



Acumen Fiscal Agent
Acumen Fiscal Agent Online Enrollment
Frequently Asked Questions (FAQs):
Employee Enrollment

Below you will find a brief summary and FAQs about each of the forms required in order to establish your selected Self Directed Habilitation Training Specialist as your employee.

Form I-9

The Federal law requires every employer to fill out a *Form I-9* for each employee. The purpose of this form is to document that each new employee (both citizen and noncitizen) hired after November 6, 1986, is authorized to work in the United States.

Q: What do I need to fill out?

A:

- Employee Citizenship status (Section 1)
- Employee Signature and Date (Section 2)
- List A *or* List B and List C (Section 2)
- The employee's hire date in the small field under the "Certification" section (Section 2)
- Print your name as the employer, sign, and date at the bottom of the page.

Q: Do I need to fill out the "Preparer and/or Translator Certification"?

A: If you did not require a translator in order to read this document, then this section does not apply. Leave this section blank.

Q: Do I need to fill out Section 3?

A: Section 3 is not required at this time because you are enrolling your employee for the first time.



You must review your employee's identification documents in order to fill out this form. Read the instructions to know which documents are acceptable forms of identification. You must then make copies of the IDs and send them to Acumen Fiscal Agent with your employee paperwork



Acumen Fiscal Agent

OMB No. 1615-0047; Expires 08/31/12

Form I-9, Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification (To be completed and signed by employee at the time employment begins.)

Print Name - Last THOMAS	First LISA	Middle Initial	Maiden Name
Address (Street Name and Number) 852 MAIN STREET		Apt. #	Date of Birth (month/day/year) 01/04/1972
City PHOENIX	State AZ	Zip Code 85040	Social Security # 000-00-0000

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen of the United States
- A national of the United States (see instructions)
- A lawful permanent resident (Alien #)
- An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - month/day/year)

Employee's Signature	Date (month/day/year)
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Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

Section 2. Employer Review and Verification (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)

List A	OR	List B	AND	OR	List C
Document title: _____		_____			_____
Issuing authority: _____		_____			_____
Document #: _____		_____			_____
Expiration Date (if any): _____		_____			_____
Document #: _____		_____			_____
Expiration Date (if any): _____		_____			_____

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on _____ (month/day/year) and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title DOMESTIC EMPLOYER
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) JOHN SMITH 997 E EUCLID AVE, PHOENIX AZ 85040		Date (month/day/year)

Section 3. Updating and Reverification (To be completed and signed by employer)

A. New Name (if applicable)	B. Date of Return (month/day/year) (if applicable)	
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.		
Document Title: _____	Document #: _____	Expiration Date (if any): _____
I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.		
Signature of Employer or Authorized Representative		Date (month/day/year)



Acumen Fiscal Agent

Section 2. Employer Review and Verification *(To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)*

List A	OR	List B	AND	List C
Document title: _____		Driver's License _____		SSC or Social Security Card _____
Issuing authority: _____		State of Arizona _____		SSA or Social Security Admin _____
Document #: _____		#123456789 _____		000-00-0000 _____
Expiration Date (if any): _____		Exp: 12/31/2013 _____		_____
Document #: _____				
Expiration Date (if any): _____				

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) 11/01/2011 and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative <i>Jane Smith</i>	Print Name Jane Smith	Title Domestic Employer
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) Consumer Name 132 Mesa Drive, Phoenix, AZ 85040		Date (month/day/year) 10/27/11



Acumen Fiscal Agent

Form W-4

Form W-4 is used to identify the correct amount of federal income tax withholding to deduct from the employee's paychecks. The form allows the employee to calculate how many allowances they expect to be eligible for that year. The more allowances claimed, the less income tax is withheld from the paychecks. Employees may want to review their withholding every year especially after finishing their tax return.

Q: What do I need to fill out?

A: The employee needs to complete fields 1-7 and sign and date in order for Acumen Fiscal Agent to accept the form. The signature and date are located at the bottom of the form. If they do not complete all fields, their income tax withholding will be defaulted to "Single" status with "0" allowances which corresponds to the highest amount of income tax withheld from each paycheck.



An employee may not indicate any allowances in Line 5 and also claim "EXEMPT" on Line 7.

Q: How does my employee find out how many allowances they should claim?

A: Use the *Personal Allowances Worksheet* in the middle of form to help calculate this number. The instructions on the top of the form are very useful as well.

Q: How can my employee change their withholding after it has been submitted during their enrollment with Acumen Fiscal Agent?

A: Simply fill out the form and submit it. The changes will go into effect immediately.



Form W-4 (2011)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to indicate it. Your exemption for 2011 expires February 16, 2012. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim an exemption from withholding if your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends).

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 010, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using

Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 010 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1382, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, see Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2011. See Pub. 919, especially if your earnings exceed \$130,000 (single) or \$160,000 (married).

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	_____
B	Enter "1" if: <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	B	_____
C	Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	_____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	_____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	_____
F	Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit	F	_____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$61,000 (\$80,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have six or more eligible children. 	G	_____
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶ H _____ For accuracy, complete all worksheets that apply. <ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. 		

Cut here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4 Department of the Treasury Internal Revenue Service	Employee's Withholding Allowance Certificate Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.	OMB No. 1545-0074 2011
1 Your type of job (your first occupational or trade title). LISA Home address (number and street or rural route) 852 MAIN STREET City or town, state and ZIP code CHARLEVILLE, AZ 85624		2 Your social security number 00000000
3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <small>Note. If married, but legally separated, or spouse is a nonresident alien check the "Single" box.</small>		
4 If your last name differs from that shown on your social security card, check here. You must call 1-800-752-1213 for a replacement card. <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 <u>2</u>
6 Additional amount, if any, you want withheld from each paycheck		6 \$ <u>20.00</u>
7 I claim exemption from withholding for 2011, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here.		
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.)		Date
8 Employer's name and address (Employer. Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)
		10 Employer identification number (EIN)

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Gen. No. 102200

Form W-4 (2011)



Acumen Fiscal Agent

Employee Rate Sheet:

The *Employee Rate Sheet* form is required in order for Acumen Fiscal Agent to know how much you want to pay your employee. The pay rate must match exactly to the authorization Acumen Fiscal Agent has on file issued by Oklahoma Department of Human Services. If the rate indicated on your form does not match the authorization exactly, Acumen Fiscal Agent must reject this rate sheet and request a revised one.

Q: Can I pay my employee any amount that I choose?

A: You must select a pay rate from the *Show Me the Money* chart and get it approved by your Case Manager. This will ensure that the pay rate indicated on the authorization matches the rate you have chosen.

Q: What do I need to fill out?

A: Employer needs to complete the entire form. Please be sure to sign and date at the bottom of the page.



Please be sure to indicate the “Effective Date” which is the date you would expect the employee to receive their first paycheck at this rate.
(Enter the month you want your employee’s rate to start and circle the 1st or 2nd half of the month.)



Acumen Fiscal Agent

OKLAHOMA IN-HOME SUPPORT WAIVER SELF DIRECTED PROGRAM EMPLOYEE RATE SHEET

EMPLOYEE NAME (PRINT) Lisa Thomas	EMPLOYEE ID#
SERVICE RECIPIENT NAME (PRINT) Steven Smith	EFFECTIVE DATE Month Please Circle 1st half or 2nd half

In efforts to ensure proper payment, please provide Acumen with the rate your employee is to be paid for Self-Directed Habilitation Training.

- Please complete this form for each new employee
- Please complete a new form for any employee you wish to have the payroll rate changed
- Rate changes must be received by Acumen 1 week prior to the pay period for which they are to take effect
- The below pay rate match exactly to the authorization issued by Oklahoma Department of Human Services and that Acumen has on file. If this request does not match the authorization exactly, we will reject this rate sheet.
- Remember, OKDHS is unable to pay for HTS services using different rates for the same day of service. If you decide to pay different wages for HTS's, you will need be sure they never work on the same day. OKDHS has no vehicle to pay for the second HTS service on the same day at a different rate. HTS's who make the same wage, may work on the same day.

Please circle

HTS Habilitation Training Services \$ _____ /hr New or Change

Employer Name (please print): John Smith

Employer Signature

Date

FAX (toll free) to: 1-877-364-2837
Or mail to:
Acumen Fiscal Agent
4542 Inverness Ave Suite 210
Mesa, AZ 85206



Oklahoma
IHSW-SD
March 2011



Acumen Fiscal Agent

Pay Selection Agreement:
The *Pay Selection Agreement* tells Acumen Fiscal Agent how the employee prefers to receive their payments.

Q: What do I need to fill out?

A: Employee needs to sign and date this Form.

PAY SELECTION AGREEMENT

**Acumen Fiscal Agent offers two pay receipt options.
You may choose either paycard or personal direct deposit.**

Pay cards are available to every employee and are a convenient way to access your pay and ensure that your pay will be available each payday morning without being at work to pick up a paper check. To take advantage of the safety, dependability and convenience of pay cards, check the paycard option below and sign the authorization statement.

Pay Card Option

_____ I choose to have my pay deposited directly to my **paycard**. My Money Network Visa pay card and information kit will be mailed to my home address. My net pay will be deposited onto the pay card each payday.

Direct Deposit Option

_____ I choose to have my paycheck deposited directly into my **checking/savings** account. I will complete the Authorization for Automatic Deposits and return to payroll along with this Pay Selection Agreement.

I hereby authorize Acumen Fiscal Agent, LLC. (here in after "Company") to deposit any amount owed to me for wages by initiation of credit entries to my account at the financial institution (hereinafter "Bank") handling my choice indicated above. Further, I authorize Bank to accept and credit any credit entries indicated by Company to my account. In the event that Company deposits funds erroneously into my account, I authorize Company to debit my account for an amount not to exceed the original amount of the erroneous credit. This authorization is to remain in full force and effect until Company receives written notice from me of its termination in such time and in such a manner as to afford a reasonable opportunity to act on it.

→ Employee Signature _____ Date _____ ←

Name Lisa Thomas _____

Address 852 Main Street _____

City Phoenix _____ State AZ _____ Zip 85040 _____

Social Security Number 000-00-000 _____

Birth date 01 / 04 / 1972 _____

Home Phone # 602-456-8791 _____ Home Fax # _____

ALWAYS CHECK YOUR PAY STUB OR YOUR ACCOUNT TO VERIFY THAT YOUR DEPOSIT HAS POSTED.

*******For Payroll Use Only*******
Paycard ABA # 084003997 Paycard # _____



Acumen Fiscal Agent

Authorization for Direct Deposit:

The *Authorization for Direct Deposit* form is only required if your employee chooses Direct Deposit as their preferred method of payment.

Q: What do I need to fill out?

A: Employee must provide their banking information in the boxes. They must also print their name, sign, date, and provide their social security number and phone number.

Q: My employee says they only have one bank account, why are there 2 boxes provided?

A: Two boxes are provided so that the employee may request that their paychecks are deposited into two different accounts. The employee must indicate what percentage of the total paycheck they want to be deposited into each account. This is called “partial direct deposit.”

Q: Can anyone access my personal money?

A: No, we do not have access to your personal money or account.



If your employee is doing “partial direct deposit”, make sure that the total of each percentage indicated for each bank account equals 100%



Acumen Fiscal Agent

AUTHORIZATION FOR DIRECT DEPOSIT

Payroll Agent: Acumen Fiscal Agent, LLC
4542 E. Inverness Ave., Suite 210
Mesa, AZ 85206

Phone: 877-364-2835
Fax: 877-364-2837

I hereby authorize Acumen Fiscal Agent, LLC, hereinafter called Company, to initiate credit entries and, if necessary, debit entries for the purpose of correcting an erroneous credit previously initiated to my account indicated below. I further authorize the Financial Institution named below to accept such entries and to credit or debit the amount thereof to such account.

You can have your check deposited into more than one account. Please be sure to indicate the **percentage** of your check you want deposited to each account. Attach a **voided check** for checking account(s) or contact your bank for the routing number on savings accounts. Please note: When depositing to multiple accounts, the percentage total must be 100%. Any changes to your account(s) must be submitted immediately! *When you submit a change, please be aware the next 1-2 paychecks will not be direct deposited to your old account. Paper checks will mailed to your address of record until the new account is authorized.*

<input type="checkbox"/> New Account	<input type="checkbox"/> Change of Account	<input type="checkbox"/> Cancellation
<input type="checkbox"/> checking (attach a voided check) <input type="checkbox"/> savings (Please contact your bank for the routing number. Do not use a deposit slip)		
CHASE BANK		
Financial Institution Name		Branch Name and Phone Number
Address		City State Zip
987456321	78995444111	100
Account Routing Number	Account Number	% of check to be deposited

<input type="checkbox"/> New Account	<input type="checkbox"/> Change of Account	<input type="checkbox"/> Cancellation
<input type="checkbox"/> checking (attach a voided check) <input type="checkbox"/> savings (Please contact your bank for the routing number. Do not use a deposit slip)		
Financial Institution Name		Branch Name and Phone Number
Address		City State Zip
Account Routing Number	Account Number	% of check to be deposited

This authority is to remain in full force and effect until Company and Financial Institution have received written notification from me of its termination in such time and manner as to afford Company and Financial Institution a reasonable opportunity to act upon it.

Print Name	000-00-0000
Signature	Social Security Number
	602-456-8791
Date	Phone Number

Authorization will take effect not less than 10 days after acceptance by Financial Institution.



Oklahoma
IHSW-SD
May 2010



Acumen Fiscal Agent

Employee Information Form:

The purpose of the *Employee Information Form* is to obtain employee's general information and identify if certain tax exemptions are applicable based on the employer/employee relationship.

Q: What do I need to fill out?

A: The employee needs to sign and date this form. The signature and date are located at the bottom of the page.



Employee Information

Name: Lisa Thomas SSN: 000-00-000

Physical Address: 852 Main Street
**Self-Directed Habilitation Training Specialist
Provider Agreement Form:**

Main Office: Phoenix, AZ 85040 The Self-Directed Services Habilitation Training Specialist (SD-HTS) Maricopa
Phone: 602-456-8791 lthomas@hotmail.com
Employer: Human Services, Developmental Disabilities Services Division, and employee.

The relationship between the provider and the employee is as follows: mark
any of the below boxes if the relationship exists.

Is the employee the:

- Parent,
- Spouse, or
- Child, under the age of 21

of the employer? Note: This is the relationship between the employee and the employer, not the employee and the service recipient.

The fine print - under IRS guidelines, Publication 15 (Circular E) Section 3, employees are not subject to Social Security, Medicare and Federal Unemployment Tax (FUTA) if these relationships exist. The exemptions are as follows:

- A. Child employed by parents – Payments for work other than in a trade or business, such as domestic work in the parent’s private home, are not subject to Social Security, Medicare, and FUTA tax until the child reaches age 21. (IRS Pub.15, Section 3, Paragraph 1)
- B. One spouse employed by another – Payments for services of one spouse employed by another in other than a trade or business, such as domestic service in a private home, are not subject to Social Security, Medicare, and FUTA tax. (IRS Pub.15, Section 3, Paragraph 2)
- C. Parent employed by child – Payments for the services of a parent employed by his or her child in other than a trade or business, such as domestic services, are not subject to Social Security, Medicare and FUTA tax. (IRS Pub.15, Section 3, Paragraph 4)

In Oklahoma, services performed by a parent, spouse or child under the age of 21, also do not constitute employment and are exempt from SUTA.

If the employee falls into any of the three categories outlined above, Social Security and Medicare tax will not be withheld from the employee’s checks.

Employee Signature: _____ Date: _____





Acumen Fiscal Agent

Q: What do I need to fill out?

A: The Employer needs to fill out the effective date and termination date on Page 2
The Employer and Employee need to sign and date on the bottom of page 4 in the left corner.
The Case Manager needs to sign and date at the bottom of page 4 in the left corner.



Acumen Fiscal Agent

Page 2

All SD-HTS shall be provided pursuant to the Service Recipient's Individual Plan, Plan of Care and budget.

AGREEMENT PERIOD: This Agreement is effective on _____ and terminates on _____, unless terminated in accordance with the terms and conditions of this Agreement.

Payment does not include room and board or maintenance, upkeep and improvements to the Service Recipient's or family's residence.

Self-Directed Habilitation Training Specialists will be limited to a maximum of 40 hours per week regardless of number of Service Recipients served.

* More than one SD-HTS may provide care to a Service Recipient on the same day. However, payment cannot be made for services provided by two or more SD-HTS to the same Service Recipient during the same hours of a day.

Page 4

As SD-HTS, my signature acknowledges that I have read, understand, and agree to the terms of this Agreement including all of the rights and responsibilities outlined in the Agreement.

In consideration of these promises and representations, and IN WITNESS WHEREOF, the parties have executed this Agreement as of the effective date set forth above.

Self-Directed Habilitation Training Specialist (SD-HTS)

Lisa Thomas
Type or print name

Signature

Date:

Service Recipient/Representative

Steven Smith
Type or print name

Signature

Date:

Representative of OKDHS/DDSD

Type or print name

Signature

Date:





Acumen Fiscal Agent

Certificate of Competency Form:

The *Certificate of Competency* form must be submitted when a friend, neighbor, family member, or other person will be providing the services and has already completed the required trainings and certifications.

Q: What do I need to fill out?

A: The Employer needs to fill in the “Relationship to Service Recipient” field and sign and date in the middle of this form.



Acumen Fiscal Agent



OKLAHOMA DEPARTMENT OF HUMAN SERVICES



In-Home Supports Waiver

Certificate of Competency

Lisa Thomas

Name of habilitation training specialist (HTS)/direct support staff

I want the above named person employed as HTS/direct support staff, and I certify the above named person has demonstrated competency in the care of Steven Smith, prior to employment.

I am assuring the above named person has been trained and demonstrated the skills necessary to meet the service recipient's needs. First aid, cardio-pulmonary resuscitation (CPR), and individual-specific training identified in service recipient's Individual Plan are required. Medication administration training (MAT) is required when staff is responsible for administering medication. Neither OKDHS nor the provider agency will be held liable in the event of harm to Steven Smith while in the care of the above named person attributable to lack of training or for any other reason.

Steven Smith

Print service recipient name or legal guardian name



Signature of service recipient or legal guardian

Date



This certificate is valid for one year, and may be revoked at any time by providing written notice to the Developmental Disabilities Services Division (DDSD) case manager and provider agency.

This certificate is required when a service recipient, legal guardian, or parent(s) of a minor service recipient requests to exempt a proposed HTS/direct support staff from the additional OKDHS DDSD required training, per OAC 240:100-3-38.5, or when the choice is made to self-direct HTS. The proposed support staff must have demonstrated competency in meeting the service recipient's service requirements prior to employment. When the service recipient is an adult without a legal guardian, Form 06IS038E, In-Home Supports Waiver – Family Member's Statement, is required as training requirements are not waived without concurrence of a parent or family member closest to service recipient. **OKDHS may withdraw this exemption from training at any time.**

- Certification is available for service recipients receiving services through In Home Supports Waiver for Children or In Home Supports Waiver for Adults and is valid only for the named service recipient and named HTS/direct support staff.
- The DDSD case manager provides the certificate to the service recipient, legal guardian, or parent(s) of a minor service recipient when the request is made for a friend, neighbor, family member, or other person



Acumen Fiscal Agent

OKLAHOMA IN-HOME SUPPORT WAIVER SELF DIRECTED PROGRAM EMPLOYEE RATE SHEET

EMPLOYEE NAME (PRINT) Lisa Thomas	EMPLOYEE ID#
SERVICE RECIPIENT NAME (PRINT) Steven Smith	EFFECTIVE DATE Month Please Circle 1st half or 2nd half

In efforts to ensure proper payment, please provide Acumen with the rate your employee is to be paid for Self-Directed Habilitation Training.

- Please complete this form for each new employee
- Please complete a new form for any employee you wish to have the payroll rate changed
- Rate changes must be received by Acumen 1 week prior to the pay period for which they are to take effect
- The below pay rate match exactly to the authorization issued by Oklahoma Department of Human Services and that Acumen has on file. If this request does not match the authorization exactly, we will reject this rate sheet.
- Remember, OKDHS is unable to pay for HTS services using different rates for the same day of service. If you decide to pay different wages for HTS's, you will need be sure they never work on the same day. OKDHS has no vehicle to pay for the second HTS service on the same day at a different rate. HTS's who make the same wage, may work on the same day.

Please circle

HTS Habilitation Training Services \$ _____ /hr New or Change

Employer Name (please print): John Smith

Employer Signature

Date

FAX (toll free) to: 1-877-364-2837
Or mail to:
Acumen Fiscal Agent
4542 Inverness Ave Suite 210
Mesa, AZ 85206



Oklahoma
IHSW-SD
March 2011



Acumen Fiscal Agent

OK OSBI Record Check Form:

A background check is required in order for your employee to start working. The *Oklahoma State Bureau of Investigation Form* is required in order for us to run this background check.

Q: What do I need to fill out?

A: On the Requestors Information Box, the employee's signature is needed. In the Subject Information Box, the employee's need to fill in if they had an Alias/Maiden Name(S).

Q: Do I need to complete the "Search Results" box?

A: No, these boxes will be completed once the results of the background check are returned.

Q: Do I need to fill out the "Acceptable Forms of Payment" box?

A: No, please leave this blank. Acumen Fiscal Agent will complete this when we submit the form.



OKLAHOMA STATE BUREAU OF INVESTIGATION

Criminal History Record Information Request
6600 North Harvey Place
Oklahoma City, OK 73116
(405) 848-6724
(405) 879-2503 FAX
http://www.ok.gov/osbi/Criminal_History/

Type Of Search Requested:

Name Based - \$15.00

Sex Offender - \$2.00

Mary Ripley Violent Offender - \$2.00

State Fingerprint-based - \$19.00

*Must provide fingerprint card.
*Includes name based search.

DATE _____

Request Submitted via:

Fax Mail In Person

Requests will be returned in the manner received.

Mail requests should include postage-paid reply envelope.
Fax requests must include payment by credit card and a dedicated Fax Phone Line for return of completed search.

(877) 364-2837

ACCEPTABLE FORMS OF PAYMENT: CASH CASHIER'S CHECK / MONEY ORDER

BUSINESS CHECK No Personal Checks Accepted. CREDIT CARD For Visa, MasterCard and Discover, security code is 3 digits on back of card. For Amex, security code is 4 digits on front. These are the only cards accepted.

CREDIT CARD # _____ EXPIRATION DATE _____ SECURITY CODE _____

CARD HOLDER _____
Please print the name of the individual card holder as it appears on the credit card.

CARD HOLDER SIGNATURE (REQUIRED) _____

REQUESTOR INFORMATION: (Type or print clearly in blue or black ink)

REQUESTOR'S NAME Acumen Fiscal Agent _____
SIGNATURE OF REQUESTING PARTY

STREET ADDRESS 4542 E. Inverness Avenue Suite 210 _____

Mesa AZ 85206
CITY STATE ZIP

PHONE NUMBER (877) 364-2835 E-MAIL ADDRESS enrollment@acumen2.net
Requestors outside of the United States are strongly encouraged to provide an e-mail address for purposes of correspondence.

PURPOSE OF REQUEST _____

SUBJECT INFORMATION: (Type or print clearly in blue or black ink)

Forms with corrections done with white out or by striking through the fields in this section will not be processed.

NAME Thomas Lisa _____
LAST FIRST MIDDLE

ALIAS/MAIDEN NAME(S) _____

DATE OF BIRTH 01/04/1972 (MM/DD/YYYY). If date of birth is unavailable, include exact age of subject.

RACE Hispanic SEX F SOCIAL SECURITY NUMBER 000-00-0000

SEARCH RESULTS (Please do not write in the spaces below):

Oklahoma State Bureau of Investigation Computerized Criminal History	Oklahoma Department of Corrections Sex Offender	Oklahoma Department of Corrections Violent Offender

Unless fingerprint cards are provided, record information is furnished solely on the basis of name or description similarity with the subject of your inquiry.
For questions on the Sex Offender / Violent Offender Registry, please contact the Oklahoma Department of Corrections. OSBI-CRIM00669