

Attention: GGRC  
Public Partnerships, LLC  
7776 S Pointe Pkwy W Suite 150  
Phoenix, AZ 85044



**Worker First name, Last name**  
**Worker Mailing Address 1, Address 2**  
**Worker City, State, Zip**

Dear Worker:

This packet includes a wide-range of information to support your continued success working with PPL. Each worker is required to submit a completed Worker Packet to PPL before you are eligible to provide services. This packet includes all of the documents that are needed. Should you have any questions please feel free to contact us.

***\*\*If you have any other questions, please contact us and we will be happy to help.\*\****

Thank you,

Public Partnerships, LLC (PPL)

**Please mail or fax these completed forms back to Public Partnerships**

**ATTN: CA GGRC**  
**Public Partnerships**  
**7776 S Pointe Pkwy W, Suite 150**  
**Phoenix, AZ 85044**

**-or-**

**Fax to: (855)-867-1676**

Phone (English)	(877)522-1053	Administrative Fax	(855)867-1676
Phone (Cantonese)	(877)522-1055	Timesheet Fax	(855)597-3876
Phone (Spanish)	(877)522-1054	TTY	(800)360-5899
Email	<a href="mailto:CAGGRcenrollment@pcgus.com">CAGGRcenrollment@pcgus.com</a>	Web	<a href="http://www.publicpartnerships.com">www.publicpartnerships.com</a>



## CA GGRC Worker Application Packet

Dear Worker,

Thank you for applying.

**GGRC** has contracted with **PCG Public Partnerships, LLC (PPL)** to act as a Financial Management Service (FMS) provider for participants who choose to participant-direct their services. PPL will send out payment once all correct forms have been received and processed. You are not permitted to work prior to your participant receiving their good to go call from PPL.

Please fill out the forms and have your Participant sign off on the forms as needed. When finished, please fax the forms back to PPL at **(855)867-1676**. You may also email them to us at **CAGGRcenrollment@pcgus.com**. Your Participant will receive a phone call once the paperwork has been processed to inform them of next steps.

Should you require instructions or additional documents, please visit our website:

[www.publicpartnerships.com](http://www.publicpartnerships.com). Click on “Select a Program” in the upper-right hand corner of the page. Then select “California” from the drop-down menu. Next, click on the California Golden Gate Regional Center Program. Lastly, click on “Program Documents” link on the right hand side of the page.

In addition, please visit [fms.publicpartnerships.com](http://fms.publicpartnerships.com) to view and sign up for our online Web Portal. This will allow you the availability to submit and approve online timesheets and invoices as well as review and print check stubs.

You may also contact our customer service department at **(877)522-1053**, Monday through Friday from 8:00am to 6:00pm PST.

We look forward to working with you!

Sincerely,

Public Partnerships, LLC

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**Service Eligibility and Forms Required:**

- **Participant-Directed Transportation (470)**
  - Generally, the rate of reimbursement for mileage reimbursement is \$0.50 per mile.
  - Reimbursements for public transportation passes/trips are based upon the transportation authority's usual & customary rate/fare for the specific authorized service.
  - Rates for mileage reimbursement as well as transportation passes/trips vary depending on the family's authorization.
  - The worker will fill out an e-invoice or a paper invoice for transportation reimbursement. The Employer will sign off on the e-invoice or paper invoice authorizing the service(s) entered are correct.
  - Workers will not be taxed.
  - Workers will not be reimbursed for dates listed on the Holiday Schedule (included in this packet).

**Any worker who is providing Participant-Directed Transportation services must fill out and return these forms:**

- Transportation Worker Application (Page 3): This document gathers background information about you as the worker and collects the qualifications from you required to be a worker.
- US Form W-9. Request for Taxpayer Identification Number and Certification (Page 4): This form is used to verify your TIN/SSN. **This form is for Workers who will only be providing transportation services**
- Criminal Background Check Authorization Form (Page 8): This must be filled out by your employer. It tells PPL whether or not a criminal background check is required.
- Front and Back Copy of Valid Driver's License.
- Front and Back Copy of Valid Insurance Card or Declaration Page showing your name as the insured

**Optional Forms**

- Direct Deposit Form (Page 9): This form will establish direct deposit of your paycheck with PPL. You can use direct deposit with a bank account, debit card or pay card.

**TRANSPORTATION WORKER  
APPLICATION**

Application Date:  <i>MM/DD/YYYY</i>	Participant First & Last Name: <b>Participant First and Last Name</b>
	Employer First & Last Name: <b>Employer First and Last Name</b>

<b>WORKER'S PERSONAL INFORMATION</b>			
Last Name: <b>Worker Last Name</b>	First Name: <b>Worker First Name</b>		
Address: <b>Worker Address</b>			
City: <b>Worker City</b>	State: <b>State</b>	Zip: <b>Worker Zip code</b>	
SSN: <b>Worker SSN</b>	DOB: <b>Worker Date of Birth</b>		
Phone: <b>Worker Phone Number</b>	Alt. Phone: <b>Worker Alternate Phone Number</b>		
Email Address: <b>Worker Email Address</b>	Primary Language: <b>Worker Primary Language</b>		

**Documentation**

Transportation workers will be required to submit a front and back of their driver's license and insurance card showing their name on it. As an alternative, the insurance declaration page may be accepted in lieu of the insurance card.

**Office of Inspector General (OIG) Registry Check**

In order to provide services in this program, you are required to pass the OIG registry check.

<b>Check</b>	<b>Required result to work</b>
Office of Inspector General (OIG) Registry	Cannot be listed.

By signing here, you certify that: "All answers given herein are true and complete to the best of my knowledge. I authorize the registry check above, as well as the investigation of all matters contained in this application and I understand that misrepresentations, omissions of fact or incomplete information requested in this application may remove me from further consideration for employment."

Signature:     *Worker Signature*                          Date:     **MM/DD/YYYY**    

If you have other questions, please feel free to contact Customer Service.

<b>Phone (English)</b>	(877)522-1053	<b>Administrative Fax</b>	(855)867-1676
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ALL FOUR PAGES OF THIS DOCUMENT ARE REQUIRED TO BE RETURNED TO PPL SIGNED BY THE EMPLOYER AND THE WORKER. Please also keep a copy for your records. Please note: Some of the responsibilities outlined below may not apply to families vendorized for Transportation Services only. These families should still complete this form with their worker, retain a copy for themselves, and return the signed form to PPL.

Parties to Agreement

This agreement confirms the conditions of employment between the following parties within the Golden Gate Regional Center (GGRC) Program:

Worker First and Last
Print Worker Name

Employer First and Last
Print Employer Name (GGRC Vendor Name)

Mutual Responsibilities

The parties agree to follow the policies and procedures of the program. The Worker and Employer agree to hold harmless, release, defend, and indemnify the GGRC and Public Partnerships, LLC (PPL) from any claims and/or damages that might arise out of any action or omissions by the Worker, Employer, or Participant.

Worker Name Here

Employer Name Here

The Employer shall:

- 1. Verify worker qualifications, including ability to work in the United States. Please see the Form I-9 and Instructions in the packet.
2. Schedule worker to provide services for payment only after being authorized by PPL
3. Orient, train, direct, and supervise the worker;
4. Establish a mutually agreeable schedule for the worker's services;
5. Provide a safe workplace free from excess hazards, employment discrimination, and harassment;
6. Request worker to perform permitted and planned for duties, as determined in Individual Program Plan. The worker shall not perform prohibited services such as administering medication, dressing wounds, and tube feeding unless certified to do so;
7. Notify worker in advance if services are not required or if Participant is no longer eligible for services;
8. Verify services provided by worker by reviewing and approving timesheets and ensuring timely submission to PPL;
9. Ensure the worker submits timesheets to PPL within 30 days of service being delivered;
10. Ensure that pended timesheets are resolved with PPL within 60 days after the date his/her worker provided service. If not, the employer is responsible for compensating the worker.
11. Ensure that there is no misrepresentation of time, services, workers, and/or other information.

The Worker shall:

- 1. Not be the parent, step-parent, conservator, or legal guardian of the Participant (if providing Respite care);
2. Be at least 18 years of age (if providing Respite Care);
3. Be punctual, neatly dressed, and respectful of employer's person, belongings, family members and acquaintances;
4. Use Participant's/Employer's personal property only if agreed upon by both parties;
5. Submit accurate timesheets and documentation to Employer for review and signature;

6. Notify the Employer in advance if not able to provide services as scheduled or if quitting employment;
7. Report any allegations or suspicions of abuse, neglect, or exploitation immediately to GGRC;
8. Maintain confidentiality of all Participant/Employer information, and only release information with the written consent of the Employer;
9. Ensure that there is no misrepresentation of time, services, workers, and/or other information.

**Worker understands and acknowledges the following:**

1. Worker is employed by the Employer and not by either PPL or GGRC.
2. Employment is “at-will.” No guarantee or promise of continued employment is intended or implied by this agreement.
3. Workers **MAY NOT** work more than 40 hours per work week per Employer.
4. Worker **MAY NOT** work more than 8 hours per day per Employer.
5. Worker shall only perform work within the amount authorized by GGRC as stated within the Participant’s Individual Program Plan. Worker shall not be compensated by GGRC or PPL for any work performed in excess of the authorized amount.
6. Workers are required to submit timesheets within **30 days** of date worked in order to be paid.
7. PPL is required to report certain information on newly-hired workers to the **California Department of Employment Security** and as required by Federal and State Child Support Enforcement Laws.
8. PPL will verify that the Worker does not appear on the Office of Inspector General’s (OIG) list of Excluded Individuals/Entities (LEIL). In the event that the Worker appears on this list, the Worker will not be permitted to work or be paid in this program.

**Both Worker and Employer acknowledge the following:**

Any false claims, statements, documents, or concealment of material facts by Employer or Worker may be considered Medicaid fraud and will be reported for review and potential prosecution under applicable Federal and State laws.

**Compensation**

The Worker agrees and understands that all pay rates for Respite, Transportation, and Nursing services are set by the Golden Gate Regional Center for each respective participant and rates are dependent upon the county the participant resides in. **Please check off ALL services that the worker will be performing for the participant.**

Service Category	CHECK ALL THAT APPLY
<i>Respite (465)</i>	
<i>Nursing (460)</i>	
<i>Transportation (470)</i>	

**Note: If you will provide Nursing or Transportation- mileage, the worker must submit the appropriate licenses to PPL for verification. This must be done before the worker may provide these services.**

<b>Title</b>	<b>Criteria <sup>1</sup></b>
Home Health Aid (Nurse's Aid or Assistant)	Certified as a home health aid or nurse's aid by California Department of Public Health <sup>2</sup>
Licensed Vocational Nurse	Valid license as a licensed vocation nurse by the California State Board of Vocational Nurse and Psychiatric Technician Examiners
Registered Nurse	Valid license as a registered nurse by the California State Board of Registered Nurses
Transportation Mileage	1) Valid driver's licenses 2) Copy of Auto Insurance

<sup>1</sup> California Code of Regulations, Title 17, Section 54342 (a) (46), (51 and (66)

<sup>2</sup> Formerly "California Department of Health Services"

**Employment Eligibility USCIS Form I-9 (If Providing Nursing and/or Respite Services)**

The Employer is responsible for proper execution of USCIS Form I-9, as defined in Instructions for Employment Eligibility Verification, Department of Homeland Security. The employer must retain the original Form I-9. PPL will provide Form I-9 in employment packets and respond to any questions from Employers and Employees in completing the form. PPL will merely retain a forwarded copy in PPL maintained employee files.

**Payment for Services and Work Performed**

PPL shall pay the Worker for services provided by the Worker and verified by the Employer in accordance with the Participant's Individual Program Plan. Workers are required to submit timesheets within 30 days of the date worked in order to be paid. Information needed to enable resolution of pended timesheets must be provided to PPL no later than 60 days after the date worked otherwise it will be the Employer's responsibility to pay the worker.

**Termination of Agreement**

Either party may terminate this agreement by notifying the other party and PPL, in writing by submitting the "Notice of Termination" form 5 days prior to formal separation of employment.

**Employer Signature and Date Signed**

**Signatures**

By signing below, the Employer and Worker agree to the above terms and conditions.

*Employer Signature*  
 \_\_\_\_\_  
 Employer (GGRC Vendor) Signature

*MM/DD/YYYY*  
 \_\_\_\_\_  
 Date

*Worker Signature*  
 \_\_\_\_\_  
 Worker Signature

*MM/DD/YYYY*  
 \_\_\_\_\_  
 Date

**Worker Signature and Date Signed**

# Request for Taxpayer Identification Number and Certification

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

Print or type  
See Specific Instructions on page 2.

Name (as shown on your income tax return)

**Worker Name**

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification:

- Individual/sole proprietor
- C Corporation
- S Corporation
- Partnership
- Trust/estate
- Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, etc.)
- Other (see instructions) ▶
- Exempt payee

Select the  
appropriate box

Address (number, street, and apt. or suite no.)

**Worker Address**

City, state, and ZIP code

**Worker City, State, Zip Code**

List account number(s) here (optional)

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number										
1	2	3	-	4	5	-	6	7	8	9

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number									
			-						

## 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).

**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 on page 4.

**Sign Here** Signature of U.S. person ▶ **Worker Signature**

Date ▶ **MM/DD/YYYY**

## General Instructions

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

### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.



The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,
- The U.S. grantor or other owner of a grantor trust and not the trust, and
- The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

**Foreign person.** If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

**Nonresident alien who becomes a resident alien.** Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS a percentage of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

#### Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate Instructions for the Requester of Form W-9.

Also see *Special rules for partnerships* on page 1.

#### Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account, for example, if the grantor of a grantor trust dies.

#### Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

#### Specific Instructions

##### Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

**Sole proprietor.** Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name/disregarded entity name" line.

**Partnership, C Corporation, or S Corporation.** Enter the entity's name on the "Name" line and any business, trade, or "doing business as (DBA) name" on the "Business name/disregarded entity name" line.

**Disregarded entity.** Enter the owner's name on the "Name" line. The name of the entity entered on the "Name" line should never be a disregarded entity. The name on the "Name" line must be the name shown on the income tax return on which the income will be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a domestic owner, the domestic owner's name is required to be provided on the "Name" line. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on the "Business name/disregarded entity name" line. If the owner of the disregarded entity is a foreign person, you must complete an appropriate Form W-8.

**Note.** Check the appropriate box for the federal tax classification of the person whose name is entered on the "Name" line (Individual/sole proprietor, Partnership, C Corporation, S Corporation, Trust/estate).

**Limited Liability Company (LLC).** If the person identified on the "Name" line is an LLC, check the "Limited liability company" box only and enter the appropriate code for the tax classification in the space provided. If you are an LLC that is treated as a partnership for federal tax purposes, enter "P" for partnership. If you are an LLC that has filed a Form 8832 or a Form 2553 to be taxed as a corporation, enter "C" for C corporation or "S" for S corporation. If you are an LLC that is disregarded as an entity separate from its owner under Regulation section 301.7701-3 (except for employment and excise tax), do not check the LLC box unless the owner of the LLC (required to be identified on the "Name" line) is another LLC that is not disregarded for federal tax purposes. If the LLC is disregarded as an entity separate from its owner, enter the appropriate tax classification of the owner identified on the "Name" line.

**Other entities.** Enter your business name as shown on required federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name/disregarded entity name" line.

## Exempt Payee

If you are exempt from backup withholding, enter your name as described above and check the appropriate box for your status, then check the "Exempt payee" box in the line following the "Business name/disregarded entity name," sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

**Note.** If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following payees are exempt from backup withholding:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2),
  2. The United States or any of its agencies or instrumentalities,
  3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,
  4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or
  5. An international organization or any of its agencies or instrumentalities.
- Other payees that may be exempt from backup withholding include:
6. A corporation,
  7. A foreign central bank of issue,
  8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,
  9. A futures commission merchant registered with the Commodity Futures Trading Commission,
  10. A real estate investment trust,
  11. An entity registered at all times during the tax year under the Investment Company Act of 1940,
  12. A common trust fund operated by a bank under section 584(a),
  13. A financial institution,
  14. A middleman known in the investment community as a nominee or custodian, or
  15. A trust exempt from tax under section 664 or described in section 4947.

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 15.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 9
Broker transactions	Exempt payees 1 through 5 and 7 through 13. Also, C corporations.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 5
Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup>	Generally, exempt payees 1 through 7 <sup>2</sup>

<sup>1</sup> See Form 1099-MISC, Miscellaneous Income, and its instructions.

<sup>2</sup> However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney, and payments for services paid by a federal executive agency.

## Part I. Taxpayer Identification Number (TIN)

**Enter your TIN in the appropriate box.** If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on page 2), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

**Note.** See the chart on page 4 for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at [www.ssa.gov](http://www.ssa.gov). You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at [www.irs.gov/businesses](http://www.irs.gov/businesses) and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting [IRS.gov](http://IRS.gov) or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note.** Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

**Caution:** A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

## Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, below, and items 4 and 5 on page 4 indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on the "Name" line must sign. Exempt payees, see *Exempt Payee* on page 3.

**Signature requirements.** Complete the certification as indicated in items 1 through 3, below, and items 4 and 5 on page 4.

**1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.

**2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

**3. Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.

**4. Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

**5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

**Note.** If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

**Secure Your Tax Records from Identity Theft**

Identity theft occurs when someone uses your personal information such as your name, social security number (SSN), or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

**Protect yourself from suspicious emails or phishing schemes.**

Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to [phishing@irs.gov](mailto:phishing@irs.gov). You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: [spam@uce.gov](mailto:spam@uce.gov) or contact them at [www.ftc.gov/idtheft](http://www.ftc.gov/idtheft) or 1-877-IDTHEFT (1-877-438-4338).

Visit [IRS.gov](http://IRS.gov) to learn more about identity theft and how to reduce your risk.

**What Name and Number To Give the Requester**

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup>
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee <sup>1</sup>
b. So-called trust account that is not a legal or valid trust under state law	The actual owner <sup>1</sup>
5. Sole proprietorship or disregarded entity owned by an individual	The owner <sup>3</sup>
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulation section 1.671-4(b)(2)(i)(A))	The grantor*
For this type of account:	Give name and EIN of:
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulation section 1.671-4(b)(2)(i)(B))	The trust

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> You must show your individual name and you may also enter your business or "DBA" name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

<sup>4</sup> List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 1.

\*Note. Grantor also must provide a Form W-9 to trustee of trust.

**Privacy Act Notice**

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

## CAGGRC Criminal Background/Training Form

### Criminal Background Check Section

Indicate if requiring Criminal Background Check:

- I require \_\_\_\_\_ (Worker's Name) \_\_\_\_\_ State and Federal Background Check prior to employment.
- I ***DO NOT*** require a criminal background check prior to employment.

**Select your preference**

### Training Section

Indicate if worker is required to have the following certifications and/or trainings (*Check all that apply*):

- CPR
- First Aid
- Other \_\_\_\_\_
- I do not require this level of certification of my worker

**Select the appropriate box(es)**

Obtain proof of trainings and/or certifications checked above and submit proof to Public Partnerships, LLC.

*Worker Signature* \_\_\_\_\_

Worker Signature

*MM/DD/YYYY* \_\_\_\_\_

Date

*Worker Last Name* \_\_\_\_\_ *Worker First Name* \_\_\_\_\_

Last Name (Print)

First Name (Print)

*Employer Signature* \_\_\_\_\_

Participant/Employer Signature

*MM/DD/YYYY* \_\_\_\_\_

Date

*Employer Last Name* \_\_\_\_\_ *Employer First Name* \_\_\_\_\_

Last Name (Print)

First Name (Print)

**Note:** This is a required form. It must be returned to PPL even if your employer does not require additional trainings or a criminal background check to be ran.

