

Vendor Welcome Packet

Welcome to the Consumer Choices Option (CCO) program. Veridian Fiscal Solutions (VFS) is a Financial Management Organization that coordinates some of the payment and tax responsibilities for the CCO member and the vendors they choose to hire. The documents included in this packet contain information about the program and the paperwork you must complete. All vendors must complete a background screening prior to receiving payment using program funds.

Our Communication Promise

We are committed to responding to your questions within 48 hours. Our business hours are Monday through Friday, 8am-5pm with the exception of holidays.

- ✓ **Phone:** (866) 226-4692
- ✓ **Email:** ccoowa@veridiancu.org.

Our Contact Information

All paperwork and reimbursement forms can be sent by email to Veridian Fiscal Solutions at ccoowa@veridiancu.org. If email is not an option for you, please submit your documents in one of the following ways:

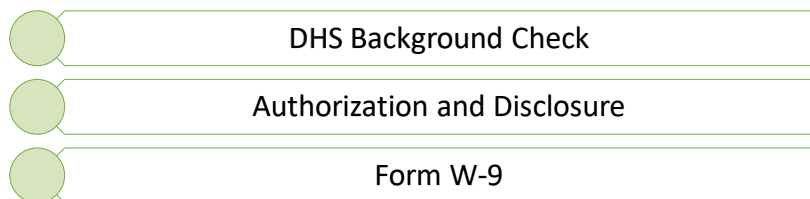
- ✓ **Fax** – (319) 236-6785
- ✓ **Mailing address** – Veridian Fiscal Solutions
P.O. Box 4502
Waterloo, IA 50704

Required Forms

Please make sure you submit the following completed forms.

When completing the forms please remember the following to avoid processing delays.

- ✓ We cannot accept an electronic signature
- ✓ Do not start providing services without approval
- ✓ Make sure all highlighted areas are complete
- ✓ Only use black ink or type on the form
- ✓ Do not use pencil or gel pen



Non-Payroll Reimbursements

A non-payroll reimbursement form is used to pay vendors. This service must be included in the CCO member's service plan and listed as an approved service on the budget. All payment requests must include a detailed invoice or receipt.

Payments

Vendors have the choice to be paid through electronic funds transfer (EFT) or by a paper check. We highly encourage EFT so funds are available to you on the payment date. If you prefer a paper check it will be mailed on the payment date. VFS will not be liable for delays caused by the US Postal Service.

2024 Payment schedule

All time worked and vendor invoices must be submitted no later than the 5th and the 20th of each month. This is to be processed with the 15th and end of the month payroll, respectively. Paper checks will be mailed on the pay date. Direct deposits will be posted to the recipient's account on the pay date. If the 15th or last date of the month falls on a weekend or a federal holiday, payroll will be issued on the prior business day. Veridian is not responsible for U.S. Postal Service delays.

Be sure to submit all payment requests within 30 days from the last day of service. After 30 days, Veridian may no longer have access to the funding for payment.

Overtime:

Under the Fair Labor Standards Act, if an employee works more than 40 hours in the work week (Sunday through Saturday), hours in excess of 40 are considered overtime. Overtime hours are required to be paid at the rate of time and a half the employee's normal rate of pay.

For more information on overtime, please visit the Forms and Resources page on our website.

<https://www.veridianfiscalsolutions.org/cco/forms.aspx>

Time Period	Due to Veridian	Payment Date
January 1-15	01/20/2024	01/31/2024
January 16-31	02/05/2024	02/15/2024
February 1-15	02/20/2024	02/29/2024
February 16-28	03/05/2024	03/15/2024
March 1-15	03/20/2024	03/29/2024
March 16-31	04/05/2024	04/15/2024
April 1-15	04/20/2024	04/30/2024
April 16-30	05/05/2024	05/15/2024
May 1-15	05/20/2024	05/31/2024
May 16-31	06/05/2024	06/14/2024
June 1-15	06/20/2024	06/28/2024
June 16-30	07/05/2024	07/15/2024
July 1-15	07/20/2024	07/31/2024
July 16-31	08/05/2024	08/15/2024
August 1-15	08/20/2024	08/30/2024
August 16-31	09/05/2024	09/13/2024
September 1-15	09/20/2024	09/30/2024
September 16-30	10/05/2024	10/15/2024
October 1-15	10/20/2024	10/31/2024
October 16-31	11/05/2024	11/15/2024
November 1-15	11/20/2024	11/29/2024
November 16-30	12/05/2024	12/13/2024
December 1-15	12/20/2024	12/31/2024
December 16-31	01/05/2025	01/15/2025





Iowa Department of Human Services

Request and Acknowledgement to Conduct Registry and Record Check

I understand and acknowledge that the Iowa Department of Human Services (hereinafter "Department") is required by statute to conduct Child Abuse Registry, Dependent Adult Abuse Registry, Sexual Offender Registry checks and/or DCI/FBI Criminal History Record checks for specific categories of persons who have direct contact with the Department's clients, provide Department approved services for the Department's clients or have access to IRS Federal Tax Information and hereby request the Department conduct such a Registry and/or Record check regarding me.

Nothing within this form shall be construed as a guarantee to have direct contact with the Department's clients or provide Department approved services for the Department's clients.

Sexual Offender Registry

I hereby request and give permission to the Department to conduct a Sexual Offender Registry check. I further give permission to the Department to conduct such a registry check at any time while I have direct contact with the Department's clients or provide Department approved services for the Department's clients.

Signature	Date
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Child Abuse Registry

I hereby request and give permission to the Department to conduct a Child Abuse Registry check. I further give permission to the Department to conduct such a registry check at any time while I have direct contact with the Department's clients or provide Department approved services for the Department's clients.

Signature	Date
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Dependent Adult Abuse Registry

I hereby request and give permission to the Department to conduct a Dependent Adult Abuse Registry check. I further give permission to the Department to conduct such a registry check at any time while I have direct contact with the Department's clients or provide Department approved services for the Department's clients.

Signature	Date
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Criminal History Record

I hereby request and give permission to the Department to conduct a DCI and FBI Criminal History Record check. I further give permission to the Department to conduct such a registry check at any time while I have direct contact with the Department's clients, provide Department approved services for the Department's clients or have access to IRS Federal Tax Information.

Signature	Date
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Information Required for Registry and Record Check (Please type or print legibly.)

Last Name	First Name	Middle Name	Maiden Name (if applicable)
Alias (if applicable)	Alias (if applicable)	Alias (if applicable)	Alias (if applicable)
Date of Birth	Gender	Social Security Number	Reason for Check Select Reason From List
Address			City
State	ZIP	<input type="checkbox"/> This is an initial check. <input type="checkbox"/> This is a renewal or recheck.	

<i>For DHS Employees, Volunteers or Contractors only</i>	
Position	
Central Office	Service Area
CSRU/TCM	Institution

<i>For Child Care Center Employees or Volunteers only</i>
Requestor Name
Mailing Address

Background check information disclosure form

An employee or individual vendor of a Consumer Choices Option (CCO) member must pass a background check before he/she can begin work. Veridian Fiscal Solutions will submit the required forms to complete this check. This information is requested on behalf of the CCO member so Veridian can pay an employee or individual vendor with Medicaid funds. Once Veridian receives the required forms, they will be submitted to run the check. The background check can be run at any time after the forms have been signed.

Information will be taken from the following:

- ✓ The Single Contact Repository which includes:
 - Iowa's Criminal History and Sex Offender Registry (Department of Public Safety, Division of Criminal Investigation)
 - Central Abuse Registry for Child and Dependent Adult Abuse (Department of Human Services)

- ✓ Medicaid Exclusion Checks which may include:
 - Social Security Number verifications, exclusion from federal contracts/subcontracts and non-financial assistance and benefits, exclusion of individuals or entities from participation in Medicare, Medicaid, or Federal Health Care Programs, and other state or federal government exclusion lists as required by regulation.

Veridian may share the information in these reports with the CCO member, his/her Independent Support Broker (ISB), his/her Managed Care Organization and other designated entities.

Veridian may ask the employee or individual vendor to provide additional information if there are findings and will ask for a response by a deadline. If Veridian does not receive the additional information by the date requested, the application to work with the CCO member will be denied.

If there is a finding in the report that would prevent the employee or individual vendor from working with the CCO member, Veridian will send the employee or individual vendor a copy of the report and contact information for the reporting agency. An employee or individual vendor should not start working with the CCO member until he/she has been informed by the CCO member or ISB that he/she has passed the background check.

Background check information disclosure form

Member name: _____

Medicaid number: _____

I have read and understand the Background Check Information Disclosure Form. By signing below, I authorize Veridian Fiscal Solutions and its contractors to obtain the background check information and share the findings with my CCO member, Independent Support Broker, Managed Care Organization and designated entities. I understand that it is my responsibility to notify my CCO member immediately if I am convicted of a crime or become excluded from payment in a Medicaid program. I understand that information contained in the background check may be covered under the Fair Credit Reporting Act (FCRA). I understand that I may request additional information about the nature and scope of any background check report and a summary of my rights under FCRA at any time.

(Please print)

Employee/vendor name: First name

Middle name

Last name

Maiden name/business name or other names used

Street address

City

State

Zip

_____/_____/_____
Date of birth

_____/_____/_____
Social Security number

Employee/vendor signature

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.	See Specific Instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p> <hr/> <p>2 Business name/disregarded entity name, if different from above</p> <hr/> <p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p> <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate </p> <p> <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ </p> <p>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p> <input type="checkbox"/> Other (see instructions) ▶ _____ </p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p style="font-size: small;">(Applies to accounts maintained outside the U.S.)</p>
		<p>5 Address (number, street, and apt. or suite no.) See instructions.</p>	<p>Requester's name and address (optional)</p>
		<p>6 City, state, and ZIP code</p>	
		<p>7 List account number(s) here (optional)</p>	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number								
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Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

Electronic Funds Transfer (EFT) Authorization

Vendor information

Vendor name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone number: _____ Email: _____

CCO member information

CCO member name: _____

Medicaid number: _____

Financial institution information

Financial institution name: _____

Account type: Checking Savings

Please print account and routing numbers clearly and legibly

Account number: _____

Routing number: _____

I hereby authorize Veridian Fiscal Solutions to initiate electronic funds transfers and, if necessary, to direct the financial institution above to initiate debit entries or adjustments to correct any deposit errors to my checking or savings account at the financial institution. I understand this authorization will override any previous authorization and will remain in effect until the date Veridian Fiscal Solutions has received written or electronic notification from me of its termination in such time and in such manner as to afford Veridian Fiscal Solutions and the financial institution named above a reasonable opportunity to act on it. I understand that I must immediately notify Veridian Fiscal Solutions before I close the account listed above while this authorization is in effect.

Signature: _____ Date: _____

Please attach a voided check or deposit slip. With this, we have all the information we need to make a direct deposit into your account.

A pay stub for each payment will be available online. Simply log into your account and click on "Pay Stubs" under the "My Account" tab. If you need a paper copy of a pay stub, please contact us.

Please return this completed form and attachment to Veridian Fiscal Solutions by:

- 1) Email: ccoowa@veridiancu.org
- 2) Fax: 319-236-6785
- 3) Mail: P.O. Box 4502 Waterloo, IA 50704





FACTS WHAT DOES VERIDIAN FISCAL SOLUTIONS DO WITH YOUR PERSONAL INFORMATION?

Why?	Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.
What?	<p>The types of personal information we collect and share depend on the product or service you have with us. This information can include:</p> <ul style="list-style-type: none"> - Social Security number and employment information - Checking and savings account information and transaction history - Account balances and income
How?	All financial companies need to share members' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their members' personal information; the reason Veridian Fiscal Solutions chooses to share; and whether you can limit this sharing.

Reasons we can share your personal information	Does Veridian Fiscal Solutions share?	Can you limit this sharing?
For our everyday business purposes— such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	YES	NO
For our marketing purposes— to offer our products and services to you	YES	NO
For joint marketing with other financial companies	NO	We don't share
For our affiliates' everyday business purposes— information about your transactions and experiences	YES	NO
For our affiliates' everyday business purposes— information about your creditworthiness	NO	We don't share
For our affiliates to market to you	NO	We don't share
For nonaffiliates to market to you	NO	We don't share

Questions?	Call 1-855-828-0755 or go to veridianfiscalsolutions.org
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Who we are	
Who is providing this notice?	Veridian Fiscal Solutions
What we do	
How does Veridian Fiscal Solutions protect my personal information?	To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.
How does Veridian Fiscal Solutions collect my personal information?	<p>We collect your personal information, for example, when you</p> <ul style="list-style-type: none"> ▪ open an account or give us your contact information ▪ show your government-issued ID or tell us where to send the money ▪ provide account information <p>We also collect your personal information from other companies.</p>
Why can't I limit all sharing?	<p>Federal law gives you the right to limit only</p> <ul style="list-style-type: none"> ▪ sharing for affiliates' everyday business purposes—information about your creditworthiness ▪ affiliates from using your information to market to you ▪ sharing for nonaffiliates to market to you <p>State laws and individual companies may give you additional rights to limit sharing.</p>
Definitions	
Affiliates	<p>Companies related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> ▪ <i>Our affiliates include financial companies with a common corporate identity, such as Veridian Credit Union and Veridian Insurance.</i>
Nonaffiliates	<p>Companies not related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> ▪ <i>Veridian Fiscal Solutions does not share with nonaffiliates so they can market to you.</i>
Joint marketing	<p>A formal agreement between nonaffiliated financial companies that together market financial products or services to you.</p> <ul style="list-style-type: none"> ▪ <i>Veridian Fiscal Solutions doesn't jointly market.</i>