



PARTICIPANT ENROLLMENT PACKET

Fiscal Employer Agent Services

Welcome to Consumer Direct! We are pleased to have the opportunity to assist you in being an employer in the Participant Direction Option (PDO). This packet contains the forms and information you need to get set up as an employer so you may begin directing your services. The forms also give Consumer Direct permission to file employee and employer taxes on your behalf, and to issue paychecks to your employees.

Customer Service Contact Information

<p>Consumer Direct 1401 NW 136th Avenue, Suite 402 Sunrise, FL 33323 Mon-Fri, 8 am – 5 pm (excluding holidays)</p>	<p>Phone: 954-368-2069, Toll-Free 1-877-270-9580 Toll-Free Fax: 1-877-344-0999 Email: infoFL@ConsumerDirectCare.com Web: www.consumerdirectfl.com</p>
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Enrollment Packet Forms and Form Explanations

(these forms must be returned to Consumer Direct to enroll you as an employer)

Orientation and Enrollment Checklist	Use the checklist to ensure you complete every form.
Participant Data Form	This form gives Consumer Direct basic information about you so you can be set up in our system as an employer. It also captures information to complete the included federal and state tax forms.
Participant Agreement and Acknowledgement Form	This is an agreement between Consumer Direct and you. It defines the responsibilities and roles of each party.
SS-4 Application for Employer Identification Number (EIN)	This form tells the IRS that you are going to be a household employer. It is used to obtain a Federal Employer Identification Number (FEIN) which is needed for filing and reporting taxes.
2678 Employer/Payer Appointment of Agent	With this form you appoint Consumer Direct to take care of employer tax responsibilities, allowing us to withhold taxes from your employees' paychecks and deposit those taxes with the IRS.
DR-1 Florida Business Tax Application	With this form you register as a business with the Florida Department of Revenue and get set up for employer contributions to Florida's Re-employment Tax (unemployment tax).
DR-835 Power of Attorney	This authorizes Consumer Direct to act as your representative regarding payroll taxes with the Florida Department of Revenue.
PDO Consent Form	Through this Florida Agency For Health Care Administration (AHCA) form, you consent to voluntarily participate in the PDO.
Participant Emergency and Backup Plan	Use the backup plan to define people who you can call if a scheduled worker cannot or does not show up for work.

(see reverse for additional form explanations)

Representative Forms and Form Explanations

(If applicable. Submit to Consumer Direct if participant chooses to appoint a representative.)

PDO Representative Agreement	The agreement describes the representative’s responsibilities involved with directing the participant’s services.
Information Needed for Fingerprinting	Complete all the fields. Consumer Direct will use the information to register you online for a fingerprint background screening. Refer to the Fingerprint Registration Procedure supplement for more information.
Attestation of Compliance with Background Screening Requirements	Per Florida law a person serving as a participant’s representative is subject to a Level 2 background screening. You must attest you have not been found guilty of the criminal offenses listed on the form.
Care Provider Background Screening – Privacy Policy Acknowledgement	Sign to acknowledge you received the notice and privacy statements from the Florida Department of Law Enforcement and FBI (included in the enrollment materials). They provide information on how fingerprint records are retained, right of privacy and right to challenge incorrect information.

Supplemental Forms and Form Explanations

(keep these forms, notices and instructions for reference and use when necessary)

Payroll Calendar	This outlines when time sheets are due and when pay checks are issued.
Online Time Sheet Instructions	Online time sheets are the preferred method for submitting time worked by your direct service worker(s). This reduces time sheet errors, ensuring your workers get paid on time. If you have internet access please use online time sheets.
Paper Time Sheets and Time Sheet Instructions	If you choose to use paper time sheets, refer to the instruction sheet for the proper way to complete one.
Complaint Procedures and Feedback Form	Let us know if you have a complaint, grievance or suggestion. We want to hear from you.
Fingerprint Registration Procedure	Follow the instructions for registration and completion of fingerprinting of direct service workers and, if applicable, a representative. A background check is required.
List of Barring Offenses	If a prospective direct service worker or representative’s background check reveals any listed offenses, they cannot provide PDO services.
RT-83 – Notice to Employees regarding Florida Reemployment Assistance Program	This notice must be posted so your employee(s) can read and know about their rights and ability to receive benefits under the Florida Reemployment Assistance Program.