

Dear Veteran,

Welcome to Consumer Direct Care Network Colorado (CDCN). CDCN provides financial management services for veterans who direct their in-home care through the Veteran Directed Care (VDC) program. Our goal is to assist you in being a good employer and manager of your VDC services.

This program allows veterans to hire workers to assist them with homemaker, personal care, and other services as identified on a service plan. CDCN assists with hiring workers, paying workers, filing all paperwork with state and federal agencies, and budget oversight.

### **CDCN's Role and Responsibilities in the VDC Program**

The Denver Regional Council of Governments (DRCOG) has contracted with CDCN to serve as the Fiscal Employer Agent for veterans enrolled for VDC services. We are like an accountant. We process payroll, file taxes and bill the authorizing agency for services. CDCN helps you follow program requirements. We also keep veteran records and employee personnel files. CDCN will provide all paperwork to receive our services and to hire and pay workers.

#### CDCN's Financial Management Services:

- Provide all the forms necessary to receive CDCN's financial management services.
- Submit tax forms to state and federal agencies to establish the veteran or their designee as an employer.
- Provide necessary paperwork for the veteran to hire workers.
- Perform background checks on prospective workers.
- Issue pay checks to the veteran's workers every two weeks.
- Withhold and file appropriate state, federal and local taxes for each employee.
- Issue W-2 statements to workers each January.
- Pay vendors for authorized goods and services provided to the veteran.
- Provide budget spending reports.

Reporting of Abuse, Neglect and Exploitation: CDCN is a mandatory reporter of suspected abuse, neglect and exploitation. This means if you tell us of an incident of abuse, we must report it.

Participants, representatives, and family members can also report allegations of abuse, neglect and/or exploitation to their VDC program case manager or the Adult Protective Services intake number for the county department of human services.

Maintaining Confidentiality: CDCN will keep information concerning the veteran confidential in accordance with the Health Insurance Portability and Accountability Act (HIPAA). We are required by law to maintain the privacy of your health information.

## Enrollment Process for CDCN's Services

The veteran with VDC program funding will need to complete all the forms in the CDCN "Participant (Veteran) Enrollment Packet". CDCN will then file the tax forms with federal and state tax agencies establishing the veteran, or their representative, as the owner of a non-income generating business. The veteran or their representative can then hire workers to provide services to the veteran in accordance with the veteran's authorized service plan.

Submitting a Participant Enrollment Packet: A CDCN field representative will normally assist the veteran to complete all the forms in the veteran's home. If a CDCN representative is not available for an in-person meeting, completed enrollment documents must be sent to CDCN. Instructions for completing the forms follows. Forms may be sent via mail, fax or email attachment.

Notification from CDCN to Begin Services: After CDCN has received notice from tax authorities that accounts are established, and we have received an authorization and budget from the agency authorizing services, we will notify the veteran they may begin the process of hiring workers.

## CDCN Contact Information and Hours of Operation

Questions? Please call CDCN. Customer service representative can be reached by phone Monday-Friday from 8:00 a.m. to 5:00 p.m., excluding federal holidays. Please call 1-844-381-4433.

### Mailing Address

7951 East Maplewood, Suite 125  
Greenwood Village, CO 80111

### Phone

Enhanced Customer Service Contact Center.....1-844-381-4433

### Fax

Forms/Timesheet.....1-866-924-9072

### Email

Forms/Enrollment Packets/Timesheets.....CDCOTimesheets@consumerdirectcare.com

### Web

Forms/Trainings/Instructions.....<http://www.ConsumerDirectCO.com>

### Web Portal

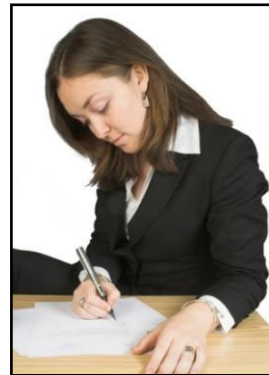
Online time entry.....<https://CDCNPortal.com/>

## Completing the Forms and Submitting the Packet

Normally a CDCN representative will assist you to complete these forms. But if an in-person enrollment is not an option, and you have questions about the forms, please call (1-844-381-4433) or stop by our Greenwood Village office during business hours Monday - Friday, 8:00 am - 5:00 pm.

After completing all of the forms, please submit to your CDCN representative or send via mail, fax or email attachment to:

Consumer Direct Care Network Colorado  
7951 East Maplewood, Suite 125  
Greenwood Village, CO 80111  
Toll Free Fax: 1-866-924-9072  
Email: CDCOTimesheets@ConsumerDirectCare.com



### Instructions for Completing Enrollment Packet Forms

1. **Participant Data Form:** This form is designed to gather basic information about you. This is to set up your file in CDCN's accounting, tax filing and payroll systems. It also gathers information to ensure tax forms are completed correctly, identifies who will hold the Federal Employer Identification Number (FEIN), and if any prior business accounts are established. Please examine this form closely and ensure all information you provide is complete and accurate.

- **Participant (Veteran) Information.** On the top line, enter the veteran's name as recognized in the VDC program.

The physical address information must be the street address where the veteran lives and will be receiving services, including the county. This is considered the business location. This will be the address information provided on all tax and business account applications.

Check Yes or No as to whether the physical address is within city limits.

Continue completing the form by entering other contact information, date of birth, Social Security number, emergency contact information, and so on.

Check Yes or no as to whether the veteran is switching services to CDCN from another fiscal agent. If yes, provide the agent's name.

- **Authorized Representative Information.** Complete if the veteran will be authorizing someone to represent them and serve as the Employer of Record (EOR).

Enter the Authorized Representative's name, date of birth, Social Security number, address and contact information.

- **Prior Employer of Record (EOR).** Check Yes or no as to whether the veteran is switching who will serve as the Employer of Record for program services. If yes, provide the prior EOR's name.
- **New Employer of Record (EOR) Information.** On the top line labeled "Relationship to Participant", check the box that describes who will be the EOR. If the participant (veteran) will be named on tax forms as the EOR, check "Participant (self)". If the veteran's Authorized Representative will become the EOR, check "Authorized Representative". Check "other" and enter a description for anyone else.

Continue completing the name, address, and contact information. **Name must match as shown on Social Security card.**

**Prior Accounts:** Check yes or no as to whether this EOR has any prior business accounts. If so, enter any established account information for FEIN, Business Tax Withholding Account, Unemployment Tax Account, and the employee SUTA rate.

**Guardian:** If a legal guardian will sign tax forms on the EOR's behalf, please check "Yes" where asked and enter their name. This is important because the signature and title lines on the tax forms will then fill with the guardian's name and title. CDCN will also need a copy of the court-appointed guardianship paperwork.

**Business Start Date:** Enter the date all tax forms are signed.

2. **Participant Enrollment Checklist:** A list of all of the forms in this enrollment packet. Check off each item upon completion.

3. **Authorized Representative Designation Form:** Only complete if the veteran receiving services wishes to appoint a trusted individual to manage their services and be the Employer of Record.

Under "Authorized Representative Designation", enter the name of the veteran and name of the representative on the lines provided. The veteran signs and dates to signify their appointment decision.

Under "Authorized Representative Responsibilities and Attestation", enter the name of the representative on the line provided. Authorized representative reads their responsibilities of being a representative. The representative signs and dates the bottom of the form affirming their understanding and acknowledgement of their responsibilities.

4. **Fiscal Employer Agent Service Agreement:** This legal document is an agreement between the veteran and/or their representative and CDCN. It authorizes CDCN to provide financial management services to the veteran. The roles and responsibilities of each party are listed.

On page 1, check the appropriate box for who will enter into the agreement with CDCN. Then on the lines provided, enter the veteran's and/or authorized representative's name(s).

Read the Agreement thoroughly. Ask questions if necessary. All parties sign the last page of the Agreement to show they understand the provisions and agree to abide by the terms.

5. **Monthly Reports Preference Form:** Would you like CDCN to provide you a paper spending report each month through the US Mail or can you access these reports online? Please select one option on the form by marking the appropriate check box. Sign and date the form.

### Employer Tax Forms

The federal and state tax forms below will establish the veteran or their representative as an employer and authorize CDCN to file employee and employer taxes on your behalf. When completing these forms:

- Ensure the person who will be the Employer of Record (FEIN holder) is spelled exactly the same on each form. Use the format First Name, Middle Initial, Last Name. Example: John F Smith.

- Business address is the veteran's residential address where services will be provided.
- Only complete the line numbers described. All others have been pre-filled with CDCN's information, are pre-checked boxes, or are not applicable to Home Care Service Recipients.

6. SS-4 Application for Employer Identification Number: This form tells the IRS that you are going to be an employer and is used to obtain your Federal Employer Identification Number (FEIN). To fill in this form:

**Line 1.** Enter FEIN applicant's full name - First Name, Middle Initial, Last Name. After the name enter "HCSR". Example: John F Smith HCSR

**Lines 5a and b.** Enter physical address where the veteran lives and services will be provided. No PO Box. This is considered the "Business Location".

**Line 6.** Enter County and State of veteran's residence.

**Lines 7a and b.** Enter name and Social Security Number of FEIN applicant. Enter name as shown on Social Security card, even if different than line 1.

**Line 11.** Enter the same date as signature date on bottom of form.

**Line 18.** Check NO if the applicant does not have an FEIN. Check YES, and enter the number if applicant currently holds an FEIN.

**Name and Title.**

- If signed by FEIN applicant, print applicant's name the same as line1. Follow the name with the title of: "Home Care Service Recipient". **Example:** John F Smith Home Care Service Recipient.
- If signed by FEIN applicant's Legal Guardian, enter guardian's name – First, Middle Initial and Last. Enter guardian's title as "HCSR – Guardian". **Example:** Thomas R Jones HCSR Guardian.

**Applicant's telephone number.** Enter telephone number of physical location where services will be provided.

**Signature and Date.** Signature format is First Name, Middle Initial and Last Name. Enter date that you signed the form.

Form <b>SS-4</b> (Rev. December 2019) Department of the Treasury Internal Revenue Service	<b>Application for Employer Identification Number</b> (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) ▶ Go to <a href="http://www.irs.gov/FormSS4">www.irs.gov/FormSS4</a> for instructions and the latest information. ▶ See separate instructions for each line. ▶ Keep a copy for your records.	OMB No. 1545-0003 EIN	
Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested <b>John F Smith HCSR</b>		
	2 Trade name of business (if different from name on line 1)	3 Executor, administrator, trustee, "care of" name	
	4a Mailing address (room, apt., suite no. and street, or P.O. box)	5a Street address (if different) (Don't enter a P.O. box.) <b>123 Main Street</b>	
	4b City, state, and ZIP code (if foreign, see instructions)	5b City, state, and ZIP code (if foreign, see instructions) <b>Denver, CO 80112</b>	
	6 County and state where principal business is located <b>Adams, CO</b>		
	7a Name of responsible party <b>John F Smith</b>	7b SSN, ITIN, or EIN <b>123-45-6789</b>	
	8a Is this application for a limited liability company (LLC) (or a foreign equivalent)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	8b If 8a is "Yes," enter the number of LLC members <input type="checkbox"/> Yes <input type="checkbox"/> No		
	8c If 8a is "Yes," was the LLC organized in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	9a Type of entity (check only one box). <b>Caution:</b> If 8a is "Yes," see the instructions for the correct box to check. <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Sole proprietor (SSN) _____  <input type="checkbox"/> Partnership _____  <input type="checkbox"/> Corporation (enter form number to be filed) ▶ _____  <input type="checkbox"/> Personal service corporation _____  <input type="checkbox"/> Church or church-controlled organization _____  <input type="checkbox"/> Other nonprofit organization (specify) ▶ _____  <input type="checkbox"/> Other (specify) ▶ _____           </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Estate (SSN of decedent) _____  <input type="checkbox"/> Plan administrator (TIN) _____  <input type="checkbox"/> Trust (TIN of grantor) _____  <input type="checkbox"/> Military/National Guard _____  <input type="checkbox"/> Farmers' cooperative _____  <input type="checkbox"/> REMIC _____  <input type="checkbox"/> State/local government _____  <input type="checkbox"/> Federal government _____  <input type="checkbox"/> Indian tribal governments/enterprises _____           </td> </tr> </table>		<input type="checkbox"/> Sole proprietor (SSN) _____ <input type="checkbox"/> Partnership _____ <input type="checkbox"/> Corporation (enter form number to be filed) ▶ _____ <input type="checkbox"/> Personal service corporation _____ <input type="checkbox"/> Church or church-controlled organization _____ <input type="checkbox"/> Other nonprofit organization (specify) ▶ _____ <input type="checkbox"/> Other (specify) ▶ _____
<input type="checkbox"/> Sole proprietor (SSN) _____ <input type="checkbox"/> Partnership _____ <input type="checkbox"/> Corporation (enter form number to be filed) ▶ _____ <input type="checkbox"/> Personal service corporation _____ <input type="checkbox"/> Church or church-controlled organization _____ <input type="checkbox"/> Other nonprofit organization (specify) ▶ _____ <input type="checkbox"/> Other (specify) ▶ _____	<input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator (TIN) _____ <input type="checkbox"/> Trust (TIN of grantor) _____ <input type="checkbox"/> Military/National Guard _____ <input type="checkbox"/> Farmers' cooperative _____ <input type="checkbox"/> REMIC _____ <input type="checkbox"/> State/local government _____ <input type="checkbox"/> Federal government _____ <input type="checkbox"/> Indian tribal governments/enterprises _____		
9b If a corporation, name the state or foreign country (if applicable) where incorporated State _____ Foreign country _____			
10 Reason for applying (check only one box) <input type="checkbox"/> Started new business (specify type) ▶ _____ <input type="checkbox"/> Banking purpose (specify purpose) ▶ _____ <input type="checkbox"/> Changed type of organization (specify new type) ▶ _____ <input type="checkbox"/> Purchased going business _____ <input type="checkbox"/> Hired employees (Check the box and see line 13.) <input type="checkbox"/> Created a trust (specify type) ▶ _____ <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Created a pension plan (specify type) ▶ _____ <input type="checkbox"/> Other (specify) ▶ _____			
11 Date business started or acquired (month, day, year). See instructions. <b>12/11/2020</b>			
12 Closing month of accounting year 14 If you expect your employment tax liability to be \$1,000 or more, enter the month and year of the first payment of tax.			
18 Has the applicant entity shown on line 1 ever applied for and received an EIN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," write previous EIN here ▶			
Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.		
	Designee's name	Designee's telephone number (include area code) <b>406-532-1900</b>	
	Address and ZIP code <b>100 Consumer Direct Way, Suite 304, Missoula, MT 59808</b>	Designee's fax number (include area code) <b>406-532-8588</b>	
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.		Applicant's telephone number (include area code) <b>555-555-5555</b>	
Name and title (type or print clearly) ▶ <b>John F Smith</b> <b>Home Care Service Recipient</b>		Applicant's fax number (include area code)	
Signature ▶ <b>John F Smith</b>		Date ▶ <b>08/24/2022</b>	

7. **2678 Employer/Payer Appointment of Agent:** With this form you appoint CDCN as your Fiscal Vendor Agent to file federal payroll tax reports on your behalf. Much of this form will be pre-populated with CDCN's contact information because we will be serving as your agent. Complete the following lines:

**Line 1.** If you have an EIN existing Federal Employer Identification Number, enter it on line 1 of form 2678. If not leave line 1 blank.

**Line 2.** Enter FEIN holder's full name - First Name, Middle Initial, Last Name. Following the name, enter "HCSR".


**Sign your name here.** The FEIN holder or their legal guardian signs the form. Signature must include First Name, Middle Initial and Last Name.

**Print your name here.** Print name of person signing the form - the FEIN holder or their legal guardian - First Name, Middle Initial and Last Name.

**Print your title here.** Enter title as "HCSR - Household Employer" if FEIN holder signs; enter "HCSR - Guardian" if FEIN holder's legal guardian signs.

**Best daytime phone.** Enter telephone number where services will be provided.

**Date.** Enter date of signature.

Part 2: Employer or Payer Information: Complete this part if you want to appoint an agent or revoke an appointment.																					
1	Employer identification number (EIN)	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																			
2	Employer's or payer's name (not your trade name)	<input type="text" value="John F Smith HCSR"/>																			
3	Trade name (if any)	<input type="text"/>																			
4	Address	<table border="1"> <tr> <td colspan="2">100 Consumer Direct Way</td> <td>Suite 303-CO</td> </tr> <tr> <td>Number</td> <td>Street</td> <td>Suite or room number</td> </tr> <tr> <td>Missoula</td> <td>MT</td> <td>59808</td> </tr> <tr> <td>City</td> <td>State</td> <td>ZIP code</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Foreign country name</td> <td>Foreign province/county</td> <td>Foreign postal code</td> </tr> </table>		100 Consumer Direct Way		Suite 303-CO	Number	Street	Suite or room number	Missoula	MT	59808	City	State	ZIP code	<input type="text"/>	<input type="text"/>	<input type="text"/>	Foreign country name	Foreign province/county	Foreign postal code
100 Consumer Direct Way		Suite 303-CO																			
Number	Street	Suite or room number																			
Missoula	MT	59808																			
City	State	ZIP code																			
<input type="text"/>	<input type="text"/>	<input type="text"/>																			
Foreign country name	Foreign province/county	Foreign postal code																			
5	Forms for which you want to appoint an agent or revoke the agent's appointment to file. (Check all that apply.)	For ALL employees/ payees/payments	For SOME employees/ payees/payments																		
	Form 940, 940-PR (Employer's Annual Federal Unemployment (FUTA) Tax Return)*	<input checked="" type="checkbox"/>	<input type="checkbox"/>																		
	Form 941, 941-PR, 941-SS (Employer's QUARTERLY Federal Tax Return)	<input checked="" type="checkbox"/>	<input type="checkbox"/>																		
	Form 943, 943-PR (Employer's Annual Federal Tax Return for Agricultural Employees)	<input type="checkbox"/>	<input type="checkbox"/>																		
	Form 944, 944(SP) (Employer's ANNUAL Federal Tax Return)	<input type="checkbox"/>	<input type="checkbox"/>																		
	Form 945 (Annual Return of Withheld Federal Income Tax)	<input type="checkbox"/>	<input type="checkbox"/>																		
	Form CT-1 (Employer's Annual Railroad Retirement Tax Return)	<input type="checkbox"/>	<input type="checkbox"/>																		
	Form CT-2 (Employee Representative's Quarterly Railroad Tax Return)	<input type="checkbox"/>	<input type="checkbox"/>																		
<p>*Generally you cannot appoint an agent to report, deposit, and pay tax reported on Form 940, Employer's Annual Federal Unemployment (FUTA) Tax Return, unless you are a home care service recipient.</p> <p><input checked="" type="checkbox"/> Check here if you are a home care service recipient, and you want to appoint the agent to report, deposit, and pay FUTA tax for you. See the instructions.</p> <p>I am authorizing the IRS to disclose otherwise confidential tax information to the agent relating to the authority granted under this appointment, including disclosures required to process Form 2678. The agent may contract with a third party, such as a reporting agent or certified public accountant, to prepare or file the returns covered by this appointment, or to make any required deposits and payments. Such contract may authorize the IRS to disclose confidential tax information of the employer/payer and agent to such third party. If a third party fails to file the returns or make the deposits and payments, the agent and employer/payer remain liable.</p>																					
 <b>Sign your name here</b>	<input type="text" value="John F Smith"/>	Print your name here <input type="text" value="John F Smith"/>																			
	<input type="text"/>	Print your title here <input type="text" value="HCSR - Household Employer"/>																			
	Date <input type="text" value="08 / 24 /2022"/>	Best daytime phone <input type="text" value="555-555-5555"/>																			
Now give this form to the agent to complete. ➡																					

8. CR 0100 Colorado Sales Tax and Withholding Account Application: With this form you register your business in the state of Colorado and set up a withholding account with the Colorado Department of Revenue. Only complete the sections described below.

**Page 1. Section A, Reason for Filing This Application.**

**Line 1.** If not prechecked, check Original Application for a New Business box.

**Line 2.** If not prechecked, check the Individual/Sole Proprietor box.

<b>A</b>	<b>1. Reason for Filing This Application</b>	
	<input checked="" type="checkbox"/> Original Application for a New Business	<input type="checkbox"/> Change in Managing Partners, Members, or Officer of an Existing Business
	<input type="checkbox"/> Add a New Physical Location to an Existing Account	<input type="checkbox"/> Change of Ownership for an Existing Business
Enter the existing Colorado Account Number		Complete line 9 to report existing business sold to a new owner or change in entity structure of an existing business
<b>2. Indicate Type of Organization. If you are not an individual, you must have a FEIN number.</b>		
<input checked="" type="checkbox"/> Individual/Sole Proprietor <input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> Corporation/S Corp <input type="checkbox"/> Government		
<input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Liability Partnership (LLP) <input type="checkbox"/> Association <input type="checkbox"/> Joint Venture		
<input type="checkbox"/> Limited Partnership <input type="checkbox"/> Limited Liability Limited Partnership (LLLLP) <input type="checkbox"/> Estate/Trust <input type="checkbox"/> Nonprofit (Charitable)		

**Page 1. Section B, Business Information.**

**Line 1a.** Enter the FEIN holder's last name and first name.

**Line 1b.** Check the SSN box and enter the FEIN holder's Social Security Number.

**Line 2a.** Enter FEIN holder's full name - First Name, Middle Initial, Last Name.

**Line 2b.** Leave blank or enter N/A.

**Line 2c.** If you have an existing Federal Employer Identification Number enter it. If not, leave blank and CDCN will fill.

**Line 3.** Check one box for type of Proof of Identification and enter the document number.

<b>B</b>	<b>Business Information</b>		
	<b>1a. Last Name (If registering as TIN)</b>		<b>1b. First Name</b>
	Smith		John
	Check the applicable box and write your SSN or ITIN in box 1b		<b>1b. TIN (Required)</b>
	<input checked="" type="checkbox"/> SSN <input type="checkbox"/> ITIN		123-45-6789
<b>2a. Business Name (If registering as FEIN)</b>		<b>2b. Trade Name / DBA (If applicable)</b>	<b>2c. FEIN (Required)</b>
John F Smith			
<b>3. Proof of Identification</b>			
<input checked="" type="checkbox"/> State DL/ID     DF109J78H22J66 <input type="checkbox"/> Passport <input type="checkbox"/> Other			



**Line 4a.** Enter the Street, City, State and Zip Code of veteran's residence.

**Line 4b.** Enter the County of veteran's residence.

**Line 5.** Enter the veteran's phone number.

**Line 6.** Prefilled with CDCN's tax dept email address.

**Lines 7a-7c.** Leave blank. This is prefilled with CDCN's mailing address.

Principal Place of Business (Do not use PO Box)			
● 4a. Principal Address	● City	● State	● ZIP
123 Main Street	Denver	CO	80112
● 4b. County	● 5. Phone Number	● 6. Email Address	
Adams	555-555-5555	taxdept@consumerdirectcare.com	
Email Opt In For			
<input type="checkbox"/> Return Filing	<input checked="" type="checkbox"/> Tax Updates	<input type="checkbox"/> Revenue Online Instructions	<input checked="" type="checkbox"/> Tax Rate Changes (2x/Year)
<input type="checkbox"/> Marketplace Information			

## Page 2. Section B, Owners/Partners/Member/Officers.

**Line 8a.** Enter the FEIN holder's Last Name and First Name in the spaces provided. For Job Title, enter "Household Employer" if not prefilled.

**Line 8b.** Enter the FEIN holder's Social Security Number.

**Line 8c.** Enter the FEIN holder's phone number.

**Line 8d.** Enter the Street, City, State and Zip Code of veteran's residence.

Owners/Partners/Members/Officers (all fields below are required)			
8a. Last Name	First Name	Job Title	
Smith	John	Household Employer	
8b. SSN	8c. Phone Number	Is this person responsible for tax compliance? (Required)	
123-45-6789	555-555-5555	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8d. Home Address	City	State	ZIP
123 Main Street	Denver	CO	80112

## Pages 2 and 3. Sections C, D and E.

Leave blank. These sections will be prefilled by CDCN.

## Page 3. Section F. Signatures

The FEIN holder or their guardian must sign, date and enter their title. If FEIN holder signs, title is "Household Employer". If guardian signs, title is "Guardian".

F	I declare under penalty of perjury in the second degree that the statements made in this application are true and complete to the best of my knowledge.		
	Signature of Owner, Partner, Member, or Officer (Required)	Job Title	Date (MM/DD/YYYY)
	John F Smith	Household Employer	08 / 24 / 2022

9. DR 0145 Colorado Tax Information Authorization or Power of Attorney: With this form you authorize CDCN to act as your representative regarding payroll taxes with the Colorado Department of Revenue. When completing this form:

**Line 1. Taxpayer Information.** Enter the FEIN holder's Last Name and First Name, separated by a comma. Then enter the Phone Number and Mailing Address for the veteran.

**Line 2. Acts Authorized.** Check box "b", Power of Attorney.

<b>1. Taxpayer Information.</b>			
Taxpayer Name (Last, First or Entity), required*		Tax ID Number, required*	Phone Number
Smith, John			555-555-5555
Spouse Name (Last, First), if applicable		Tax ID Number, if applicable	Phone Number
Current Mailing Address (if new, mark here: <input type="checkbox"/> )		City	State ZIP Code
123 Main Street		Denver	CO 80112
<b>2. Acts Authorized.</b> Mark either a) or b), required*			
<input type="checkbox"/> a) <b>TAX INFORMATION AUTHORIZATION.</b> For the tax matters authorized on line 4, I/we hereby appoint the person(s) authorized on line 3 as designee(s) to receive and inspect the taxpayer's confidential tax information from the Colorado Department of Revenue. An individual contact name must be entered on line 3. If a firm or organization is listed on line 3, this authorization will apply to all of its employees, unless this box is marked: <input type="checkbox"/> I am appointing only the individual(s) listed on line 3.			
OR			
<input checked="" type="checkbox"/> b) <b>POWER OF ATTORNEY.</b> For the tax matters authorized on line 4, I/we hereby appoint the person(s) authorized on line 3 as attorney(s)-in-fact to represent the taxpayer before the Colorado Department of Revenue. The individual(s) listed on line 3 may receive and inspect the taxpayer's confidential tax information and may perform the acts that the taxpayer may perform—to include signing returns, other forms, agreements, consents, or similar documents—but to exclude endorsing or otherwise negotiating any check issued by the Department, and substituting or adding another representative.			

**Line 3. Person(s) Authorized.** Leave blank. This is prefilled with CDCN information.

**Line 4. Tax Matters Authorized.** If not prefilled, enter "Withholding Tax" for Specific Tax or Account Type.

<b>4. Tax Matters Authorized.</b> This form is effective for all tax periods and all tax and account types within the scope of section 39-21-102, C.R.S., as in effect on the date of the signature(s) below, unless a specific tax period(s) and/or tax or account type(s) is entered here:			
Specific Tax Period (MM/YY – MM/YY)	Specific Tax or Account Type	Specific Tax Period (MM/YY – MM/YY)	Specific Tax or Account Type
	Withholding Tax		

**Line 7. Taxpayer Signatures.** The FEIN holder or their guardian must sign, date and enter their title. If FEIN holder signs, title is "Household Employer". If guardian signs, title is "Guardian".

<b>7. Taxpayer Signature.</b> If I sign this form as a corporate officer, partner, guardian, executor, receiver, estate administrator, trustee, or other agent or employee, I affirm under penalty of perjury that I have the legal authority to execute this form on behalf of the taxpayer.		
Signatory Name (Last, First), if applicable	Taxpayer Signature, required*	Date (MM/DD/YY), required*
John Smith	John F Smith	08 / 24 / 2022
Title or Relationship to Taxpayer, if applicable	Spouse Signature, if applicable	Date (MM/DD/YY), if applicable
Household Employer		

10. UITL-100 Application for Unemployment Insurance Account and Determination of Employer Liability: This form notifies the Colorado Department of Labor and Employment that you have employees and that CDCN will be filing and depositing your Colorado unemployment taxes on your behalf. Only complete the following sections:

**Page 1. Line 1. First Date of Payroll.** Enter the same date as signature date on bottom of form.

1. First Date of Payroll in Colorado (Do not provide a future date. If the first date of payroll in Colorado has not occurred, do not complete this application.)
08 / 24 / 2022

## Page 1. Section 4. Basic Information.

**Legal Business Name.** Enter FEIN holder's full name - First Name, Middle Initial, Last Name.

**Street Address of Principal Business in Colorado.** Enter the Street, City, State and Zip Code of veteran's residence.

**Telephone Number.** Enter phone number of Participant's residence.

**Cellular Telephone Number.** Enter cell phone number of FEIN holder.

**Legal Name of Owner, Partner, or Corporate Officer.** Enter FEIN holder's full name - First Name, Middle Initial, Last Name same as Legal Business name above.

**Title.** This will be pre-populated and is always "Household Employer".

**Social Security Number.** Enter the FEIN holder's Social Security Number.

**Telephone Number.** Enter phone number of veteran's residence.

**Complete Address of Owner, Partner, or Corporate Officer.** Enter the Street, City, State and Zip Code of veteran's residence.

**Cellular Telephone Number.** Enter cell phone number of FEIN holder.

4. Basic Information—Provide the requested employer, address, and contact information.			
Legal Business Name (Enter the actual name of the business registered with the Secretary of State, including suffixes such as Inc or LLC, if applicable)			
John F Smith			
Trade Name/Doing-Business-As Name (if applicable)		Federal Employer Identification Number (required)	
N/A			
Street Address of Principal Place of Business in Colorado (provide a residence address only if it is the only Colorado address; include city, state, and ZIP code)			
123 Main Street, Denver CO 80112			
Telephone Number	Cellular Telephone Number	E-mail Address	Web-site Address
555 555-5555	555 555-5556	N/A	N/A
Mailing Address if Different From Above (include city, state, and ZIP code, and in-care-of name, if applicable)			Telephone Number
c/o Consumer Direct, 100 Consumer Direct Way Ste 303, Missoula, MT 59808			406-532-1900
Legal Name of Owner, Partner, or Corporate Officer	Title	Social Security Number	Telephone Number
John F Smith	Household Employer	123-45-6789	555 555-5555
Complete Address of Owner, Partner, or Corporate Officer (Residence or P.O. Box, include city, state, and ZIP code)			Cellular Telephone Number
123 Main Street, Denver CO 80112			555 555-5556
Legal Name of Owner, Partner, or Corporate Officer	Title	Social Security Number	Telephone Number
N/A	N/A	N/A	N/A
Complete Address of Owner, Partner, or Corporate Officer (Residence or P.O. Box, include city, state, and ZIP code)			Cellular Telephone Number
N/A			N/A
Attach additional sheets of paper if there are additional owners, partners, or corporate officers.			

## Page 2. Section 13.

**Complete Physical Street Address of Worksite.** Enter the veteran's physical address.

**Worksite Telephone Number.** Enter phone number of veteran's residence.

**Worksite Contact Person.** Enter the FEIN holder's Name: First, MI, Last.

13. Worksite Information—Provide the following information for each physical location in Colorado. Do not provide P.O. boxes, payroll, or accountant addresses. If an employee works from his or her home, you must provide the employee's residence address. Attach additional sheets of paper for more than one physical location in Colorado.		
Complete Physical Street Address of Worksite (include city, state, and ZIP code)		
123 Main Street, Denver CO 80112		
Worksite Telephone Number	Worksite Contact Person	Average Number of Employees in a Typical Month
555 555-5555	John F Smith	2

## Page 3. Household/Domestic-Services Employer Section.

**Date on which you paid one or more workers \$1,000 in gross wages...** Enter the same date as signature date on bottom of form.

<b>Household/Domestic-Services Employer</b> (as defined in CESA 8-70-121)	
<input checked="" type="checkbox"/> Paid one or more workers performing domestic services in a private home, local college club, or local chapter of a fraternity or sorority a total of \$1,000 in gross wages during any calendar quarter in the current or preceding calendar year	
Date on which you paid one or more workers \$1,000 in gross wages during a calendar quarter to meet this requirement	<b>08 / 24 / 2022</b>

## Page 4. Signature section at bottom of page.

**Name of Company Officer.** If FEIN holder signs, print their name; If guardian signs for the applicant, print their name.

**Title.** If FEIN holder signs, title is "Household Employer". If guardian signs, title is "Guardian".

**Telephone Number.** Enter phone number of veteran's residence.

**Signature of Company Officer.** The FEIN holder or their guardian signs.

**Date.** Enter date of signature.

I certify under penalty of perjury that the above information is true, accurate, and complete to the best of my knowledge. I understand that there are severe penalties for providing false statements and willfully misrepresenting information in order to reduce UI rates.			
Name of Company Officer (please print)		Title	
<b>John F Smith</b>		<b>Household Employer</b>	
Telephone Number	Alternate Telephone Number	E-mail Address	
<b>555 555-5555</b>	<b>N/A</b>	<b>N/A</b>	
Signature of Company Officer		Date	
<i>John F Smith</i>		<b>08 / 24 / 2022</b>	

11. **UUTL-18 Power of Attorney:** With this form you give CDCN permission to communicate with the Colorado Department of Labor and Employment on your behalf and to file reports regarding unemployment insurance. Complete only three sections of this form as follows:

**Employer Information (top of form).** Enter the FEIN holder's name (First, MI, Last) and address information in the boxes provide.

**Acceptance of New Power of Attorney. Effective Date of Acceptance.** Enter the same date as signature date on bottom of form.

POWER OF ATTORNEY			
Please print the information below. Instructions for completing this form are provided on the reverse.			
<b>Employer Information</b>			
Employer Name	Trade Name	Employer Account Number (Required)	
<b>John F Smith</b>	<b>N/A</b>		
Business Location Address Only (No P.O. Box Number)	City	State	ZIP Code
<b>123 Main Street</b>	<b>Denver</b>	<b>CO</b>	<b>80112</b>
<b>Acceptance of New Power of Attorney</b>			
Effective Date of Acceptance <b>08 / 24 / 2022</b>			
Your acceptance of a new power of attorney supersedes any existing power of attorney previously approved by the Unemployment Insurance (UI) Division.			
Power of Attorney Complete Name and Address (No Abbreviations)		Telephone Number	
Consumer Direct Care Network Colorado - Consumer Direct for Colorado as Fiscal Agent		<b>406-532-1900</b>	
100 Consumer Direct Way, Suite 304		Email Address	
Missoula, MT 59808		<b>taxdept@consumerdirectcare.com</b>	

**Print Name of Employer Official.** Print name of person signing the form - the FEIN holder or their legal guardian - First Name, Middle Initial and Last Name.

**Signature of Employer Official.** The FEIN holder or their legal guardian signs the form. Signature must include First Name, Middle Initial and Last Name.

**Title.** If FEIN holder signs, title is “Household Employer”. If guardian signs, title is “Guardian”.

**Date.** Enter date of signature.

<b>Employer Approval</b>		
I hereby grant permission to the above-named entity or individual to act on my behalf for the purpose stated on this document.		
Print Name of the Employer Official (Required) <b>John F Smith</b>		Title <b>Household Employer</b>
Signature of Employer Official (Required) <i>John F Smith</i>		*Date <b>08 / 24 / 2022</b>
<input checked="" type="checkbox"/> SIDES (To add employer account information to SIDES), or go to: <a href="http://info.uisides.org">http://info.uisides.org</a>		
* Additional input must be received within 6-months from the date in the Employer Approval section.		
Office Use Only Power of attorney is approved and input into the UI system.	Date	Q-Identification Number

## Hiring Employees

**Screening Prospective Employees:** Information on recruiting, interviewing and screening prospective employees is provided in your VDC program guidebook provided by your case manager.

**Employee Enrollment Packet:** When you have identified a worker you wish to hire, contact CDCN to request an “Employee Enrollment Packet”. Prospective employees must complete all the forms in the packet, and all completed forms must be approved by CDCN prior to beginning work.

**Background Checks:** CDCN must run a background check on each prospective worker. Information provided on the “Employee Data Form” is sufficient to run a background check through the Colorado Bureau of Investigation. CDCN will provide background check results to your DRCOG case manager who will determine if there are any disqualifying offenses.

**Okay to Work Authorization:** After all employee new hire forms are received and approved by CDCN, and DRCOG has approved your prospective employee’s background check, CDCN will provide written notice regarding exact hire date through an “Okay to Work” authorization letter. New employees must not begin work prior to receiving written notice from CDCN. If the veteran allows a new hire to begin work prior to receiving notice of an authorized start date, they are responsible for direct payment to the worker.



## Managing Employees

As an employer, you are responsible for supervising and scheduling your employees. There are specific topics you will want to discuss with each employee, such as:

**Job Duties:** It is a good idea to have a Job Description and to review it with new employees on day one. An example Job Description is provided in your VD-HCBS program Guidebook. Discuss duties in detail and give the employee an opportunity to ask questions.

**Work Schedule:**

- Define a regular work schedule and write it on a calendar
- Employee will report to work on time and be ready to begin at the scheduled time.
- Employee will call employer in advance or as soon as is possible if they are unable to make it to work or will be late.
- If the employee wants time off, they should ask at least two weeks prior to the date(s) needed.

**Record Keeping:** Employer and employee will maintain and submit timesheets according to the payroll schedule.

**Confidentiality:** Employee will not share any information learned about the veteran with any person or agency without the veteran/employer's expressed written consent. This includes but is not limited to medical history and condition, personal preferences, personal care needs, family information, personal finances and appointments.

## Resignation or Dismissal of an Employee

Employees may choose to end their employment with the veteran/employer, or vice versa. Whether the employee quits or is terminated, the final check will be paid on the next scheduled payday (as long as their timesheet is submitted on time). To terminate employment, a final time sheet must be submitted within one (1) business day of the last date of employment to CDCN so that the employee receives payment promptly. A Status Change Form, indicating an effective date, is also required. A Status Change Form is provided with supplemental materials and can be located on the CDCN website.

## Paying Employees

CDCN pays the veteran's employees on a bi-weekly basis after processing paper or online timesheets. Payment is made through direct deposit to a bank account or pay card. The employee selects their preferred pay option with a "Pay Selection Form" submitted with enrollment materials. CDCN will deduct taxes, and if applicable, other withholdings such as garnishments. Payroll stubs and W-2s are sent by first class mail to the employees address on file or electronically.



**Payroll Calendar:** The CDCN payroll calendar shows (1) each two-week payroll period, (2) when timesheets are due, and (3) pay dates. Time is due every Monday by noon. Pay days are every other Tuesday. The calendar is provided to the employee and employer with enrollment materials. It is also available on the CDCN Colorado website.

**Time Submittal Procedures:** The CDCN web portal (CDCNPortal.com) is an efficient and preferred manner to submit employee time worked. Both the veteran/employer and the employee must register on the portal to create a username and password. Thereafter the employee must enter their time and the veteran/employer must approve it. Please refer to the CDCN web portal instructions document included as an attachment for specific instructions.

Paper timesheets are an alternative for those who may not have access to a computer, tablet or smartphone to use the web portal. Paper timesheets may be faxed or emailed to our office for processing and payment. Please refer to the Timesheet Instructions document included as an attachment for specific instructions regarding correct and complete timesheet entries. Again, employee time is due once a week no later than Monday at noon.

### Employee Injury Reporting

CDCN holds the Workers' Compensation policy and must be informed of any injury in the workplace. Please follow these steps:

**1. Get medical help if needed.**

- If the injury is serious and life-threatening, someone should call 911.
- If the injury needs medical treatment (but is not life-threatening), the employee should go to an urgent-care clinic or doctor's office. If the employee cannot get to a clinic or a doctor's office, go to the emergency room.

**2. Call the CDCN Injury Hotline to report the injury/illness immediately. The employee must call as soon as the injury or illness happens, even if it does not seem serious.**

- The Injury Hotline number is **1-888-541-1701**.
- Injuries can be reported 24-hours a day, 7-days a week.

**3. Employee should tell the veteran/employer of the injury or illness before leaving work.**

In addition, the employee must report injuries that occur away from the work place to the Injury Hotline. This is for the employee's safety. CDCN wants to make sure that the injury will not worsen by working. If an injury occurs away from work, please call the Hotline.

### Paying Vendors for Goods and Services

The veteran may need to acquire a completed W9 from the Vendor in certain situations. The veteran may also need to complete a Vendor Payment Reimbursement form. CDCN will notify and send copies of the W9 and Vendor Payment Reimbursement form to the veteran if these forms are required. The forms are also available on the CDCN website.

When submitting the Vendor Payment Reimbursement form to CDCN, include the invoice or receipt for the service or goods purchased. CDCN will review all claims for payment to ensure they are within the limits of the veterans authorized budget.

### Monitoring Spending

VDC program veterans are provided access to online spending summaries so they can monitor how much money they have spent and how much remains of their budgeted allocation.

Please see the included Web Portal Registration Instructions and Spending Summary Explanation Sheet for additional information.

### Providing Feedback/Complaint Procedures

CDCN is **always** interested in receiving feedback from you. Your feedback helps us improve our services. We want to hear about what worked well for you (compliments or comments), ideas you have for doing things better and any concerns you have with CDCN services. To give us feedback you can:



- Call the Customer Service Center. Staff will listen to your feedback and respond to it. We appreciate hearing about what is working well for you, because we want to keep doing these things! We also want to hear your ideas about how to improve things, because this will make our services better.
- Fill out a [Feedback Form](#) and submit it by mail, fax or email attachment. The form is included with supplemental enrollment materials. It is also available online.

If you are unhappy about something involving CDCN, PLEASE let us know right away. Don't let a problem become bigger. We will try to work out the problem with you.

### Informing CDCN of Changes in Your Information

If the information about you (or your employee) that CDCN has on file changes, such as name, address or phone number, notify CDCN as soon as possible. This ensures correspondence, notices, pay stubs, W-2, etc. are accurate and received timely. Three ways to notify CDCN include:

1. Call the Customer Service line at 1-844-381-4433.
2. Update your "profile" in the CDCN secure web portal.
3. Submit a [Status Change Form](#). The form is included as a supplement to enrollment materials. It is also available for download on the CDCN website. Please send via fax, mail or email attachment to the CDCN Greenwood Village office.