provide answers to the below questions based on a Partnership, Corporation, Limited Liability Company (LLC), Trust, Estate, Nonprofit or any other entity not considered a Sole Proprietor. Acumen Fiscal Agent, LLC can only accept an EIN and business information for a Sole Proprietor business. **If you have ever owned a Sole Proprietor (currently or in the past), you must let us know. Failure to do so will also drastically increase the time it takes to enroll and receive services under this program.**

Employer Full Name (as shown on Social Security Card)	Employer Social Security Number (SSN)
Other Names or Alias Used (please list all):	

		YES	NO	N/A
1.	Have you ever received an Employer Identification Number (EIN) for any Sole Proprietor business you currently or have previously owned? If yes: Please provide the previously assigned Federal EIN: _____ What was the nature of the business: _____ Is the business still active (including any requirements for filing income tax, payroll tax, or information returns): YES _____ NO _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Have you ever previously been enrolled with another Fiscal/Employer Agent (F/EA), sometimes known as a Financial Management Service Agency? If yes: Please provide the name of the F/EA: _____ Please provide dates of when you were with the F/EA: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Was a business account ever established on your behalf for state unemployment insurance (SUTA) by your state's Department of Labor/Employment? If yes: Please provide the account number, if known: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Was a business account for state income tax (SIT) withheld on behalf of your employees ever established on your behalf with the state's Department of Revenue? If yes: Please provide the account number, if known: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you answered yes to question #2, please contact the prior F/EA to obtain the documents received from the Internal Revenue Service (IRS) and state taxing authorities when you were granted your EIN and state tax accounts. Documents should include a Letter 147C or CP575 issued by the IRS, and confirmation of the state tax accounts being created.

Employer Signature

Date



Veterans Directed Care Employer/Acumen Agreement Form

This Agreement is between Acumen Fiscal Agent and the Employer as stated below.

General understanding and conditions of the Veterans Directed Care Program

- Participation in the Veteran Directed Care Program is a decision made after consultation with the Case Manager.
- I have received from the Case Manager any/all program related information about the service delivery options and the rules and regulations regarding participation in the Veteran Directed Care option. I understand it is my responsibility as the Employer to abide by all the rules and regulations of this program.
- I understand that I am the Employer of Record for this program. The employer is not Acumen Fiscal Agent, nor is the Agency AAA/CIL/ADNA or the Veteran Medical Center.
- I understand that as the Employer of Record I am responsible to comply with paying all of my employees in accordance with the Department of Labor Regulations including the Fair Labor Standards Act and the Final Rule effective December 1, 2016. Furthermore, I understand that this employer responsibility may extend beyond what the program funds may pay my employee and I accept full responsibility for all debts owed. This includes overtime and any hours that are above what is authorized in the Individual Spending Plan and/or within program rules. (Federal link: https://www.dol.gov/whd/homecare/homcare_guide.pdf)
- I understand that Acumen is only authorized to represent me in processing payments as it relates to this Veteran Directed Care option. Acumen will only make payments on my behalf in accordance to the authorized amounts as outlined in the Spending Plan.
- I understand it is my responsibility to be aware of any remaining balances and schedule provider(s)/employee(s) and/or request program payments within those available units and funds.
- I understand that if I cause work to happen above and beyond what is authorized in the Spending Plan, I, as the employer, will be personally responsible for those expenses.
- I understand it is my responsibility as the employer to ensure all employees and goods and service providers meet the qualifications and receive required training as required in the Veteran Directed Care Program and in the Spending Plan prior to working or providing services. Acumen provides support and assistance with this.
- I understand Acumen will provide me with enrollment materials and guidance on the requirements to complete each form. It is ultimately my responsibility as the employer to ensure all forms that my employee(s) and/or I complete are correct within required guidelines.
- I will not allow provider(s)/employee(s) to begin performing work until Acumen has notified me that provider(s)/employee(s) are active in their system (Good to Go).
- I understand that if the program requires my employee (job applicant) to pass a background check I will ensure all investigation reports are kept confidential, will not be shared, and will be disposed of properly given that they include sensitive data (e.g., criminal history) and personally identifiable information (e.g., name, DOB, SSN).
- I understand it is my responsibility to review and approve all requests for payment prior to submitting them to Acumen to ensure accuracy and confirm they are authorized for processing.

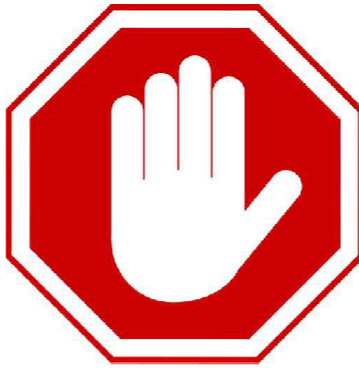
- I understand that, on occasion, I may receive automated (general announcement) communication from Acumen regarding important program and/or payroll information as it relates only and specifically to the Veteran Directed Care option.
- I understand that Acumen will provide a Workers' Compensation Claim Reporting Guidelines (included in the packet) for use if my employee is injured on the job. I understand that it is my responsibility to make this information available to my employees.
- I understand that I may face penalties and/or fines if I fail to make the Workers' Compensation Reporting Claims Guidelines available to my employees. I, as the employer, will be personally responsible for paying these penalties and/or fines.
- I understand it is my responsibility to notify the Case Manager immediately of any significant changes in circumstances that may affect the Veteran Spending Plan and/or safety.
- I understand it is my responsibility to notify Acumen immediately of any changes that effect eligibility for Veteran Directed Care services. I understand I may be responsible for payment of any work performed during the loss of eligibility.
- I understand all requests for payment must have an employer signature and date indicating approval, or must be submitted through Acumen's online time entry system which requires password-protected employer approval. I understand that Acumen will not process a payment request without proper employer approval.
- I understand it is my responsibility to ensure the correct service code is utilized when submitting a payment request or timesheet, and I will work with Acumen to help reconcile any billing discrepancies with my employees and goods and service provider(s). It is the employers' responsibility to ensure their own compliance with all state employment and labor laws.
- I attest that I will submit and/or approve all payment requests in accordance with the Program regulations. I understand that payment and satisfaction of my claims may be from Federal and State funds, and that I may be prosecuted under applicable Federal or State laws, for any false claims, statements or documents or concealment of a material fact. Any misuse of funds may result in being fined or penalized including but not limited to the repayment of claim. Any collection costs or legal fees will be my responsibility to pay.
- I hereby authorize Acumen to electronically send me information (e.g. email) including but not limited to account statement reports. I understand that I have the ability to opt-out of electronic communication upon request, and can receive this through U.S. Mail service.
- I acknowledge information necessary and relevant in providing services for the Veteran may be released, discussed, or disclosed between authorized business associates (i.e. FMS, the program staff, service providers, as well as other government authorities.) I understand that my records are protected under Federal Regulations governing Confidentiality of Protected Health Information (PHI) under HIPAA.

My signature below confirms my understanding and agreement to abide by the terms and conditions as stated above.

Name of Veteran: _____

Name of Employer: _____

Employer Signature: _____ Date: _____



Worker's Compensation Claim Reporting Guidelines for Employees

If there has been a workplace injury or accident, please take the following action:

- If the injury or accident is of a serious nature, seek medical attention immediately.
- Employees must report the injury immediately to their employer.
- Employers must report the injury as soon as possible even if it is a weekend or holiday to the Acumen Workers' Compensation Department.
- To report to Acumen, call 866-472-2297. If you get voicemail when you call, leave a message with your name, call back number, state you are located in, a brief description of the incident and if the injury is of a serious nature (including hospitalization (not ER room & home release), immediate surgery status, critical care or death) .
- Messages of injuries of a serious nature will be returned even on a weekend or holiday. All other messages will be returned the following business day.

Timely reporting of any injury that goes beyond First Aid treatment to Acumen's Workers' Compensation Department is important. When reporting, be prepared with the following information:

- Time & place the incident occurred as well as how it occurred.
- Explain in as much detail as possible what happened to cause the injury.
- Take pictures of the area where the incident occurred, if you are able to do so, and any other photos you are able to obtain that may be helpful to the claim.

Contact Acumen's Workers' Compensation Administrator. Direct line is 866-472-2297.



Show Me the Money

It costs you, the employer, more to employ someone than just their wages. By law, employers must pay a portion of an employee's Social Security and Medicare taxes, as well as Federal and State unemployment taxes. Workers' Compensation Insurance is part of your program and is also an employer-related cost. The amounts you pay for each of these is a percentage of your employee's wage, and are as follows:

Social Security	6.20%
Medicare	1.45%
Federal Unemployment	0.60%
State Unemployment	2.7%
Workers Compensation	2.95%

Total 13.9%

What this means is that for every \$1.00 you pay in wages, you must add approximately 14 cents to pay for taxes and Workers' Compensation. Acumen calls this the "Cost to Budget," and we calculate and pay these amounts from your budget allocation on your behalf.

Simply fill in the blanks below to determine the "Cost to Budget."

<div style="border: 1px solid black; width: 150px; height: 30px;"></div>	X	<div style="border: 1px solid black; padding: 2px 10px;">1.139</div>	=	<div style="border: 1px solid black; width: 150px; height: 30px;"></div>
Employee Wage		Taxes & Workers' Comp		Cost to Budget (always round <u>up</u>)

The tables below are provided so you can estimate your cost to employ someone. The examples show a variety of wage amounts. The "Cost to Budget" column shows the wage multiplied by 1.139. You can pay your employee an amount other than ones listed – just multiply the amount you want to pay by **1.139**, round up to the nearest penny, and you'll have the estimated Cost to Budget. Your Case manager will be involved in helping you set the pay rate and they will help you calculate your cost.

Hourly Wage	Cost to Budget	Hourly Wage	Cost to Budget	Hourly Wage	Cost to Budget	Hourly Wage	Cost to Budget
\$7.25	\$8.26	\$11.75	\$13.38	\$16.25	\$18.51	\$20.75	\$23.63
\$7.75	\$8.83	\$12.25	\$13.95	\$16.75	\$19.08	\$21.25	\$24.20
\$8.25	\$9.40	\$12.75	\$14.52	\$17.25	\$19.65	\$21.75	\$24.77
\$8.75	\$9.97	\$13.25	\$15.09	\$17.75	\$20.22	\$22.25	\$25.34
\$9.25	\$10.54	\$13.75	\$15.66	\$18.25	\$20.79	\$22.75	\$25.91
\$9.75	\$11.11	\$14.25	\$16.23	\$18.75	\$21.36	\$23.25	\$26.48
\$10.25	\$11.67	\$14.75	\$16.80	\$19.25	\$21.93	\$23.75	\$27.05
\$10.75	\$12.24	\$15.25	\$17.37	\$19.75	\$22.50	\$24.25	\$27.62
\$11.25	\$12.81	\$15.75	\$17.94	\$20.25	\$23.06	\$24.75	\$28.19
						\$25.25	\$28.76

CHANGE INFORMATION FORM: VETERAN or EMPLOYER



Please complete this form and return to Acumen by one of the following methods:

Mail: 5416 E. Baseline Rd., Suite 200, Mesa, AZ 85206

Fax: (866) 496-4573

Email: enrollment@acumen2.net

Change VETERAN Information

Complete this section when there is a change in veteran information. The veteran is the individual receiving services. If the veteran is also the employer, please complete this section **only**. For a name change, please provide the current and new name. For all other changes, only the new information is required.

Change In (select all that apply): Name <input type="checkbox"/> Address <input type="checkbox"/> Phone Number <input type="checkbox"/> E-mail Address <input type="checkbox"/>	
Current/Previous Name:	New Name (if changed):
Street Address:	
City/State/Zip:	
Phone Number:	
E-mail Address:	
Veteran ID Number:	
Signature (Employer or Authorized Rep):	
Date:	

Change EMPLOYER Information

Complete this section when there is a change in employer information. The employer is the individual who hires, trains, and manages staff. If the veteran is also the employer, please complete the veteran section only. For a name change, provide the current and new name and please fax or mail a copy of a legal document for name change. For all other changes, only the new information is required.

Change In (select all that apply): Name <input type="checkbox"/> Address <input type="checkbox"/> Phone Number <input type="checkbox"/> E-mail Address <input type="checkbox"/>	
Current/Previous Name:	New Name (if changed):
Street Address (if changed):	
City/State/Zip (if changed):	
Phone Number (if changed):	
E-mail Address:	
Client ID Number:	
Signature (Employer or Authorized Rep):	
Date:	



KANSAS VETERAN-DIRECTED SERVICES VETERAN STATUS CHANGE NOTICE

Complete this section when terminating services with Acumen.		
VETERAN NAME:		
TERMINATION DATE:	CHECK ONE	
	VOLUNTARY <input type="radio"/>	INVOLUNTARY <input type="radio"/>
REASON FOR TERMINATION:		
<p>Acumen is committed to the quality of our fiscal intermediary services. Upon notice of this termination, we would like to conduct a brief phone survey with you about your experience with Acumen.</p> <p>May we contact you in the interest of gathering your valuable feedback?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I am not the employer or participant</p>		
NAME AND TITLE OF PERSON AUTHORIZING TERMINATION:		PHONE:
CARE MANAGER SIGNATURE:		DATE:
Complete this section when suspending or reinstating services with Acumen.		
VETERAN NAME:		
SUSPENSION OR REINSTATMENT DATE:	CHECK ONE	
	SUSPENSION <input type="radio"/>	REINSTATMENT <input type="radio"/>
SPECIAL INSTRUCTIONS FOR ACUMEN REGARDING SUSPENSION OR REINSTATMENT:		
NAME AND TITLE OF PERSON AUTHORIZING SUSPENSION/REINSTATMENT:		PHONE:
CARE MANAGER SIGNATURE:		DATE:

PLEASE EMAIL, FAX OR MAIL COMPLETED AND SIGNED FORM TO:

Acumen Fiscal Agent, LLC.
5416 E Baseline Rd., Suite 200
Mesa, AZ 85206
enrollment@acumen2.net
Fax: (866) 496-4573
Phone: (866) 559-2253