



## PARTICIPANT REFERRAL FORM – TRANSFERING FROM ANOTHER FMS

Requested start date for services with Acumen: \_\_\_\_\_

### Client/Participant Information

Participant/Client Name	
Medicaid Number	
Date of Birth	
Social Security Number	
Language	
Home Address	
Mailing Address (if different)	
Home Phone Number	
Cell Phone Number	
Email	

### Employer Information

*(Ask your current FMS who the Employer is, this will be the individual with tax numbers registered to their name.)*

Employer Name	
Social Security Number	
Date of Birth	
Home Address	
Mailing Address (if different)	
Phone Number	
Email	
FEIN Number (Employer tax number)	
Do you have a copy of your IRS147(c) letter?	

### Legal Guardian/Parent/Authorized Representative Information

*(if different from employer)*

Name	
Relationship to Client	
Date of Birth	
Home Address	
Mailing Address (if different)	
Phone Number	
Email	

### Case Worker Information

Case Worker Name	
Case Worker Agency	
Case Worker Email	
Case Worker Phone Number	

*If the client is a transfer from another FMS, the employer will be required to obtain a copy of their IRS 147(c) letter and have the "Self Direction Transferring Employer Between Fiscal/Employer Agents Worksheet" completed*



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**Projected Plan of Care Date Range: From: \_\_\_\_\_ To: \_\_\_\_\_**

Service	Authorized Weekly Units
S5135 – Personal Care Service	
S5150 - Respite	
T2027 – Personal Care Service	
T1019 – Pediatric Nurse Aid	
T1004 – Pediatric Nurse Aid Respite	
T1000 – RN/LPN	
T1005 – RN/LPN Respite	
S9122 TF – Congregate Care Personal Care Service	
S9122 TG – Congregate Care Pediatric Nurse Aid	

Notes/Comments:

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**FEA NPI 1578971214**

I understand that this form functions as a pre-authorization for services and authorizes my FEA to conduct the Participant/Enrollment meeting. My FEA will provide a drafted budget which will be confirmed once the enrollment meeting is completed because employer unemployment taxes are subject to change.

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Case Worker Signature

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Date



# Self-Direction Transferring Employer Between Fiscal/Employer Agents (F/EAs) Worksheet

## Directions for Previous/Outgoing Fiscal Agent:

Please complete all fields and return the completed form and any attachments to the Authorized/Designated Representative and/or FEIN Holder.

Participant Name:		Date of Last Time Punch:		Date of Last Wages Paid:	
EIN Holder's Full Name:		Federal EIN ( <b>Provide 147C or CP575</b> ):		EIN Holder's Social Security Number:	
EIN Holder's Physical Address:		EIN Holder's City:	EIN Holder's State:	EIN Holder's Zip Code:	
EIN Holder's County:	EIN Holder's Email:			EIN Holder's Phone Number:	
<b>For the following accounts, please provide any account numbers and rates that you are aware of. If accounts have not been created, please check N/A. Please provide all documentation you have available. For example, an IRS 147C or CP575 would be appropriate documentation for the Federal EIN. Any other account creation confirmation documents and/or rate notices would be greatly appreciated.</b>					
State Unemployment Account Number:	State Withholding Account Number:	City Withholding Account Number:	School District Account Number:		
N/A <input type="checkbox"/>	N/A <input type="checkbox"/>	N/A <input type="checkbox"/>	N/A <input type="checkbox"/>		
Tax Rate:	<u>Online Account Information</u>	<u>Online Account Information</u>	<u>Online Account Information</u>		
<u>Online Account Information</u>	Username:	Username:	Username:		
Username:	Password:	Password:	Password:		
Password:					

Information provided by:

Prior FMS Company: \_\_\_\_\_

Prior FMS Agent: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

## Self-Direction Transferring Employer Between Fiscal/Employer Agents (F/EAs) Worksheet

Employee Name	Last 4 of SSN	DOC Exempt (Y/N)	SUTA/FUTA Exemption Code	YTD SUTA Wages	YTD FUTA Wages

(1) - non-resident alien on an F-1, J-1, M-1, or Q-1 visa

(2) - Child under 21 years old

(3) - Spouse of the employer

(4) - Parent of the employer

(5) - Prior to turning 18 years old

(6) - No Exemption / Fully Taxable

Employer Return this form along with a copy of your IRS 147(c) letter to  
Outreach.NC@OutreachFiscalAgent.com