



Informed Consent Florida CDC+ Fiscal/Employer Agent

The Florida Agency for Persons with Disabilities (APD) is the Fiscal/ Employer Agent (F/EA) for APD consumers participating in the Florida Consumer-Directed Care Plus (CDC+) Program. The role of the F/EA is to assure that all wage and tax-related issues are in compliance with applicable state and federal laws and regulations on behalf of the CDC+ Consumer; who is the employer of record of a household business. Chapter 5 of the Consumer-Directed Care Plus Program Coverage, Limitations, and Reimbursement Handbook found on the CDC+ website <http://apdcares.org/cdcplus/participants/> describes the responsibilities of the F/EA relevant to Payroll, Tax Reporting, Monthly Statements, Recoupment, and Reinvestment of Unexpended funds. Tasks performed by the F/EA include, but are not limited to:

- APD will process Internal Revenue Service (IRS) Form SS-4 to obtain a Federal ID Number (FEIN) for the Consumer during participation in CDC+.
- APD will process a State of Florida, Department of Revenue, DR-1 Application to request an unemployment account (SUI) number for each Consumer that will authorize the Consumer to report unemployment taxes and wages for his or her directly hired employees.
- APD will review all timesheets, invoices and other claims for payment to ensure that they are consistent with the consumer's Purchasing Plan, that all documents are completed properly and that adequate funds are available to pay the claim.
- APD will automatically calculate overtime when an employee works for a consumer more than 40 hours during the work week (except for Companion Services or for an employee who lives in the consumer's home). For CDC+, the work week is 12:00 AM (Midnight) Monday through 11:59 PM Sunday.
- APD will use a payroll company, Mains'l Services, Inc., to process payroll and distribute payments, including payroll, vendor payments, and reimbursement payments to consumers by check or electronic funds transfer (EFT). Mains'l Services, Inc., will also file appropriate tax returns and make appropriate tax payments on behalf of each consumer.

By your signature below, you delegate to APD and its sub-agent, Mains'l Services, Inc., a limited power of attorney to perform these tax-related tasks on your behalf and discuss, if necessary, tax information with appropriate federal and state government agencies (i.e. Internal Revenue Service and the Florida Department of Revenue).

Questions about any of the F/EA functions being provided by APD may be addressed to your consultant, or APD Customer Service at 1-866-761-7043, or via email at APD.info@apdcares.org.

I understand and agree to the F/EA and sub-agent functions stated above.

Consumer (PRINT NAME)	Consumer ID #
-----------------------	---------------

Signature of Consumer	Date
-----------------------	------

Signature of Witness	Date
----------------------	------