

2025

## Ohio VDC Program

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### EMPLOYER ENROLLMENT PACKET (ER)

Select Program

**NOTE:**

Signature Fields  
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require a  
non-electronic  
handwritten wet  
signature



**Acumen Fiscal Agent**  
Innovation • Opportunity • Freedom

ACUMEN INC | <https://www.acumenfiscalagent.com>

# 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)<br><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 Last Name:                                    |  |
| Veteran Full Name:                                    |  |
|                                                       |  |
| Veteran VA Number:                                    |  |
| 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:                          |  |

## Person Centered Counselor (PCC) or Case Manager (CM) Information

|               |  |
|---------------|--|
| PCC/CM Name:  |  |
| PCC/CM Email: |  |
| PCC/CM Phone: |  |



## Ohio Veteran-Directed Services Program Employer Packet (keep this folder for your records)

**Congratulations** on self-directing your support. This Veteran Directed Option is made available through the **OH Veteran Directed Care** program. Acumen Fiscal Agent, LLC (Acumen) will be providing the payment services for this program. We are excited to take part in this process with you. 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

Inside this folder you will find the necessary forms and instructions that authorize Acumen to act on your behalf as your Fiscal/Employer Agent (F/EA). This appointment is only in regard to this Veteran-Directed program.

The following forms are needed to authorize Acumen to act as your Fiscal Employer Agent. Please complete and return them to Acumen. Please check and note the date you mailed or faxed to Acumen. \*If you currently have or have had an Employer Identification Number (EIN), do not complete any further employer enrollment forms. Please call Acumen at the phone number listed below.

- |                                                                                                                                            |                 |
|--------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| <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<br>Fill out numbers 1, 5a, 5b, 6, 7a, 7b, and sign | Date Sent _____ |
| <input type="checkbox"/> Power of Attorney Agency Authorization – JFS 20106                                                                | Date Sent _____ |
| <input type="checkbox"/> Employer Agreement Form                                                                                           | Date Sent _____ |
| <input type="checkbox"/> Withholding Tax Payroll Service Company Authorization<br>And Release – Form WT 8655                               | Date Sent _____ |

Your Case Manager (CM) or Person Centered Counselor (PCC) will notify Acumen of the services and dollars that have been approved in your Spending Plan.

### Email, Fax or Mail Information to Acumen

Acumen Fiscal Agent, LLC.  
5416 E. Baseline Rd., Suite 200, Mesa, AZ 85206  
[enrollment@acumen2.net](mailto:enrollment@acumen2.net)  
Fax: (866) 862-6862

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.
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](http://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 federal information you can access the Federal Department of Labor: [www.dol.gov](http://www.dol.gov). They issue a *Small Business Handbook*, which is helpful. It can be viewed and downloaded for free.
- For free state information you can access the Ohio Commerce Division of Labor and Worker Safety: <http://www.com.ohio.gov/laws/>.
- Recommended Reading: *The Employer's Legal Handbook*, published by Nolo. This book can be purchased online at [www.nolo.com](http://www.nolo.com) or from area bookstores.

### **Workers' Compensation**

This program requires that the employer have Workers' Compensation. Upon enrollment, your employees are automatically covered by Workers' Compensation insurance with an “A” rated company. 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.

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:

- Submitting a Time Entry for services that were not actually provided.
- Submitting a Time Entry for services provided by a different person.
- Submitting a Time Entry for services that were reimbursed by another source.
- Submitting a duplicate Time Entry for reimbursement from the same source.

To view Acumen's False Claims Policy go to [www.acumenfiscalagent.com](http://www.acumenfiscalagent.com), click on the "Resources" tab then locate our "False Claim Policy."

## **Reports**

We will provide you with a report each month. It is important to read the report and to call us with any questions that you may have. The report summarizes your employee's time, any vendor payments, your beginning allocation, and declining balance, so you are aware of the remaining amount after each payment. This report is emailed to you for your convenience if we have your email address on file!

Or, you can access various reports at any time through the use of your DCI Web Portal account. Your DCI Web Portal account will be assigned to you after your enrollment paperwork is complete!

Remember, only services that are approved in your 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.

## **Background Checks**

All employees are required to successfully pass a Criminal History Background Check **prior** to working in this program. Your Case Manager will let Acumen know whether or not your employee is cleared for hire.

## **Reminder:**

Having Acumen as your Fiscal Employer Agent does nothing to the employer-employee relationship. Acumen is **not** the employer.

There are three major players, each with a distinct role, within a self-directed program. Knowing the differences between them can be hard. Please refer to the table below when trying to determine who does what.

| <b>Case Manager</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>Employer (Veteran or Authorized Representative)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>Acumen Fiscal Agent</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>• Also known as Person Centered Counselor (PCC)</li> <li>• Conducts assessments to establish needs</li> <li>• Assesses appropriateness for self-direct services</li> <li>• Explains services available to an eligible person</li> <li>• Develops Veteran Spending Plan</li> <li>• Monitors and follows up on services received by the Veteran</li> <li>• Assists person in services as needed</li> <li>• Receives, reviews and submits all vendor payment requests</li> <li>• Reviews employee background clearances and determines eligibility for hire</li> </ul> | <ul style="list-style-type: none"> <li>• Completes all necessary forms for enrollment</li> <li>• Hires and fires employees</li> <li>• Requests criminal background checks through Case Manager</li> <li>• Schedules and sets wages for employees</li> <li>• Trains employees to provide approved services</li> <li>• Provides a safe work environment</li> <li>• Ensures that all time entered through the DCI system is accurate and complete</li> <li>• Approved time entries through the DCI Web Portal</li> <li>• Keeps important records on each employee and keeps them confidential</li> <li>• Reviews account statements from Acumen Fiscal Agent and ensures they are accurate and complete</li> <li>• Manages the spending plan</li> <li>• Follows all relevant laws and rules on employment</li> </ul> | <ul style="list-style-type: none"> <li>• Sets up veteran and employer in the payroll system</li> <li>• Processes all employee paperwork</li> <li>• Sets up all employees in the payroll system</li> <li>• Processes time entry submissions, vendor requests, and reimbursements in accordance with the approved Spending Plan</li> <li>• Withholds and pays all required taxes</li> <li>• Arranges for Workers' Compensation and other benefits</li> <li>• Provides reports to the employer and VDC Program</li> <li>• Answers questions about enrollment and payroll processes</li> <li>• Ensures compliance with other program rules</li> </ul> |



# Authorization Form

Complete each item and fax (866) 862-6862 or mail 5416 E. Baseline Rd., Suite 200, Mesa, AZ 85206 to Acumen. Please call (866) 862-6861 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 me as an employer for employer-related tax reporting purposes, by signing Form 2678.
3. Handle all correspondence regarding employer tax reporting issues.
4. Serve as my Full Service Agent for unemployment and withholding tax purposes. As such, Acumen shall provide all services for me, the employer and shall receive all documents related to my, the employer's, Ohio 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 Ohio's Unemployment Compensation Law 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 Ohio Department of Taxation and/or Ohio Department of Job and Family Services.

## What am I really authorizing?

- Your appointment grants Acumen Fiscal Agent a limited power of attorney to act as your 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 Ohio Department of Taxation and the Ohio Department of Job and Family Services in the fulfilling of domestic employer responsibilities relative to the employing of persons through initiatives funded through the State of Ohio, Area Agency on Aging District 7.

### Employer

The person who hires, fires, trains and manages staff.

|                                    |  |
|------------------------------------|--|
| Name                               |  |
| Social Security #                  |  |
| Physical Address<br>(if different) |  |
| Physical Address<br>City/State/Zip |  |
| Mailing Address<br>(if different)  |  |
| Mailing Address<br>City/State/Zip  |  |
| Phone Number                       |  |
| Email Address<br>(optional)        |  |
| <b>Case Manager</b>                |  |
| Name                               |  |
| Phone Number                       |  |
| Email Address                      |  |

### Veteran (Enter if Different than Employer)

The individual receiving services.

|                                    |  |
|------------------------------------|--|
| Name                               |  |
| Date of Birth                      |  |
| Social Security #                  |  |
| Physical Address                   |  |
| Physical Address<br>City/State/Zip |  |
| Mailing Address<br>(if different)  |  |
| Mailing Address<br>City/State/Zip  |  |
| Phone Number                       |  |
| E-mail Address<br>(optional)       |  |

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

\_\_\_\_\_  
Signature of Employer

\_\_\_\_\_  
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<br>employees/<br>payees/payments | For SOME<br>employees/<br>payees/payments |
|--|------------------------------------------|-------------------------------------------|
|--|------------------------------------------|-------------------------------------------|

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](http://www.irs.gov/FormSS4) for instructions and the latest information.

OMB No. 1545-0003

EIN

|                                      |                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                          |                                                          |
|--------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|----------------------------------------------------------|
| Employer's<br>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)<br>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)<br>MESA, AZ 85206-4704                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 5b                                                                       | City, state, and ZIP code (if foreign, see instructions) |
| Employer's<br>County &<br>State Here | 6                                                                                                                                                                   | County and state where principal business is located                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                          |                                                          |
|                                      | 7a                                                                                                                                                                  | Name of responsible party                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 7b                                                                       | SSN, ITIN, or EIN                                        |
| Employer's<br>Name Here              | 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). <b>Caution:</b> If 8a is "Yes," see the instructions for the correct box to check.<br><input type="checkbox"/> Sole proprietor (SSN) <input type="checkbox"/> Estate (SSN of decedent)<br><input type="checkbox"/> Partnership <input type="checkbox"/> Plan administrator (TIN)<br><input type="checkbox"/> Corporation (enter form number to be filed) <input type="checkbox"/> Trust (TIN of grantor)<br><input type="checkbox"/> Personal service corporation <input type="checkbox"/> Military/National Guard <input type="checkbox"/> State/local government<br><input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government<br><input type="checkbox"/> Other nonprofit organization (specify) <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises<br><input checked="" type="checkbox"/> Other (specify) <b>HCSR EMPLOYER</b> 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)<br><input type="checkbox"/> Started new business (specify type) <input type="checkbox"/> Banking purpose (specify purpose)<br><input type="checkbox"/> Hired employees (Check the box and see line 13.) <input type="checkbox"/> Changed type of organization (specify new type)<br><input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Purchased going business<br><input checked="" type="checkbox"/> Other (specify) <b>HCSR EMPLOYER</b> <input type="checkbox"/> Created a trust (specify type)<br><input type="checkbox"/> Created a pension plan (specify type)                                                                                                                                                                                                                                                                                                                                                                                               |                                                                          |                                                          |
|                                      | 11                                                                                                                                                                  | Date business started or acquired (month, day, year). See instructions.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                          |                                                          |
|                                      | 12                                                                                                                                                                  | Closing month of accounting year <b>DECEMBER</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                          |                                                          |
|                                      | 13                                                                                                                                                                  | Highest number of employees expected in the next 12 months (enter -0- if none).<br>Agricultural Household Other<br>0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                          |                                                          |
|                                      | 14                                                                                                                                                                  | Reserved for future use                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                          |                                                          |
|                                      | 15                                                                                                                                                                  | First date wages or annuities were paid (month, day, year). <b>Note:</b> If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                          |                                                          |
|                                      | 16                                                                                                                                                                  | Check <b>one</b> box that best describes the principal activity of your business. <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker<br><input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail<br><input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input checked="" type="checkbox"/> Other (specify) <b>HCSR EMPLOYER</b>                                                                                                                                                                                                                                                                                                                                                                                 |                                                                          |                                                          |
|                                      | 17                                                                                                                                                                  | Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.<br><b>HCSR EMPLOYER</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                          |                                                          |
|                                      | 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<br>If "Yes," write previous EIN here                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                          |                                                          |
| Third<br>Party<br>Designee           | Complete this section <b>only</b> 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<br><b>ALMA STEWART, SUNNY HUDSON</b>                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Designee's telephone number (include area code)<br><b>(623) 792-6100</b> |                                                          |
|                                      | Address and ZIP code<br><b>5416 E BASELINE RD STE 200, MESA, AZ 85206-4704</b>                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Designee's fax number (include area code)<br><b>(480) 371-2241</b>       |                                                          |
| Employer's<br>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)                         |                                                          |
|                                      | Name and title (type or print clearly)<br><b>HCSR EMPLOYER</b>                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Applicant's fax number (include area code)                               |                                                          |
| Employer<br>Sign Here                | 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.<sup>1</sup> 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) <sup>2</sup>                                                                                                                                                                                                                    | complete lines 1-18 (as applicable).                                                                                 |
| purchased a going business <sup>3</sup>                                                                                      | 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 <sup>4</sup>                                                                                                                                                                                                                                                                                                               | complete lines 1-18 (as applicable).                                                                                 |
| created a pension plan as a plan administrator <sup>5</sup>                                                                  | 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 <sup>6</sup>                                                                                                                                                                                                                                     | 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 <sup>7</sup>                                                                                                                                                                                                                                                               | 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 <sup>8</sup> , 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 <sup>9</sup>                                                                                                                                                                                                                                                                                              | complete lines 1-18 (as applicable).                                                                                 |

<sup>1</sup> 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.

<sup>2</sup> 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).

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

<sup>4</sup> 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.

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

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

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

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

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

# OHIO DEPARTMENT OF JOB AND FAMILY SERVICES

P.O. Box 182404  
Columbus, Ohio 43218-2404  
(614) 466-2319  
<http://unemployment.ohio.gov>



FOR 0006A

## AGENT AUTHORIZATION FORM

To immediately authorize an agent (third party administrator, accountant, payroll company, etc) to act on your behalf regarding your account, please visit <http://unemployment.ohio.gov>. If you prefer, you may submit your information by completing this form and your account will be updated within 2-3 weeks. When completing this form, please print, using block capital letters in black ink. For example:

A B C D E F G H

### Section I - Employer and Representative Information

Employer Legal Name

  
  

Employer ID

Plant Number (If none, please leave blank.)

Employer Phone Number

 -  - 

Agent Name

 A C U M E N F I S C A L A G E N T L L C

Agent ID

 6 0 0 0 0 0 5 8 2 0

Agent Phone Number

 6 2 3 - 7 9 2 - 6 1 0 0

Agent Address Line 1 - Enter street address or P.O. box information here (for example, 123 Main St., P.O. Box 123.)

 5 4 1 6 E B A S E L I N E R D

Agent Address Line 2 - Enter secondary address information here (for example, STE 123, APT A, 1st FL. If none, please leave blank.)

 S T E 2 0 0

City

 M E S A

State

ZIP

Country

 A Z  8 5 2 0 6 -  4 7 0 4  U N I T E D S T A T E S

Province - International addresses only

Postal Delivery Code – International addresses only

## Section II - Assign Roles and Responsibilities

To give a new agent access to your account, check the role(s) you want the agent to have and enter the "Access Begin Date" (must be the beginning of a quarter for "Wage Submission") and "Access End Date" (optional) for the selected roles.

For all roles except "Wage Submission," once an end date is entered, the agent will no longer have access to those roles after the "Access End Date" provided. If no end date is entered, the access will continue indefinitely.

For "Wage Submission," the dates of access will allow the agent to update your wage records for all quarters within the access dates, regardless of the current date. For example, if you give an agent access for the first quarter of the year, the agent will be able to access the wage records for that quarter at any time. If you wish to completely remove access for the agent, which would prevent them from accessing quarters they were previously authorized for, select the "Remove Access" box for the agent.

You cannot grant two agents access to the same role during the same time period. If you want to change agents, you must remove the role from the existing agent by entering an "Access End Date."

1a. To what role does the authorization or dissolution selected in Section II apply?  
(Please check all that apply.)

- ☒ Wage Submission
- ☒ Payment Submission
- ☒ Account Maintenance Updates
- ☒ Appeals
- ☒ Tax Rates

1b. For the roles selected in question 1a, provide "Access Begin Date" and "Access End Date" (Optional)

Access Begin Date

 /  / 

Access End Date

 /  / 

☐ Remove Access

## Section III - Signature

I hereby acknowledge that by signing this document I relieve the Ohio Department of Job and Family Services from any liability arising from the exercise of rights and causes of action on account of or growing out of failure of the undersigned to receive any correspondence sent to the representative indicated in Section III, including, but not limited to:

1. Notification required by Section 4141.26;
2. Injury caused by untimely appeal.

This authorization, voluntarily given by the undersigned, shall remain in full force and effect until such time as the agency is notified in writing by the undersigned or by the designated representative that the relationship has been dissolved.

Employer Signature

**NOTE:** Must be owner, partner, member, or corporate officer

Title:

DOMESTIC EMPLOYER

Date:

 /  /



## Withholding Tax Payroll Service Company Authorization and Release

Reporting agent agrees to provide authorization to the Ohio Department of Taxation within 24 hours of request.

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

|                          |                                      |
|--------------------------|--------------------------------------|
| Taxpayer name            | Employer identification number (EIN) |
| Address                  | Social Security number               |
| City, state and ZIP code | Daytime telephone number             |

### 2. Reporting Agent Information

|                                            |                                      |
|--------------------------------------------|--------------------------------------|
| Name Acumen Fiscal Agent, LLC.             | Employer identification number (EIN) |
| Address<br>5416 E Baseline Rd., Suite 200  | Telephone number<br>623-792-6100     |
| City, state and ZIP code<br>Mesa, AZ 85206 | Fax number<br>480-371-2241           |

### 3. State Authorization

The taxpayer hereby grants the reporting agent with limited power of attorney with the authority to sign and file employment tax returns and make deposits electronically, on magnetic media or on paper with the Ohio Department of Taxation. The reporting agent is also hereby authorized to receive notices, correspondence and transcripts from the Ohio Department of Taxation, resolve matters pertaining to these deposits and filings, and to request and receive deposit frequency data and any other information related to the taxpayer's state individual income and school district income tax withholding returns and deposits.

This authorization shall include all Ohio Department of Taxation state individual income and school district income tax withholding forms and shall commence with the tax period of \_\_\_\_/\_\_\_\_ and shall remain in effect through all subsequent periods until either revoked by the taxpayer or terminated by the reporting agent. Unless the taxpayer is required to file or deposit electronically, the reporting agent will, at its discretion, file and make deposits on the taxpayer's behalf either electronically, on magnetic media or on paper.

### 4. Retention/Revocation of Authorization

This authorization automatically revokes all earlier authorizations on file with the Ohio Department of Taxation for the same years or periods covered by this document. If you do not want to revoke a prior authorization, check this box: ☐

**You MUST attach a copy of any tax information authorization that you want to remain in effect.**

### 5. Acknowledgement of Responsibility

I understand that this agreement does not relieve me, as the taxpayer, of the responsibility to ensure that all tax returns are filed and that all deposits and payments are made.

### 6. Signature of or for Taxpayer

I hereby certify that the Ohio Department of Taxation is authorized to release any and all Ohio withholding tax information in accordance with section 3 above that is in the possession of the department concerning the undersigned taxpayer to the reporting agent specified by this authorization and release. Further, I hereby relieve the Ohio tax commissioner, the Ohio Department of Taxation or any agent or employee thereof from any liability whatsoever for releasing such information.

I certify under penalties of perjury that I am the taxpayer identified below or have the authority to execute this withholding tax information authorization and release on behalf of the taxpayer.

**If this withholding tax information authorization and release is not signed, it will be returned.**

|                   |           |
|-------------------|-----------|
| Print name        | Signature |
| Domestic Employer |           |
| Title             | Date      |



## OHIO VETERANS PROGRAM Employer Agreement Form

The veteran or representative elects and accepts the responsibility for self-directing or managing those supports and services as outlined in the Spending Plan. The veteran or representative is therefore recognized as the "Employer."

### **As the Employer, you are responsible to:**

1. Enroll with Acumen and complete all state, federal and program-required paperwork found in the Acumen start-up packet.
2. Recruit, interview, hire and train employees and vendors.
3. Only allow services to be provided that are in compliance with the approved spending plan and within any remaining monthly allocation balances.
4. Hire only qualified employees and/or vendors to provide approved services.
5. Review, approve and employee's time entries and vendor requests to ensure accuracy.
6. Only allow employee(s) to begin performing work after your care manager has notified you that employee(s) is clear for hire.
7. Develop a back up plan should the primary employee not be available to provide care.
8. Notify your care manager immediately of significant changes in circumstances that may affect the Spending Plan and/or the safety of the veteran.
9. Report all employee workplace injuries immediately to Acumen at #1-866-472-2297.

### **General Understanding:**

1. Payments will be directly issued to the employee or vendor of services provided in accordance to the funding limits for approved services in the Spending Plan. All required supporting documentation (receipts, invoices, etc.) must accompany all requests for payment.
2. Employees can not work more then 40 hrs in a work week. If more than 40 hours per week are needed, please discuss with Person Centered Counselor.
3. A work week is from Sunday to Saturday.
4. All employees must clear a criminal history background check prior to working.

Veteran Name: \_\_\_\_\_

Employer Name (if different than Veteran): \_\_\_\_\_

Employer Signature: \_\_\_\_\_ Date: \_\_\_\_\_





# 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.**

|                                                              |                                              |
|--------------------------------------------------------------|----------------------------------------------|
| <b>Employer Full Name</b> (as shown on Social Security Card) | <b>Employer Social Security Number (SSN)</b> |
| <b>Other Names or Alias Used</b> (please list all):          |                                              |

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



## Acumen Ohio VDC Services Authorized Representative Form (Optional)

|                  |  |
|------------------|--|
| Name of Veteran: |  |
|------------------|--|

I, \_\_\_\_\_ hereby assign the person stated below as my Authorized Representative.  
(name of Veteran or Legal Guardian)

Veteran/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Authorized Representative Information:

|                          |  |
|--------------------------|--|
| Name:                    |  |
| Mailing Address:         |  |
| City/State/Zip:          |  |
| Date of Birth:           |  |
| Social Security Number:  |  |
| Phone Number:            |  |
| Email Address:           |  |
| Relationship to Veteran: |  |

An Authorized Representative may be your legal guardian, a family member or any other individual identified and approved by your Case Manager, who will willingly accept responsibility for performing management tasks in the Veteran Directed Program

### An Authorized Representative must:

- Must work with the Case Manager to develop a plan of care
- Be willing to sign tax forms and verify timesheets on your behalf as well as cooperate with the fiscal intermediary or payroll agent
- Be 18 years of age or older
- Must be approved by you, the veteran, and/or consensus from other family members to serve in this role
- Be willing to meet and uphold all of the Veteran Directed Program requirements
- Must sign a designation for authorized representative form
- Must be willing to complete a criminal background if requested
- Must be knowledgeable about your preferences and have ongoing contact with you
- Complete the Veteran Directed Program training

### An Authorized Representative may:

- Review, submit, and approve employee time to ensure accuracy.
- Review, submit, and approve request for vendor time to ensure accuracy, if applicable.
- Obtain confidential information from Acumen Fiscal Agent regarding their person served; including, the authorization, payroll, etc.
- If applicable, perform employer related duties, such as but not limited to: assist in hiring and terminating employees, managing employees, completing forms, and managing the monthly authorization

### An Authorized Representative Cannot:

- Cannot be paid for this service
- Cannot have a history of abuse to drugs or alcohol
- Cannot have any history of physical, mental, or financial abuse

By signing below, I confirm that I have read this "Authorized Representative Form". I also confirm by signing below that I understand what is being required of me and agree to follow its terms and conditions. I am willing to volunteer to serve as the Authorized Representative without payment for the named veteran above.

Authorized Representative 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   | 2.70%         |
| Workers Compensation | 3.96%         |
| <b>Total</b>         | <b>14.91%</b> |

What this means is that for every \$1.00 you pay in wages, you must add approximately 15 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."**

|               |   |                       |   |                                             |
|---------------|---|-----------------------|---|---------------------------------------------|
|               | X | <b>1.1491</b>         | = |                                             |
| Employee Wage |   | Taxes & Workers' Comp |   | Cost to Budget<br>(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 1.1491. You can pay your employee an amount other than ones listed – just multiply the amount you want to pay by **1.1491** (the 16 cents per dollar mentioned above), round up to the nearest penny, and you'll have the estimated Cost to Budget. You may also call Acumen's customer service team, and they will help you calculate your cost.

| Hourly Wage | Cost to Budget |
|-------------|----------------|
| \$7.25      | \$8.33         |
| \$7.50      | \$8.62         |
| \$7.75      | \$8.91         |
| \$8.00      | \$9.19         |
| \$8.25      | \$9.48         |
| \$8.50      | \$9.77         |
| \$8.75      | \$10.05        |
| \$9.00      | \$10.34        |
| \$9.25      | \$10.63        |
| \$9.50      | \$10.92        |
| \$9.75      | \$11.20        |
| \$10.00     | \$11.49        |

| Hourly Wage | Cost to Budget |
|-------------|----------------|
| \$10.25     | \$11.78        |
| \$10.50     | \$12.07        |
| \$10.75     | \$12.35        |
| \$11.00     | \$12.64        |
| \$11.25     | \$12.93        |
| \$11.50     | \$13.21        |
| \$11.75     | \$13.50        |
| \$12.00     | \$13.79        |
| \$12.25     | \$14.08        |
| \$12.50     | \$14.36        |
| \$12.75     | \$14.59        |
| \$13.00     | \$14.94        |

| Hourly Wage | Cost to Budget |
|-------------|----------------|
| \$13.25     | \$15.23        |
| \$13.50     | \$15.51        |
| \$13.75     | \$15.80        |
| \$14.00     | \$16.09        |
| \$14.25     | \$16.37        |
| \$14.50     | \$16.66        |
| \$14.75     | \$16.95        |
| \$15.00     | \$17.24        |
| \$15.25     | \$17.52        |
| \$15.50     | \$17.81        |
| \$15.75     | \$18.10        |
| \$16.00     | \$18.39        |

| Hourly Wage | Cost to Budget |
|-------------|----------------|
| \$16.25     | \$18.67        |
| \$16.50     | \$18.96        |
| \$16.75     | \$19.25        |
| \$17.00     | \$19.53        |
| \$17.25     | \$19.82        |
| \$17.50     | \$20.11        |
| \$17.75     | \$20.40        |
| \$18.00     | \$20.68        |
| \$18.25     | \$20.97        |
| \$18.50     | \$21.26        |
| \$18.75     | \$21.55        |
| \$19.00     | \$21.83        |

| Hourly Wage | Cost to Budget |
|-------------|----------------|
| \$19.25     | \$22.12        |
| \$19.50     | \$22.41        |
| \$19.75     | \$22.70        |
| \$20.00     | \$22.98        |
| \$20.25     | \$23.27        |
| \$20.50     | \$23.56        |
| \$20.75     | \$23.84        |
| \$21.00     | \$24.13        |
| \$21.25     | \$24.42        |
| \$21.50     | \$24.71        |
| \$21.75     | \$24.99        |
| \$22.00     | \$25.28        |



## OH All Programs Payment Schedule Effective July 1, 2025

To ensure that your employees and/or vendors are always paid on time, please approve and submit all time sheets by the due date, even if it falls on a weekend or holiday. These dates are strictly enforced, and time sheets received after that date will be processed in the following payment period.

Be sure to have all hours entered and approved by the “Submissions Due NO Later Than” date. To access the DCI Employer and Employee Portal, go to: <https://acumen.dcisoftware.com/>

If you would like to attend a webinar on how to use either the Mobile App or online Web Time Entry portal, visit [www.acumenfiscalagent.com](http://www.acumenfiscalagent.com) and click on the Events tab. If you have any questions or concerns, contact our Customer Call Center at 866-862-6861.

Contact our Customer Care Center at 666-662-6661.

“MONTH” refers to the month that services were provided.

“Payment Period End Date” is the last day of services in the pay period.

| MONTH     | Payment Period End Date | Submissions Due NO Later Than | Direct Deposit/Check Date |
|-----------|-------------------------|-------------------------------|---------------------------|
| JULY      | 07/15/25                | Sat, 07/19/25                 | Wed, 07/30/25             |
|           | 07/31/25                | Mon, 08/04/25                 | Fri, 08/15/25             |
| AUGUST    | 08/15/25                | Tue, 08/19/25                 | Fri, 08/29/25             |
|           | 08/31/25                | Thu, 09/04/25                 | Mon, 09/15/25             |
| SEPTEMBER | 09/15/25                | Fri, 09/19/25                 | Tue, 09/30/25             |
|           | 09/30/25                | Sat, 10/04/25                 | Wed, 10/15/25             |
| OCTOBER   | 10/15/25                | Sun, 10/19/25                 | Thu, 10/30/25             |
|           | 10/31/25                | Tue, 11/04/25                 | Fri, 11/14/25             |
| NOVEMBER  | 11/15/25                | Wed, 11/19/25                 | Fri, 11/28/25             |
|           | 11/30/25                | Thu, 12/04/25                 | Mon, 12/15/25             |
| DECEMBER  | 12/15/25                | Fri, 12/19/25                 | Tue, 12/30/25             |
|           | 12/31/25                | Sun, 01/04/26                 | Thu, 01/15/26             |
| JANUARY   | 01/15/26                | Mon, 01/19/26                 | Fri, 01/30/26             |
|           | 01/31/26                | Wed, 02/04/26                 | Fri, 02/13/26             |
| FEBRUARY  | 02/15/26                | Thu, 02/19/26                 | Fri, 02/27/26             |
|           | 02/28/26                | Wed, 03/04/26                 | Fri, 03/13/26             |
| MARCH     | 03/15/26                | Thu, 03/19/26                 | Mon, 03/30/26             |
|           | 03/31/26                | Sat, 04/04/26                 | Wed, 04/15/26             |
| APRIL     | 04/15/26                | Sun, 04/19/26                 | Thu, 04/30/26             |
|           | 04/30/26                | Mon, 05/04/26                 | Fri, 05/15/26             |
| MAY       | 05/15/26                | Tue, 05/19/26                 | Fri, 05/29/26             |
|           | 05/31/26                | Thu, 06/04/26                 | Mon, 06/15/26             |
| JUNE      | 06/15/26                | Fri, 06/19/26                 | Tue, 06/30/26             |
|           | 06/30/26                | Sat, 07/04/26                 | Wed, 07/15/26             |

“Direct Deposit/Check Date” shows the date that payment will be issued. For those payees that have selected direct deposit or pay card, this is also the date that funds will be available in their accounts.

“Submissions Due NO Later Than” is the last date that your employee’s time can be approved and your vendor payment requests can be submitted, for the pay period in order to be paid as scheduled.

Please share this schedule with your employees and keep a copy in a safe place for easy reference.

**You may also mail your time sheet to:** Acumen Fiscal Agent  
5416 E. Baseline Rd. Suite 200  
Mesa, AZ 85206



# PLEASE KEEP THIS PAGE FOR ACUMEN TAX DEPARTMENT CONTACT INFORMATION

If you get contacted by or receive a letter from:

- Ohio Department of Job and Family Services (OH JFS)
- Ohio Department of Taxation (OH DOT)
- Internal Revenue Service (IRS)
- Department of the Treasury
- Any Ohio local municipality

Contact Acumen Fiscal Agent LLC right away:

Email:

Tax-OH@Acumen2.net

Fax:

480-371-2241 ATTN: Ohio Tax Department

Mail:

Acumen Fiscal Agent LLC

Attn: Ohio Tax Department

5416 E Baseline Rd STE 200

Mesa, AZ 85206

Phone:

866-862-6861