agency for persons with disabilities
State of Florida

CDC+ Consumer-Directed Care Plus

EMPLOYEE INFORMATION

Complete and submit this form to APD with employee's IRS Form W-4, DHS Form I-9, and Direct Deposit / rapid! PayCard Visa Payroll Card Request Form

Employer (Participant)'s Name:	
Participant's CDC+ ID Number:	Date:

Required Employee Information (name must be written as it appears on SS card)**:**

Last Name:			First Name:
Phone: ( )			
Address:			
City:	State:	Zip:	SSN:
Email Address:			DOB:

WHO CAN WE CONTACT IF YOUR MAIL IS RETURNED?

Last Name:	First Name:
Phone: ( )	Relationship:

The following information determines whether the CDC+ participant is required to pay the employer portion of employment taxes; and/or the employee is required to pay Social Security and Medicare taxes. All employees are required to pay Federal Income taxes unless claiming EXEMPT on their IRS W-4. All IRS W-4 exemptions must be updated annually.

Employee's relationship to the employer (participant) is as follows. This Employee is (check one):

	The participant's parent or step-parent.
	The participant's child or step-child, and the employee is under age 21.
	The participant's spouse.
	Under age 18 and still in high school (and is NOT the participant's child or step-child).
	None of the above.

Provide the following information, which is required for program reporting (check one).

Employee's Relationship to CDC+ Participant: ☐ None ☐ Parent ☐ Spouse ☐ Child ☐ Sibling ☐ Grandparent ☐ Grandchild (includes step-relationships)

Based on Dept. of Labor guidelines, can the employee claim Live-in Status?	Yes ☐	No ☐

You must verify the status of the employee's background screening. Proof of clear screen must be provided before employee can be enrolled in F/EA and issued a provider number.

1. Employee is a Medicaid-enrolled provider.	Yes ☐	No ☐
2. Employee has a current professional license from FL Dept of Health	Yes ☐	No ☐
3. Employee has been unemployed for 90 days or more	Yes ☐	No ☐
If **No** to 1 & 2 above, a level 2 background screening clearance letter is attached. YES ☐ If **Yes** to 3 above, a level 2 background screening clearance letter is attached. YES ☐		
4. Employee signed an affidavit confirming that the provider has complied with section 402.3057, Florida Statutes Yes ☐ No ☐		

I certify that the above information is true and correct.

Participant/Representative Signature: ______________________ Employee Signature: ______________________