



VENDOR/INDEPENDENT CONTRACTOR INFORMATION FORM

The consumer/representative should complete this form for all business entities that provide services and supports to the consumer under the CDC+ program. Such business entities include independent contractors, for-profit and not-for-profit agencies, and companies that sell supplies. For independent contractors, a completed Form W-9 must also be attached. If any of these business entities choose to have their pay checks direct deposited, a completed APD Direct Deposit (Electronic File Transfer/EFT) Form must be included with the submitted vendor packet, along with a voided check.

Vendor Name: _____

Address: _____

City State Zip _____

Phone Number: _____

Tax ID/FEIN: _____

Specify this vendor's provider type (select one):

- Agency, Organization or Company
- Independent Contractor

If an Independent Contractor, attach a completed IRS Form W-9.

Consumer Name: _____

Consumer ID #: _____ Date: _____