

VENDOR INFORMATION

The participant/representative must 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 other businesses, and retail merchants that sell supplies. For all business entities EXCEPT corporations, a completed IRS Form W-9 must also be attached. If this vendor wishes to have pay checks direct deposited, a completed Direct Deposit (Electronic File Transfer/EFT) Form can be submitted with the vendor packet or can be submitted separately.

Participant Name: _____

Participant ID #: _____ **Date:** _____

Vendor Name:	
Address:	
City State Zip:	
Phone Number:	
Tax ID/FEIN:	

1. Specify this vendor's provider type (select one). If you do not know, ask.

- Agency/Vendor (A/V)
 - Corporation
 - Limited Liability Company *[attach a completed IRS Form W-9]*
 - Partnership *[attach a completed IRS Form W-9]*
- Independent Contractor [sole proprietor, self-employed](IC)
[attach a completed IRS Form W-9]

- 2. Provider's Relationship to CDC+ Participant:**
- None Parent
 Spouse Child Sibling Grandparent Grandchild
 (above includes step-relationships)