

**Proposal for Fiscal/Employer Agent Services  
Great State of Vermont  
Department of Disabilities,  
Aging and Independent Living**

**Submitted in response to: RFP Dated July 18, 2017  
by Acumen Fiscal Agent, LLC**



**Acumen Fiscal Agent**

*“Facilitating freedom, choice, and opportunity through  
innovative fiscal agent solutions.”*



**VERMONT**

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*\*All sections of the Proposal correspond to sections notated in the RFP\**

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## DEFINITIONS

**The following terminology will be used throughout Acumen’s Proposal:**

**“Acumen”**: Acumen, LLC; Acumen Fiscal Agent, LLC; and all its related parties

**“Contract”**: Agreement, as described in the RFP, executed between the Department and Acumen to provide F/EA services to Participants

**“DCI”**: Direct Care Innovations

**“Department”**: Collectively, the Vermont Agency of Human Services, Department of Disabilities, Aging and Independent Living (DAIL) in conjunction with the Vermont Department of Health, Children with Special Health Needs

**“Employee”**: Care worker, hired by the Participant to meet their service needs

**“F/EA”**: Fiscal/Employer Agent services, including: fiscal intermediary services, financial management services, vendor payment services, and employment agent services

**“Participants”**: Individuals (and their family member(s) or representatives who may act as the Common-Law Employer “CLE”) who exercise employer or budget authority for their participant directed services in the State of Vermont’s five (5) participant directed programs

**“Proposal”**: Acumen’s formal response, contained herein, to the RFP issued by the Department

**“PD Programs”**: Participant-directed programs and services in Vermont including Developmental Disabilities Services (DDS), Children’s Personal Care Services (CPCS), the Attendant Services Program (ASP), the Traumatic Brain Injury Program (TBI), or the Choices for Care Long Term Care Medicaid (CFC) (including the Flexible Choices (FC) option and the Moderate Needs Group (MNG))

**“RFP”**: Request for Proposal issued by the Great State of Vermont on July 18, 2017

**“Vendor”**: Third-party, Department-approved, providers of goods and/or services to Participants including small unlicensed providers and independent contractors

Other abbreviations and definitions not listed above will be found in the Proposal.

## RFP SECTION 13 SCORING GUIDE

In order to assist the Department in the scoring of Acumen's proposal, Acumen has provided the following RFP Scoring Guide which includes each requirement from RFP Section 13, and the corresponding section in the Proposal where each requirement is addressed/answered.

RFP Section 13 Reference	Qualifications & Relevant Experience	Proposal Section(s)
1 a i	Experience in the management of similar organization If the vendor has no experience in the management of similar organization, show how other work the vendor has done relates to the management of a FE/A;	Section ii a ; Section ii b ; Section ii d
1 a i (1)	Technical credentials of staff	Section ii c
1 a i (2)	Vendor and assigned staff have demonstrated an ability to communicate with all levels and types of State staff as well as a wide range of employers, employees and participants who may have a variety of disabilities, cultural differences, and include individuals with limited English proficiency;	Section ii a ; Section ii c ; Section iii k,
1 a i (3)	Vendor demonstrates both technical skill to manage a FE/A service and customer service skills to support users after implementation;	Section ii k
1 a i (4)	References from previous work: vendor may append references but the State reserves the right to make direct contact with references	Section ii e
1 b i	Demonstration vendor can fulfill the schedule and volume of the payroll including	Section ii b ; Section ii f ; Section iii c ; Section iii d
1 b i (1)	The management of multiple programs, some with various options for services and payment methods	Section ii b ; Section ii f ; Section iii c ; Section iii d
1 b i (2)	Efficiently and effectively providing services to relatively small numbers of individuals per program	Section iii
1 b i (3)	A process for addressing employer documentation that does not meet standards including but not limited to	Section iii a
1 b i (3) (i)	Missing employer or employee signature	Section iii a
1 b i (3) (ii)	Submission after vendor defined submission timelines	Section iii a
1 b i (3) (iii)	Billing in excess of authorized hours or dollars	Section iii a
1 b i (3) (iv)	Employers who demonstrate frequent or ongoing problems in the completion of payroll paperwork, non-payroll payment requests, or non-compliance with the required payroll process	Section iii
1 c i	The vendor describes ability to have a physical presence in Vermont that can provide a full range of service to employers, participants and employees	Section iii i
1 c ii	The vendor has staff in Vermont with sufficient authority to work with the State around the daily operations of the FE/A services	
1 d i	Vendor must demonstrate that the software used by the vendor can accommodate all program needs and that the vendor has the capacity to modify the software if/when needs change This includes, but is not limited to the management and processing of:	Section iii b ; Section iii c ; Section iii e
1 d i (1) - (6)	(1) Claims and reimbursement (2) State and Federal Taxes (3) Unemployment and Worker's compensation (4) Patient Share (5) Employee Overtime (6) Employee Sick Leave	Section iii b ; Section iii c ; Section iii e
1 d ii	Vendor must demonstrate the ability to produce reports as needed for the State and other entities approved by the State	Section iii b ; Section iv
1 e i	Vendor must demonstrate how the vendor will address performance measures identified in Section 2 W as well as propose the frequency by which this information will be provided to the State	Section iii; Section iv
1 f i	The cost estimate and pricing structure shall be realistic, market-competitive, affordable and cost-effective for the value provided to the State The cost proposal must be a firm, fixed cost of the services, expressed in a per participant/per month format The State will not accept any open-ended, time and materials bid Any one-time software or other infrastructure costs must be broken out as individual budget line items Vendor may include pricing options for levels of support or include other services offered by the vendor and their associated costs If other services or pricing options are included, descriptions should be clear about what the services include and how costs are calculated, as appropriate	Section vi
1 f ii	Vendor shall include the methods that will be used to calculate costs for additional work that may be requested by the State which relate to the FE/A services or State business needs but are not included in the original contract	Section vi
1 f iii	Reliability of vendor's past cost projections is demonstrated via references	Section vi
1 f iv	Costs should be stated in per-participant/per-month figures	Section vi
1 f iv (1)	The State recognizes the potential delay between payment to specific employees and reimbursement from Medicaid claims Therefore, the vendor should note any cash-flow requirements The cash flow requirements must be separate from the per-participant/per-month cost	Section vi
1 g i	Demonstrate the vendor can implement an Electronic Visit Verification System in Vermont The vendor shall describe the system's flexibility and adaptability related to:	Section iii b 5
1 g i (1)	Secure internet access by computer, tablet, mobile devices or other method;	Section iii b 5
1 g i (2)	Limited or no internet access where Personal Care services are delivered;	Section iii b 5
1 g i (3)	Changes in schedule or location of services;	Section iii b 5
1 g ii	Demonstrate the system is user intuitive and supports self-directed or surrogate employers and employees	Section iii b 5
1 g iii	Provide documentation the system is cost effective and does not create undue financial burden for employers or employees	Section iii b 5
1 g iv	Documentation the system meets the requirements as identified in 21st Century Cures Act	Section iii b 5
1 g v	System must be accessible to people with disabilities and compatible with adaptive technologies, including JAWS, ZoomText, and Dragon Naturally Speaking System should be compliant with Section 508 or Web Content Accessibility Guidelines (if web-based) (WCAG) <a href="http://www.vermont.gov/portal/policies/accessibility.php">http://www.vermont.gov/portal/policies/accessibility.php</a> <a href="http://www.section508.gov/section-508-standards-guide">http://www.section508.gov/section-508-standards-guide</a> <a href="http://www.justice.gov/crt/508/report/software.htm">http://www.justice.gov/crt/508/report/software.htm</a> <a href="http://www.w3.org/">http://www.w3.org/</a>	Section iii b 5
1 h i	Demonstrate the vendor can implement a secure system allowing for the collection and monitoring of additional service documentation The system shall include:	Section iii
1 h i (1)	The ability for an employee to enter a description of the services provided	Section iii
1 h i (2)	A multi-tiered, secure role based environment to allow viewing of appropriate levels of data	Section iii
1 h i (3)	If web-facing (web-based) all traffic must be encrypted	Section iii
1 h ii	Examples of vendor experience successfully implementing and maintaining similar systems	Section iii

## i. LETTER OF TRANSMITTAL



**August 23, 2017**

Attn: **Lisa Neveu, Quality Outcomes Specialist**  
Department of Disabilities, Aging and Independent Living Adult Services Division  
310 State Drive HC 2 South  
Waterbury, VT 05671-2070

**Re: Request for Proposal for Fiscal/Employer Agent in the State of Vermont, Dated July 18, 2017**

Dear Ms. Neveu,

This letter shall serve as Acumen Fiscal Agent, LLC's ("Acumen") official letter of transmittal. Acumen acknowledges and certifies that all information contained in the Proposal prepared in response to the Fiscal/Employer Agent RFP for the State of Vermont's self-directed Participant programs is accurate and true. Acumen is excited by the opportunity to serve Participants, their Employees, and their families in Vermont. Acumen was founded in 1995 as one of the nation's original Fiscal/Employer Agents, and has served over one hundred thousand (100,000) employers and employees since inception. Acumen currently operates forty-six (46) F/EA programs across the country, a majority of which possess a scope of work identical to the services requested under the RFP. In addition to relevant experience, Acumen is uniquely positioned to serve all self-direction stakeholders with industry leading customer satisfaction scores, state-of-the-art technology to revolutionize the F/EA experience for Participants and Employees, and the capital necessary to meet all financial requirements. Moreover, Acumen has existing EVV technology that can assist the State of Vermont in its compliance with the 21<sup>st</sup> Century Cures Act. The Proposal, specifically Section iii, "Work Plan", highlights Acumen's suite of services including its transformative F/EA and EVV technology platforms.

Acumen's materials and enclosures contained in its Proposal package include:

- i. **Letter of Transmittal;**
- ii. **Qualifications** (company experience; personnel; client list; letters of reference; capabilities and key performance indicators; financial capability information; confirmation of insurance);
- iii. **Work Plan** (enrollment processes; enrollment packets; Acumen's electronic enrollment system; employer and employee training; Acumen's employee sourcing platform, Hire My Care; Acumen's F/EA technology platform, DCI; DCI functionality and modules; payroll processing operations; non-payroll payment processing operations; tax calculations and reporting; workers' compensation; information handling and accountability; transition phase project plan and implementation schedule; customer service; quality assurance; disaster recovery planning);
- iv. **Reporting Requirements** (reporting capabilities to satisfy RFP requirements);
- v. **Certificate of Compliance;**
- vi. **Price Quotation;**
- vii. **Attachments** (provided by Acumen as reference documents, supporting various components of the Proposal)

Acumen has organized its Proposal in accordance with the structure outlined in Section 4.A.1.a. of the RFP. It is Acumen's assumption that the RFP scoring committee will evaluate Acumen's Proposal holistically, thus we have included components of RFP Section 13 (Qualifications) in Acumen's Work Plan, instead of Section ii, "Qualifications", in order to provide a seamless and comprehensive explanation of Acumen's services, from beginning-to-end.

For purposes of the RFP, Acumen deems the following personnel as its principal officers responsible for delivering on the scope of work if awarded the Contract under the RFP:





Principal Officers & Personnel			
Employee	Title	Address	Contact Information
Josh ("J") Auer	Chief Executive Officer	4542 E Inverness Ave, Ste 210 Mesa, AZ 85206	(480) 295-4930
Scot McClintic	Chief Growth Officer	1247 E Columbia Ave Philadelphia, PA 19125	(267) 506-2536
Chris Bates	VP, Operations	4542 E Inverness Ave, Ste 210 Mesa, AZ 85206	(480) 295-3313
Laura Holman	VP, Implementation	1358 West Business Park Dr. Orem, UT 84058	(801) 852-4562

If awarded the Contract, Acumen will immediately hire a Vermont State Program Director that will fall underneath the Program Management team inside Scot McClintic's organization at Acumen. The Vermont-based State Director will be responsible for all operational F/EA-related aspects of each participant-directed program under the RFP. To assist the State Director on the ground, Acumen will hire a team of Vermont-based enrollment, training, and customer support specialists. Acumen has extensive experience onboarding and implementing F/EA programs across the country, including the logistics of setting up local offices. In the last year alone, Acumen has set up new offices in Arizona, Idaho, Georgia, Texas, and Hawaii. Acumen's call center, its program management team, and its executives will remotely support Vermont's participant-directed programs, to deliver satisfaction and performance consistent with its other programs across the country. Acumen has the employees, experience, and technology to transform the F/EA experience for all stakeholders in Vermont. Here are some of Acumen's highlights, as of the second quarter, June 30, 2017:

- ✓ **Customer Satisfaction:** 99.0% nationwide customer satisfaction; ~22 second call wait time; 99.7% error-free rate;
- ✓ **Technology:** Direct Care Innovations ("DCI") software platform, a purpose-built application for self-direction, that is revolutionizing every aspect of the F/EA experience (including EVV), which no other F/EA provider has;
- ✓ **Capital:** Partnered with a \$1 billion equity investment fund to provide the capital necessary to meet all payroll obligations, regardless of program size.

As one of the nation's founding and leading F/EA companies, Acumen has a tenured focus on those with disabilities, senior citizens, youth citizens, veterans, and those who self-direct their care. It would be Acumen's privilege to serve the Great State of Vermont, and its self-direction Participants. We look forward to your consideration and evaluation of our Proposal. Lastly, for the avoidance of doubt I, Josh Auer, Chief Executive Officer of Acumen, LLC, have full binding authority to submit this fully compliant Proposal on behalf of the company. Please do not hesitate to contact me directly. Thank you.

Sincerely,



Josh Auer  
 Chief Executive Officer  
 Acumen, LLC  
 4542 E Inverness Ave, Ste 210  
 Mesa, AZ 85206  
 Direct: (480) 295-4930  
 Email: [jja@riservicesinc.org](mailto:jja@riservicesinc.org)

## ii. QUALIFICATIONS

### a. COMPANY SUMMARY

Founded in 1995, Acumen is one of the nation's largest and most established full-service F/EA providers, focused on providing services for individuals with disabilities, youth citizens, senior citizens, veterans, and those that self-direct their care. Acumen acts as a F/EA (fiscal and employer agent) under Section 3504 of the Internal Revenue Service Code, Revenue Procedure 70-6, 1970-1 C.B. 420, as modified by the IRS Proposed Notice 2003-70 and IRS REG-137036-08. As a recognized national leader of F/EA services, Acumen was selected to become a member of the Applied Self Direction F/EA Steering Committee for 2017, focused on the national advancement of self-direction. Since inception, Acumen has cumulatively served over one hundred thousand (100,000) participants and employees, and continues to serve tens of thousands of participants and employees today with a customer satisfaction rating of 99.0%.

Beyond tenured experience and a passionate focus on customer experience, Acumen has access to state-of-the-art technology for managing the F/EA experience, referred to as DCI. **No other F/EA in the industry has access to DCI.** Acumen's access to DCI technology (described further in Proposal Section iii.b.), provides the company with a unique competitive advantage of managing self-direction programs efficiently and effectively. DCI was purpose-built from the bottom up for Medicaid and self-direction programs, and the system can be tailored to the exact needs of the Department and its Participants. The DCI system is comprehensive, encompassing functionality such as electronic visit verification ("EVV"), real-time monitoring of authorization usage, fee-for-service, scheduling technology eliminating Employees from double-booking, and managing Employee back-ups. DCI powers the entire F/EA experience for Acumen. DCI is web-based, and accessible from any internet connected device, including mobile phones via the DCI Mobile App.

Acumen's personnel are an additional strength. Acumen employees have collectively hundreds of years of self-direction and Medicaid industry experience. All of Acumen's program managers and state directors have previously worked for state agencies and/or with individuals with disabilities. Acumen's personnel participate in trainings related to self-direction, cultural sensitivity, self-advocacy, communication with stakeholders (e.g. Department, Participants, Employees, etc.), and person-centered planning. All members of Acumen's program management team embody the belief that individuals should have the highest level of independence and choice in directing their lives.

The depth of Acumen's program management team extends to experience with varying market structures across the country. From MCO, to enrolled provider, RFP, hybrid, and private support coordinator market models, Acumen understands how to navigate the challenges of each program and its nuances. Acumen has established processes and protocols for managing case managers/support coordinators, provider agency or Supportive Intermediary Service Organization ("ISO") relationships, identical to those needed to ensure success of the Department's PD Programs. As part of the Transition Plan described in Section iii, Acumen will seek to establish strong ISO relationships to ensure a smooth transition through February 1, 2018. Ongoing communication with each ISO will take place as necessary through the Vermont State Program Director (to be hired upon Contract award, with a job description included in Attachment A of the Proposal) and supporting personnel, upon approval from the Department.

As described further in Section ii, Acumen's recent acquisition by RMS Holding Company, LLC ("RMS") produced one of the most financially stable F/EA providers in the country. Acumen and its parent companies have access to \$23.4 million in liquidity. Thus, Acumen not only has the financial capacity to meet all payroll obligations requested under the RFP, but can easily handle any PD Program growth. Acumen, upon Department approval, can create an educational outreach plan

designed to boost self-direction participation; Acumen is both excited and capable of handling any program growth in Vermont.

In summation, Acumen has the depth of F/EA experience, state-of-the-art technology, highest quality personnel, and financial capacity in place to fully operationalize and execute on all obligations under the RFP. We are eager to deliver the same quality of service to Participants and Employees in Vermont consistent with Acumen’s other programs nationwide.

**b. COMPANY CAPABILITES AND KPIS**

Acumen currently provides F/EA services to individuals with developmental or physical disabilities, senior citizens, youths, and veterans across the country. Acumen has unique experience and knowledge on how to implement, grow, and sustain self-direction programs, maximizing benefits for participants and their employees. **Acumen currently serves forty-six (46) state agency department programs (most of which are Medicaid-funded), across many market structures.**

For most Acumen contracts (and customers we serve) we provide comprehensive F/EA services to state agencies and their Medicaid participants, identical to those requested by the Department under the RFP. Acumen’s critical core competencies are world-class technology, enrollment, processing payments through a variety of methods (e.g. direct deposit, paycheck, pay card, vendor payments, gift cards, etc.), maintaining accurate and compliant tax records, fulfilling employer-related services, and providing the best customer service in the industry for its self-direction customers. **Acumen processes hundreds of millions of dollars of payroll each year, and has processed billions of payroll since inception.** Acumen prides itself on not only the scale and quality of its services, but also on the compassion and care exercised toward customers and funding partners that is unparalleled in the industry. It is for this reason that **99.0% of Acumen customers nationwide are satisfied with the service the company provides.**



Beyond experience, Acumen is a recognized leader in the F/EA industry due to the company’s intense focus on customer service and dependable operations. Acumen measures Key Performance Indicators (“KPIs”) in real-time to ensure its services and operations are performing at the highest quality possible. Acumen is a participant-centered organization, and strives foremost to provide our customers with an incomparable F/EA experience. Table I highlights Acumen’s most recent KPI metrics, as of the second quarter of 2017.

**TABLE I**

KPI Metric	Acumen Performance as of 6/30/2017
F/EA (Payroll) Error-free Rate	99.7%
Customer Satisfaction Survey	99.0%
Customer Service Availability	93.2%
Calls Handled	99.0%
First Call Resolution	95.0%
Speed-to-Answer Calls (in seconds)	22.20
Online Systems Up-time	100.0%

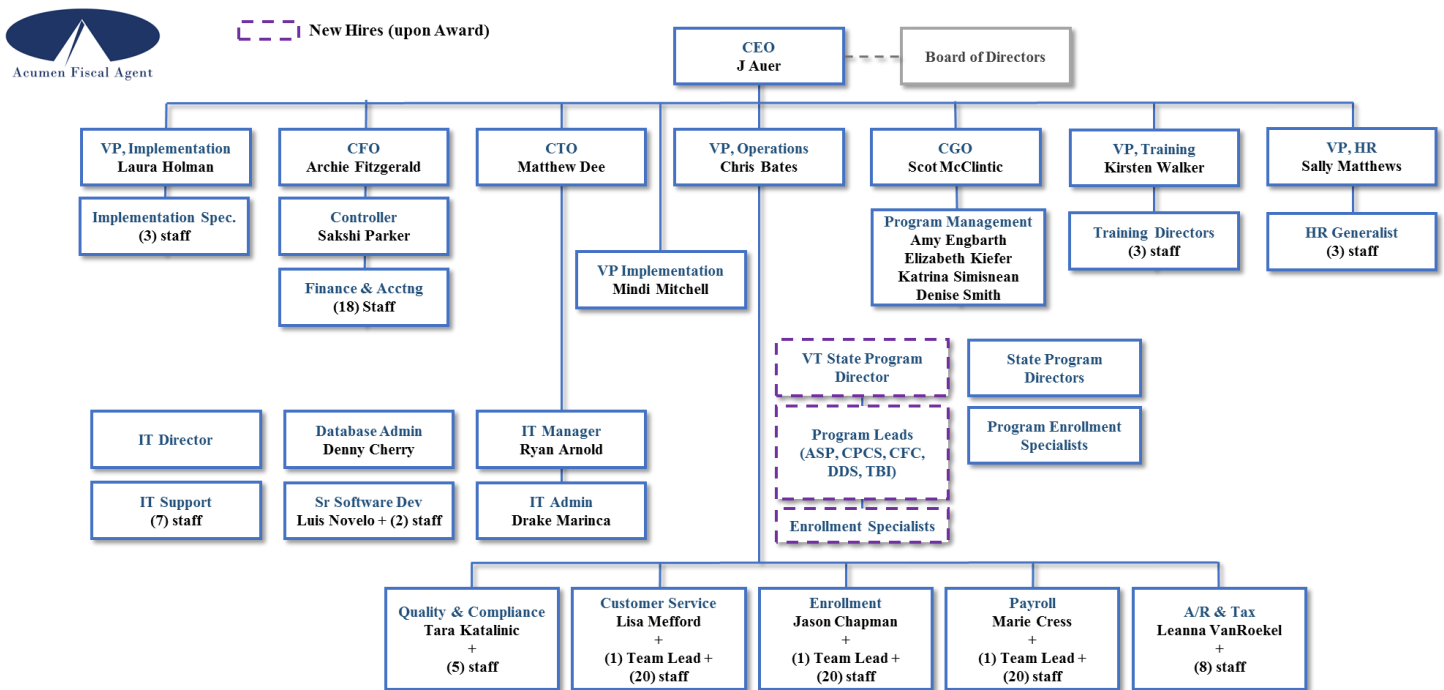
As one of the oldest and most versatile F/EA providers in the country, Acumen has the experience, knowledge, and flexibility to provide the highest quality service to the Department and their PD Programs. For avoidance of doubt, Acumen provides all its F/EA services in accordance with federal, state and local, tax, labor, and program rules, laws, and regulations.

**c. PERSONNEL**

**1. ORGANIZATIONAL STRUCTURE**

Acumen’s organization structure is shown in Table II below. For larger contracts, specifically those that require a large transition as would be needed for the PD Programs, most of the Acumen organization is involved. Please see Proposal Section ii.c.4. for Acumen’s proposed staffing plan, and the expected number of hours needed to fulfill all RFP requirements, broken apart by group function. If awarded the Contract, a finalized staffing plan will be created as part of the Transition Plan.

**TABLE II**



**2. KEY PERSONNEL SUMMARIES**

The following individuals are key leaders at Acumen who are expected to have significant involvement in the Department’s PD Programs. The roles and responsibilities of those listed will directly and indirectly impact the performance of Acumen under a contract with the Department. Professional résumés for all key personnel listed in Section ii.c.3. of the Proposal.





**Josh (“J”) Auer**, MBA, CEO. J has supported individuals with disabilities for over nineteen (19) years including eight (8) years leading Acumen’s F/EA business. Before becoming CEO, J held leadership positions in Acumen’s nonprofit parent company, Rise as CFO, COO, and CEO. J has significant experience running disability services companies, and is a thought-leader in the F/EA industry. J provides Medicaid, Medicare, and Managed Care expertise for designing state-of-the-art services, systems, and technologies for the F/EA industry. J’s role and responsibilities at Acumen, and under the Contract with the Department, include:

- Leading Acumen’s management team;
- Interfacing with Department and state program leadership as appropriate and as needed;
- Creating a culture that supports self-direction, person-center philosophies, and empowerment of people with disabilities;
- Innovating and developing new F/EA technologies, strategies, and operations;
- Holding Acumen’s leadership accountable to their goals;
- Providing strategic direction for the company.
- Monitoring local, state, and national trends within the Medicaid, self-direction, and F/EA industries for best practices and opportunities for innovation that can be deployed;
- Rendering tactical leadership to Acumen’s management team and maintaining knowledge of the future direction of Acumen systems;
- Providing accountability of Acumen’s financial outcomes to Acumen’s parent organizations and Acumen’s Board of Directors.



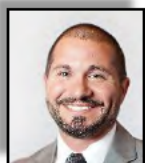
**Scot McClintic**, MBA, Finance & Management from Duke University’s Fuqua School of Business, B.S. Economics, Chief Growth Officer (CGO). Scot has seven (7) years of growth and strategy experience, most recently working in strategic development at one of the largest media companies in the world. Scot also has extensive merger and acquisition experience, working on numerous transactions and venture investments focused on clean and conventional energy. Scot recently joined Acumen, where he became the company’s first CGO, a role focused on growing the company’s presence across the country. Scot’s role and responsibilities at Acumen, and under the Contract with the Department, include:

- Functioning as part of Acumen’s management team;
- Leading program management to provide top quality supports to the state of Vermont;
- Developing and implementing marketing strategies and plans for enrolling Participants throughout Vermont, including the promotion of self-direction;
- Executing on the company’s growth initiatives through marketing and sales strategies;
- Being ultimately accountable for sales growth and customer acquisition growth;
- Providing market-level insight and analysis to Acumen’s management team, in turn identifying opportunities for growth;
- Ensuring RFP proposals are written with the utmost quality and accuracy.



**Archie Fitzgerald**, B.S. Accounting, CPA, CFO. Archie has thirty (30) years of financial management experience and eight (8) years of industry relevant experience providing corporate accounting and oversight for Acumen's F/EA work. Archie's career with Acumen began in 2009 as controller until he was promoted to CFO in 2013. Archie's role and responsibilities at Acumen, and under the Contract with the Department, include:

- Supervision of F/EA services provided by Acumen, as a certified public accountant ("CPA");
- Functioning as part of Acumen's management team;
- Ensuring Acumen remains financially durable and disciplined to meet all financial obligations under the Department contract (e.g. up-front payroll processing);
- Providing financial analysis and recommendations to executive management team;
- Leading, and providing strategic direction to the corporate finance team;
- Managing processes for the development and monitoring of budgets, financial forecasts, accounting consolidation, and reporting;
- Developing, disseminating, and monitoring long and short-term goals for all corporate finance divisions;
- Managing corporate relationships with key constituencies, including financial institutions, auditors, and Acumen's parent company, Rise's, finance team.
- Providing oversight to cash management, including procuring and managing utilization of proper lines of credit;
- Establishing and maintaining systems and internal controls to monitor utilization of financial systems and resources;
- Participating in strategic decision making and planning for the organization.
- Providing processes and training to the corporate finance team to ensure continuous process improvement and personnel development.
- Overseeing the fiscal integrity of the operation through the maintenance of appropriate internal controls to ensure GAAP compliance.



**Matthew Dee**, B.S. Computer Information System (Summa Cum Laude), CIO. Matt has been Acumen's CTO since 2012. Before joining Acumen, Matt spent nearly ten (10) years at IBM as a lead software architect working on major private and government projects including the automation of the Social Security Administration. Matt is a highly skilled and experienced database administrator and programmer. Matt understands financial management and vendor fiscal agent services and their essential software and hardware supports. Matt implements, maintains, and upgrades all technology supports. He provides quality control oversight for all technology processes and oversees strategic planning for technology initiatives. Matt leads Acumen's information technology team and stays current on new technology through ongoing training and relationships with IT professionals in various industries and all areas of IT. Matt is an agile asset to Acumen's technological strength and is poised to help Acumen continue to grow and innovate. Matt's role and responsibilities at Acumen, and under the Contract with the Department, include:

- Bringing industry expertise to oversee all aspects of application and technical support

functions;

- Leading configuration and implementation for DCI and technical systems for the Department contract;
- Securing and properly maintaining all access to data systems and record repositories;
- Designing, implementing, and monitoring disaster recovery and business continuity plan;
- Demonstrating proficiency in conducting accurate and timely business analysis and recommendation for equipment and software upgrades and purchases with anticipated return on investment;
- Administering the latest security applications to support both on-site and remote servers, workstations and customer access points;
- Designing, implementing, and monitoring large complex projects focused on transactional and batch- oriented processing for Acumen's services;
- Leading a team of database and system administrators and IT professionals;
- Developing and implementing the technology road map for the company and its subsidiaries;
- Providing keen oversight of information management strategy as a HIPAA compliance security officer.



**Christopher Bates**, Vice President of Operations, reporting directly to the CEO as a member of the executive management team. Christopher obtained his M.S. in Accountancy from DePaul University and an M.B.A. in Finance from Marquette University. Christopher brings his expertise in data analysis to the operational structure of Acumen and has over twenty-two (22) years of experience in management, with specific emphasis on managing and improving high volume/high transaction operations. He has worked for Acumen for since 2010 and has a keen understanding of market and operational trending, which he has applied to new and innovative technologies for Acumen's operations infrastructure. These intellectual and technological assets have proven to be invaluable to Acumen and the people we support. Christopher's role and responsibilities at Acumen, and under the Contract with the Department, include:

- Overseeing the development and implementation of all operations-specific policies and procedures in compliance with all federal, state and local legal requirements within the Department contract;
- Creating and designing transition and implementation plans to successfully onboard new programs, such as the Department;
- Creating a stakeholder-centric organization, meeting or exceeding all contract requirements;
- Providing day-to-day leadership and management that mirrors Acumen's core values;
- Supporting managers in the development of processes to meet all programmatic, legal and contractual requirements;
- Ensuring that resources are available to meet contractual responsibilities;
- Representing the interests of Acumen and the participants supported when interacting with the Department and taxing authorities;



- Overseeing the development of standards for the measurement and effectiveness of all processes within the operations division;
- Providing timely, accurate, and complete reporting to Acumen stakeholders;
- Ensuring staff effectively perform the essential functions of their positions while meeting and/or exceeding all participant and contractual expectations and requirements;
- Ensuring adherence to all contract guidelines governing the issuing of any checks for the Participants' Employees or Vendors;
- Ensuring all staff are trained on the specifics of legal, Medicaid, self-direction, and contract-specific obligations;
- Delegating appropriate responsibilities to management team and audit for quality feedback;
- Ensuring the utilization of sufficient internal controls to generate all required deliverables;



**Laura Holman**, B.S. Business Management, VP of Implementation for Acumen. Laura has nineteen (19) years of experience with Acumen, most recently leading Acumen's efforts on many emerging growth programs across the country, including Hawaii, California, New Mexico, Arizona, and Utah. Laura has led dozens of program implementations across the country, and brings invaluable experience to the implementation team at Acumen. Laura's role and responsibilities under the Contract with the Department, include:

- Leading team responsible for implementing and scaling Acumen's F/EA services, including enrollment, payroll, tax, and training functions in Vermont across all programs;
- Designing implementation strategy and contributing toward the project management schedule for Department programs (e.g. Transition Phase Project Plan);
- Developing program-specific Participant and Employee onboarding strategy;
- Ensuring that implementation resources for DCI are available to meet contractual responsibilities for all programs;
- Advising on, and stewarding, program development strategy throughout Vermont;
- Implementing change management solutions and system design to new programs.



**Mindi Mitchell**, B.A. Sociology/Anthropology (Honors), VP of Operations and Implementation. Mindi has worked for Rise and Acumen since 1999. Mindi joined Acumen and Rise as a Direct Support Professional, and worked her way up the organization to the VP level. Mindi is a member of the management team where she specializes in program development & growth, technology implementation, and onboarding operations. Mindi helped grow Rise's Oregon program business by 1600% over the last ten (10) years. Mindi also spent the last two (2) years leading DCI implementation for Rise's provider program business. She has successfully on-boarded over twenty thousand (20,000) DCI users in the past two (2) years. Mindi (and Acumen) will leverage her experience to ensure success of the PD Programs, including DCI implementation. Mindi's role and responsibilities under the Contract with the Department, include:

- Supporting team responsible for implementing and scaling DCI in Vermont across all

programs;

- Designing implementation strategy and contributing toward the project management schedule for Department programs;
- Ensuring that implementation resources for DCI are available to meet contractual responsibilities for all programs;
- Advising on, and stewarding, program development strategy throughout Vermont;
- Implementing change management solutions and system design to new programs.



**Denny Cherry**, Microsoft MVP. Acumen has a Retainer with Denny and uses him for IT services including Database Administration and Optimization. Acumen chooses to use Denny as a resource because he is one of the most qualified IT professionals in the country. Denny may provide indirect support to the Contract with the Department. Denny holds following professional certifications:

- MCP- Microsoft Certified Professional
- MCSA – Microsoft Certified Systems Administrator
- MCDBA – Microsoft Certified Database Administrator (SQL Server 2000)
- Microsoft Certified Technology Specialist for:
  - SQL Server 2005
  - Microsoft Windows SharePoint Services 3.0: Configuration
  - Microsoft Office SharePoint Server 2007: Configuration
  - SQL Server 2008, Implementation and Maintenance
  - Microsoft SQL Server 2005 Business Intelligence
  - SQL Server 2008 Database Development
  - SQL Server 2008, Business Intelligence Development and Maintenance
- MCITP – Microsoft Certified IT Professional for:
  - Database Administrator
  - Database Developer
  - Business Intelligence Developer
  - Database Administrator 2008
  - Database Developer 2008
  - Business Intelligence Developer 2008
- MCM – Microsoft Certified Master
  - SQL Server 2008

- MCSM – Microsoft Certified Solutions Master
- SQL Server 2008



**Amy Engbarth**, M.S., CRC has worked with individuals with disabilities for the last ten (10) years in a variety of roles including as a supported employment specialist, vocational rehabilitation counselor, and program specialist for the state of Pennsylvania. Amy has developed and implemented programs and policies across the State of Pennsylvania, and brings this expertise to Acumen, joining in June of 2017. Amy's role and responsibilities under the Contract with the Department, include:

- Program management, including supporting and directly managing the local Vermont State Program Director, for Acumen contracts across the country;
- Maintaining relationships with state agencies and key stakeholders;
- Coordinating with internal departments and external state partners to strategize and support the implementation and growth of programs;
- Providing customer support for high level or escalated issues as presented by the program or state partners;
- Remaining knowledgeable regarding contract requirements and program expectations;
- Facilitating training to promote understanding of program rules, process, resources and program materials;
- Enhancing positive communication and increasing the visibility among participants, case managers, and other stakeholders;
- Working with appropriate designated stakeholders to ensure highest level of contract performance.



**Elizabeth ("Liz") Kiefer** M.Ed., Educational Studies. Liz is one of Acumen's Regional Program Managers, and she will support the Department contract as needed, and support the State Program Director. Liz has a Master's Degree in Educational Studies and prior to joining Acumen, worked numerous years in the special education field. Liz's role and responsibilities under the Contract with the Department, include:

- Program management, including supporting the local Vermont State Program Director, for Acumen contracts across the country;
- Maintaining relationships with state agencies and key stakeholders;
- Coordinating with internal departments and external state partners to strategize and support the implementation and growth of programs;
- Providing customer support for high level or escalated issues as presented by the program or state partners;
- Remaining knowledgeable regarding contract requirements and program expectations;
- Facilitating training to promote understanding of program rules, process, resources and program materials;

- Enhancing positive communication and increasing the visibility among participants, case managers, and other stakeholders;
- Working with appropriate designated stakeholders to ensure highest level of contract performance.



**Denise Smith**, Regional Program Manager. Denise has been working within the field of Human Services for over thirty (30) years. She has extensive experience developing and implementing services for individuals with special care needs of all ages, birth through the aging population. Denise's work in traditional provider services, state quality assurance and fiscal management services has provided her with a comprehensive understanding of service systems. Denise's role and responsibilities under the Contract with the Department, include:

- Program management, including supporting the local Vermont State Program Director, for Acumen contracts across the country;
- Maintaining relationships with state agencies and key stakeholders;
- Coordinating with internal departments and external state partners to strategize and support the implementation and growth of programs;
- Providing customer support for high level or escalated issues as presented by the program or state partners;
- Remaining knowledgeable regarding contract requirements and program expectations;
- Facilitating training to promote understanding of program rules, process, resources and program materials;
- Enhancing positive communication and increasing the visibility among participants, case managers, and other stakeholders;
- Working with appropriate designated stakeholders to ensure highest level of contract performance.



**Marie Cress**, B.S. Business Management and Administration, Payroll Operations Manager. Marie has been providing payroll services and leadership for fourteen (14) years, and joined Acumen in 2009. Marie currently runs Acumen's payroll team and is a valued asset for all Acumen payment processing obligations under each contract. Marie's role and responsibilities at Acumen, and under the Contract with the Department, include:

- Establishing payroll team goals, to effectively and efficiently exceed expectations under each F/EA contract;
- Working with direct reports to implement a plan of action to support all programs and contracts, and meeting all payroll-related contractual obligations;
- Assisting the Vice President of Operations with the development and implementation of all operations specific policies and procedures in compliance with all federal, state and local legal requirements including DOL and IRS compliance;
- Overseeing the development of standards for the measurement and effectiveness of all payroll



division processes;

- Providing leadership, supervision, coaching, feedback, and development to all functional payroll teams;
- Working with the Vice President of Operations to identify, test, and implement short-term and long-term resolutions to areas of improvement in Acumen's payroll processing (including process improvement, new technology, and training of team members).



**Leanna VanRoekel**, B.S. Business and Economics, Billing/Tax Operations Manager. Leanna has over fourteen (14) years of accounting/accounts receivable experience. Leanna has been with Acumen since 2008, where she manages the Tax and Accounts Receivable team. Leanna's role and responsibilities at Acumen, and under the Contract with the Department, include:

- Supervising Accounts Receivable and Tax division staff;
- Overseeing the processing and collection process (e.g. invoices for Acumen F/EA services) within the billing department for all programs;
- Ensuring IRS and state department compliance;
- Overseeing the processing of all tax reporting, state and federal, in all states where Acumen serves customers;
- Overseeing the payment, collection, and filing of taxes for Acumen across a variety of state agencies and programs;
- Monitoring monthly, quarterly, and annual reconciliation of all payments under all programs;
- Ensuring all 941 and 940 deposits are made on every payday for every entity Acumen serves;
- Ensuring all department/company billing/cash receipts goals are met daily.



**Jason Chapman**, B.S. Business Management, M.B.A. Enrollment Manager. Jason has eleven (11) years of progressive experience in enrollment, training, sales, and business management. Jason recently joined Acumen, where he manages the rapidly expanding enrollment division. Jason's role and responsibilities at Acumen, and under the Contract with the Department, include:

- Designing enrollment strategies that maximize efficiency and customer experience, through fast turnaround times and clear communication;
- Managing and training the team that ensures all incoming enrollment paperwork and communication is received and processed according to contractual guidelines;
- Participating in regularly scheduled online enrollment webinars for Participants and their Employees to address enrollment needs and questions;
- Establishing department goals and working with direct reports to effectively implement a plan of action to support the satisfaction of contractual requirements;
- Providing strategy, leadership, coaching, feedback, and development opportunities to functional teams;



- Assisting the Vice President of Operations with the development and implementation of all enrollment operations specific policies and procedures in compliance with all federal, state and local legal requirements including DOL and IRS compliance.



**Lisa Mefford**, Customer Service Operations Manager. Lisa has over nineteen (19) years of experience in the customer service field, and joined Acumen in 2008. Lisa currently manages the Customer Service team, a group of talented, dedicated, and compassionate employees. Acumen's Customer Service team is a differentiating asset within the industry. Lisa's role and responsibilities at Acumen, and under the Contract with the Department, include:

- Assisting the Vice President of Operations with the development and implementation of all operations specific policies and procedures in compliance with all programmatic, federal, state and local legal rules and regulations for all contracts;
- Being accountable for customer service-centric KPIs, including call center speed-to-answer, call center handle time, call center availability, call resolution, and customer follow-ups;
- Developing and tracking effectiveness standards for all processes within the customer service division;
- Creating a customer-centric team, meeting or exceeding all customer service requirements;
- Handling and resolving escalated program-related issues with participants, families, and state agencies as necessary;
- Ensuring adequate and appropriate customer service training for personnel;
- Participating in cross-departmental meetings and facilitating effective cross departmental communication;
- Providing leadership, supervision, coaching, feedback, and development to team.



**Tara Katalinic**, Director of Quality and Compliance. Tara has over twenty-five (25) years of experience leading multi-departmental quality initiatives, business development, project management, and customer service. Tara joined Acumen in 2009, and has assumed numerous responsibilities, including: maintaining all contractual compliance requirements, interpreting Medicaid regulations, and understanding and adhering to all state and federal funding regulations that affect Acumen. Tara's role and responsibilities at Acumen, and under the Contract with the Department, include:

- Designated Nondiscrimination Compliance Coordinator ("NCC"), ensuring compliance with all requirements in Contract Section A.97.;
- Managing the Control Memorandum ("CM") Process for Acumen, as needed, to ensure compliance with Contract Section A.96. requirements;
- Acquire and maintain applicable State of Vermont business and licenses;
- Facilitating cross-department participation to compile accurate documentation needed for timely responses to requests for information, while maintaining detailed records as they relate to the requests in compliance with HIPAA and contract requirements;
- Packaging audit results, identifying trends, and providing feedback for internal quality

improvement projects across all programs and contracts;

- Overseeing the complaint process for tracking and trending purposes, and conducting reviews of quality issues and client concerns for trends;
- Assisting departments with the development of corrective and preventative actions necessary to resolve escalated issues;
- Developing and maintaining programs and systems through internal self-audits to ensure the organization complies with all policy, process, and contract requirements;
- Leading quality improvement and compliance endeavors with a disciplined and structured problem-solving approach that aligns with business priorities;
- Evaluating internal and external audits and surveys to measure organizational success and establish future goals to improve customer satisfaction;
- Identifying, evaluating, and analyzing the impact of state legislative and regulatory issues and advising management on consequential impacts/risks;
- Upon request, reviewing and analyzing laws, regulations, insurance and contracts to identify organizational requirements and guide internal compliance efforts to satisfy those requirements;
- Facilitating all compliance efforts to maintain contractual obligations.



**Sakshi Parker**, B.S. Accounting and Finance, CPA, Controller. Sakshi has over thirteen (13) years of experience in finance and accounting management, and has been an employee of Acumen since 2010. She is responsible for all corporate financial transactions, audit coordination/support, and reporting. Sakshi and her team ensure that Acumen is operating in compliance with companywide financial policies and contractual agreements through the supervision, management and coordination of accounting staff. Sakshi's role and responsibilities at Acumen, and under the Contract with the Department, include:

- Working closely with the Regional Program Manager and State Program Director to meet all contractual commitments to program Participants through timely accurate financial reporting and financial issue resolution;
- Facilitating general ledger postings, fixed assets/depreciation, overhead allocations and accrued liabilities;
- Performing balance sheet reconciliations and transactional reviews;
- Monitoring cash flow and unclaimed property of all payments made;
- Performing financial-close monthly, and financial statement preparation;
- Reconciling accounts payable, accounts receivable, and tax transactional functions;
- Performing budgeting and variance analysis;
- Tax reporting and compliance, as well as property and income tax filings;
- Organizing the processing and analyzing of Acumen financial statements, monthly reports, cash flow, and published statements;
- Monitoring the integrity of the general ledger accounting system, specifically the chart of

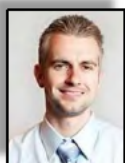
accounts and the program list;

- Interfacing and coordinating with resources and responses with external auditors.



**Luis Novelo**, B.S. Business Administration and Computer Science, Senior Software Developer. He has nearly thirty (30) years of experience in Information Systems management, development, and support. Luis joined Acumen in 2015, where he maintains and enhances applications developed in house, and provides production support for third party applications. Luis' role and responsibilities at Acumen, and under the Contract with the Department, include:

- Determining operational feasibility through system analysis, problem definition, requirements, and solution development and implementation;
- Documenting and demonstrating solutions including documentation, flowcharts, layouts, diagrams, charts, and code comments;
- Preparing and installing solutions by determining and designing system specifications, standards, and programming;
- Improving operations by conducting systems analysis and recommending changes in policies and procedures;
- Proactively identifying emerging IT trends and technologies that could be deployed inside Acumen;
- Collecting, analyzing, and summarizing development and service issue information to create actionable real-time solutions;
- Developing software solutions by studying information needs, conferring with users, studying systems flow, data usage, and work process;
- Investigating areas of improvement following the software development lifecycle.



**Ryan Arnold**. Mr. Arnold is proficient in System and Network Administration and directing IT teams and projects. Ryan currently serves as a System Administrator and IT Manager for Acumen's parent company, Rise since 2012, and previously for CENTENE as a System Administrator for one (1) year, Senior Lead IT Support Specialist, and IT Support Specialist for three (3) years. Ryan's role and responsibilities at Acumen, and under the Contract with the Department, include:

- Developing, managing, and maintaining stable networks with maximum uptime;
- Designing projects and implementing solutions that automate repetitive IT tasks.



**Drake Marinca**. Drake directs IT projects and teams in diverse IT/IS environments, specifically multi-layer projects. Drake has served as an IT Project Manager for Acumen since 2011 and previously worked as an IT Network Administrator for APSM Systems for four (4) years. He institutes procedures and policies for IT security and IT audits to ensure HIPAA and regulatory compliance. Drake also contributes toward Acumen's Disaster Recovery plans and crisis management. Drake's role and responsibilities at Acumen, and under the Contract with the Department, include:

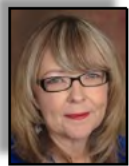


- Developing, managing, and maintaining large-scale/extensive IT infrastructure environments;
- Interacting with vendors and contractors to assure computer system secure environments;
- Maintaining Acumen's servers and network-affected clients.



**Kirsten Walker**, Vice President of Training. Kirsten has a M.S. in Management, Strategy, and Leadership and fifteen (15) years of experience including the creation of training and staff development curriculums. Kirsten oversees and evaluates employee satisfaction strategies and facilitates strategic planning and follow-up training and learning sessions. Kirsten's role and responsibilities at Acumen, and under the Contract with the Department, includes:

- Implementing and overseeing all training initiatives outlined in the Proposal and Transition Plan, including training for all program stakeholders;
- Ensuring ongoing training and organizational development to maintain a strong person-centered and culturally sensitive philosophy.
- Developing and delivering training documentation, online learning strategies, and blended learning opportunities for compliance training.
- Developing leadership competencies within Acumen's employee ranks and identifying and developing future leaders;
- Leading and/or participating in project teams driving corporate change related to training.



**Monica Villar**, Associates Degree, Training Specialist. Monica has more than twenty-two (22) years of comprehensive experience in developing and launching effective training programs, including development of curriculum and training materials. Utilize multimedia, blended learning solutions, and group exercises to achieve training goals. Monica's role and responsibilities at Acumen, and under the Contract with the Department, includes:

- Developing training associated with the Employee training requirement of the RFP;
- Identify training needs, as well as recognize potential problems and propose effective solutions to meet all contractual and business requirements;
- Managing the full life cycle of curricula and content development, including needs assessments, gap analyses, establishing measurable goals and objectives;
- Delivering DCI training to Participants and Employees to facilitate a smooth transition to the DCI system.



**Kathleen Hartnett**, M.A. in English and B.A. in Education, Training Specialist. Kathleen has more than twelve (12) years of comprehensive experience in education as a teacher and staff training. Currently serve as Assistant Quality Assurance Coordinator for Acumen's parent company, Rise. Kathleen's role and responsibilities at Acumen, and under the Contract with the Department, includes:

- Developing training associated with the Employee training requirement of the RFP;
- Identify training needs, as well as recognize potential problems and propose effective solutions to meet all contractual and business requirements;
- Managing the full life cycle of curricula and content development, including needs

assessments, gap analyses, establishing measurable goals and objectives;

- Delivering DCI training to Participants and Employees to facilitate a smooth transition to the DCI system.



**Teri McGrath**, B.A. Organizational Management, Training Specialist. Teri McGrath has more than ten (10) years of comprehensive experience in directing and launching training programs, including development of curriculum and training collateral, specializing in Human Services. Currently serve as Training Specialist for Acumen's parent company, Rise. Teri's role and responsibilities at Acumen, and under the Contract with the Department, includes:

- Developing training associated with the Employee training requirement of the RFP;
- Identify training needs, as well as recognize potential problems and propose effective solutions to meet all contractual and business requirements;
- Managing the full life cycle of curricula and content development, including needs assessments, gap analyses, establishing measurable goals and objectives;
- Delivering DCI training to Participants and Employees to facilitate a smooth transition to the DCI system.

### 3. KEY PERSONNEL RESUMES

## JOSHUA J. AUER

### PROFILE: CEO

More than 10 years of comprehensive experience analyzing business systems to ensure best operational effectiveness through people, systems, and processes. Currently functions as CEO for Rise Services and Acumen. Have also functioned as COO, CFO, and Program Administrator for Rise since 2005. Well-versed in recognizing and launching systems that meet desired goals and objectives.

Adept at business administration and collaboration with executives and staff to achieve targeted results. Develops and executes strategic plans; committed to adding value and exceeding expectations through collaborative problem solving and disciplined decision-making.

### Core Skills include:

Strategic Planning ♦ Business Systems Analysis ♦ Operational Streamlining ♦ Budget Management  
Risk Mitigation ♦ Problem Resolution

### Achievements & Experience

RISE SERVICES, INC. & ACUMEN, LLC, MESA, AZ ♦ 2001 – PRESENT

CHIEF EXECUTIVE OFFICER – OPPORTUNITY MANAGEMENT GROUP/RISE INC. ♦ 2014 – PRESENT

Charged with directing this group which encompasses the management of Rise and its 7 subsidiary (including Acumen, LLC) companies in both profit and nonprofit sectors.

Serve as operating partner of subsidiary ACUMEN in charge of business development, operations, strategic planning, and growth.

Assume full accountability in managing \$65M in business operations for the Rise network of companies.

CHIEF OPERATING OFFICER ♦ 2012 – 2014

Led all aspects of organizational operations, and oversaw operations of eight Rise divisions across 3 states.

CHIEF FINANCIAL OFFICER ♦ 2007 – 2012

Managed the fiscal operations of the entire organization, including development and allocation of corporate and programmatic budgets.

Conducted comprehensive financial analysis and presented findings to the Chief Executive Officer and Board of Directors.

PROGRAM ADMINISTRATOR ♦ 2005 – 2007

Orchestrated the delivery of residential and hourly services throughout the state of Arizona.

Steered efforts in driving the seamless implementation of 35 programs across 5 Regional Districts and 5 Regional Offices.

Developed service designs, support systems, and program structures based on identified business and client needs based on analysis of legacy systems.

DIRECTOR OF BEHAVIOR SUPPORT ♦ 2005

Focused on providing first-rate services by creating and reviewing behavioral support plans and training.

Supplied guidance and supervision to Behavioral Support teams.

State Training Director ♦ 2004 – 2005

Carried out design and presentation of curriculum for persons with disabilities, their families, staff, and administrative support personnel.

Accomplished wide-ranging results as Head of Legislative Advocacy and Trainer for Person-Centered Planning and essential Lifestyle Planning.

DIRECT SUPPORT PROFESSIONAL ♦ 2001 – 2005

Provided support on matters associated with respite and habilitation activities.

EXECUTIVE ASSISTANT TO THE VICE PRESIDENT ♦ 2003 – 2004

Worked closely with the Vice President to provide necessary administrative assistance.

### Education

M.B.A., Business Administration, University of Phoenix, Phoenix, AZ

B. A., Communications, Arizona State University

## Scot McClintic

4542 E Inverness Ave, Ste 210, Mesa, AZ 85206 | scotm@acumenfiscalagent.com

### PROFESSIONAL EXPERIENCE

- Jan '17 – Current      **Acumen, LLC**      Mesa, AZ  
*Chief Growth Officer*  
**Member of the executive management team, responsible for all revenue generating efforts including sales, marketing, business development, and growth strategy.**
- Leads all sales, marketing, business development, and growth strategy for Acumen's core businesses.
- Aug '15 – Jan '17      **Comcast Corporation**      Philadelphia, PA  
*Senior Manager, New Businesses | Innovation (Financial Technology & Energy)*  
**Senior Manager on the new businesses team, responsible for growing venture business platforms outside Comcast's traditional product offerings; Co-Founder of multi-million dollar business unit.**
- Leads financial technology new businesses and innovation for Comcast, with a current focus on algorithm-driven capital lending, small business need-based financial solutions, and cyber insurance
  - Provides critical strategic and financial support for Comcast's residential solar business, including constructing financial models, strategic presentations, and transaction structure for C-suite management
  - Sources, negotiates, and executes investment, business development, and partnership agreements
  - Executes M&A analysis and deal-making, focused on technology and renewable & conventional energy
- Mar '13 – Aug '15      **NRG Energy Inc.**      Princeton, NJ  
*Senior Financial Analyst, Mergers & Acquisitions | Venture Capital*  
**Senior Analyst on the M&A and venture capital team (Most Admired Corporate Deal Makers Award Winner 2014 & 2015), participating in \$4.5 billion of closed M&A and venture capital deals as a critical contributor**
- Roles in selected closed transactions included: \$4 billion acquisition of Edison Mission Energy (head financial modeler), \$80 million equity and construction financing investment package to FuelCell Energy (deal co-lead), divestiture of 108 MW Storm Lake Wind Facility to ACE (deal co-lead), California gas asset swap with Chevron (first-chair), and acquisition of the 1.4 MW Bridgeport fuel cell project (deal lead)
  - Sourced, valued, negotiated, and executed renewable energy focused venture capital minority investments
  - Additional deal responsibilities included assisting and leading M&A due diligence; specifically, PSA/MIPA/LTSA negotiation and other acquisition-related agreements and contracts
  - Executed strategic opportunity analysis and presentations to the CEO, CFO, and COO on a frequent basis
  - Contributed toward equity analysis and equity strategy white papers presented to executives, defining innovative opportunities to maximize NRG and NRG Yield's share price; topics included YieldCo drop-down strategy, optimal capital allocation, and transformative M&A versus IPO/spin-merge initiatives
- June '10 – Mar '13      **Bloomberg LP**      New York, NY  
*Senior Analyst, Equities Research (Power, Energy, & Utilities)*
- Proprietarily forecasted capital returns (dividends, ROIC, distributions) for 500 companies in the Power, Energy, & Utilities industries using regression and valuation modeling, fundamental/equity research, and subjective analysis. End users included options traders, quantitative traders, and portfolio managers
  - Consistently outperformed competitors (Wall Street equity research analysts) by an average of 11%
  - Rated in the top 20% of all employees at the Firm within first six months of employment as a result of high performance, and nominated for an Office Award highlighting exemplary outperformance

### EDUCATION

- Duke University, The Fuqua School of Business**      Durham, NC  
*Master of Business Administration, Finance & Management*  
 Finance, Energy, and Media & Entertainment Clubs
- The College of New Jersey**      Ewing, NJ  
*Bachelor of Science, Economics (3<sup>rd</sup> Highest GPA)*

### RELEVANT SKILLS

- M&A:** Financial modeling, deal sourcing, deal process management, and contract negotiation
- Business Development:** new business ideation, pilot agreements, & commercial agreement execution
- Statistics:** Experienced developing and running singular and multivariate regressions on large data sets to identify strategic trends for idea generation and process improvement
- Communication:** Exceptional communication and presentation skills demonstrated by on-air contributions to both Bloomberg Television & Radio





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## MATTHEW DEE

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### PROFILE: CIO

More than 10 years of comprehensive experience in directing IT operations with hands-on expertise gained from positions as CTO and IT Director for Rise Services, Inc., as well as Software Engineer and Consultant for IBM.

Adept at providing first-rate management and leadership to deliver innovative technical solutions and consultative guidance to all project assignments.

Skilled in managing multimillion-dollar projects, from inception to completion and delivery, for various Fortune 500 technology companies.

Strong technical acumen to develop and integrate applications on a wide range of platforms for multiple interrelated IT businesses.

Identify complex solutions and coordinate team efforts to achieve smooth and productive technical operations.

#### Core Skills include:

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- Strategic IT Operational Planning ♦ Risk Assessment & Control ♦ Budget Management
  - ♦ Disaster Recovery Operational Streamlining ♦ Project Management & Implementation
    - ♦ Vendor & Contract Management Business Continuity
    - ♦ Root Cause Analysis & Problem Resolution
  - ♦ Contract Management & Negotiations Continuous Process Improvement
  - ♦ Organizational Change Management ♦ HIPAA Compliance
    - ♦ Cross-Functional Team Leadership
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#### Achievements & Experience

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RISE SERVICES, INC., & ACUMEN, LLC MESA, AZ – CHIEF TECHNOLOGY OFFICER ♦ 2012 – PRESENT  
Utilize industry expertise in directing all aspects of application and technical support functions, while managing and controlling \$2M budget. Direct team of seven IT staff and 10 contractors, including database and system administrators. Serve as Security Officer for HIPAA compliance.

Provide tactical leadership to Acumen Management Team.

Conduct accurate and timely business analysis and make recommendations for equipment, software upgrades, and purchases with anticipated positive return on investment (ROI).

Secure and properly maintain all access to data systems.

Instrumental in administering latest security applications to support both on-site and remote servers, work stations, and customer access points.

Design, implement, and monitor Disaster Recovery and Business Continuity Plan for company and subsidiaries.

Develop, implement, and monitor large complex projects focused on transactional and batch oriented processing for fiscal intermediary services.

Instituted development and implementation of technology roadmap for company and subsidiaries.

DIRECTOR OF INFORMATION TECHNOLOGY ♦ 2011 – 2012

In charge of building and maintaining productive relationships with IT-related vendors to drive company efficiency and growth.

Implemented and monitored Work Management System for team of 6 IT professionals.

Designed, documented, and launched standardized processes for IT.

Launched IT asset tracking system to maintain HIPAA compliance, after conducting extensive research.

IBM, INC., PHOENIX, AZ – SOFTWARE ENGINEER, CONSULTANT, TEAM LEAD, & ARCHITECT ♦ 2002 – 2011

Accountable for partnering with Fortune 500 companies, state, and federal government agencies, as well as with institutions of higher education on data and content management, web content, data center migrations, and data warehousing initiatives.

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#### Education

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B.S., Computer Information Systems, Arizona State University (Summa cum Laude)

# Mindi Mitchell

## VP, Implementation

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### PROFESSIONAL EXPERIENCE

**RISE Services, Inc. / Acumen, LLC, Salem, Oregon**

**VP of Operations / VP, Implementation, February 2010 to current**

- Administer the management of RISE operations in Oregon
- Guide and coach state management team
- Provide safe and supportive services to persons with disabilities in a manner consistent with the RISE Mission, Vision, and Values
- Oversee the fiscal management of the programs in Oregon
- Ensure compliance with all State of Oregon Department of Human Services contracts
- Ensure compliance with all RISE corporate and state policies and procedures and other legal and regulatory requirements

**State Program Administrator, June 2002 to February 2010**

- Ensured that RISE provided quality supports to people in order to assist them in achieving desired outcomes
- Promoted the development of new and innovative supports for people
- Trained and mentored future leaders of RISE
- Ensured that RISE was a learning Organization at all levels and was continually looking for ways to increase knowledge and skills
- Recruited, hired, coached, and disciplined directors, coordinators and team leaders and ensured that they completed all required trainings
- Complied with all DHS-ODDS and other agency guidelines
- Maintained necessary records, logs, and other documentation as required by RISE and the state
- Demonstrated competency in financial and budgetary issues
- Established communication and partnership with RISE customers

**Area Director, July 2000 to June 2002**

- Coached, trained, and mentored employees, providing positive leadership and team building based on respect, cooperation, and competency
- Effectively solved problems and made decisions including resolving crisis situations and developing resolutions between parties
- Sought opportunities for new business, filled vacancies, and coordinated development
- Allowed for creativity and originality when developing new programs or supports
- Fostered positive relationships with key players from the county/state and upheld the utmost quality of programs to encourage the expansion of services
- Provided management and supervision of Residential Team Leaders in the district/region
- Ensured that designated programs met the expectations of RISE, state policies and procedures, all requirements of funding agencies, and trained staff on policies and Oregon Administrative Rules as required
- Complied with Federal Regulations regarding personnel issues, hiring practices and all other administrative issues
- Conducted monthly area manager staff meetings and trainings as required

### EDUCATION

**Bachelor of Arts, Eastern Oregon University, June 1999**

- Major in Sociology/Anthropology with Honors
- 1999 EOU Outstanding Sociology/Anthropology Student
- 1999 AAUW Outstanding Senior Woman
- Practicum – Department of Human Services, January 1999 to June 1999
- Tutor, May 1995 to September 1998

### PROFESSIONAL ACTIVITIES

- Oregon Rehabilitation Association - Member

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## CHRISTOPHER BATES

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### PROFILE: VICE PRESIDENT OF OPERATIONS

Extensive experience directing business operations and management through effective business systems analysis and project management to enhance operations. More than 10 years of expertise identifying business needs, working with end-users to gather requirements, and communicating technical information in a clear manner to technical and non-technical staff. Currently serve as VP of Fiscal Agent Operations for Acumen Fiscal Agent since 2010. Proficient in determining, meeting, and surpassing specific client needs. Practiced in clarifying business requirements and performing gap analysis.

Develop process and system improvements to increase productivity and reduce costs.

Capable of managing IT operations through effective management of staff and budgets.

Identify operational performance indicators to escalate efficiency and productivity, and maximize organizations' resources.

Adept at establishing policies, procedures, standards, and benchmarks in compliance with all federal, state, and local legal requirements within all contracts.

Recognized for ability to leverage strong project management skills, consistently exceed client expectations, deliver complex, large-scale projects, and meet all project deadlines, budgets, and specifications.

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### Core Skills include:

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Strategic & Tactical Planning ♦ Business Systems Analysis ♦ Operational Streamlining  
Regulatory Compliance Continuous Process Improvement ♦ Cost Reduction  
♦ Budget Optimization  
Project Development & Implementation ♦ Change Management

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### Achievements & Experience

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#### **ACUMEN, INC., MESA, AZ – VICE PRESIDENT OF FISCAL AGENT OPERATIONS ♦ 2010 – PRESENT**

Charged with directing development and implementation of all operational specific policies and procedures in compliance with all federal, state, and local legal requirements for all contracts. Ensure effective performance of staff essential functions, while achieving and/or surpassing all customer and contractual expectations and requirements for more than 40 self-directed programs.

Monitor establishment of standards to ensure measurement and effectiveness of all processes within the operational area.

Facilitate training of all staff on the specifics of legal, Medicaid, and contractual obligations.

Produce all required deliverables by ensuring the implementation of adequate internal controls.

In charge of preparing and presenting complete reports on the operating condition of the company.

Accountable for overseeing establishment and implementation of Acumen's current and future Information Technology strategy and vision.

Provide direction and support to all units and departments within Acumen in attaining all requirements related to technology, including application development and support, communications and network infrastructure, and business continuity and disaster recovery.

#### **STRATEGY EXECUTION PARTNERS, LLC, CHICAGO, IL – VICE PRESIDENT/ CHIEF OPERATING OFFICER ♦ 2007 – 2009**

Accountable for directing software development team, as well as finance, accounting, payroll operations, tax management, and treasury management.

Formulated and executed a reseller strategy that drove company to scalable revenue growth; designed a scalable operational platform for high-volume payroll and payroll tax processing, as well as converted operating costs from a variable to a fixed-cost structure.

Orchestrated the design, development, testing, and product launch of a fully integrated, full employee life-cycle human resources and payroll system.

#### **OASIS LEGAL FINANCE, LLC, NORTHBROOK, IL – DIRECTOR OF OPERATIONS ♦ 2004 – 2007**

Instrumental in structuring financial and operating requirements for Oasis' investor agreement.

Directed the recruitment and training of 30 operations personnel in company operations and standards.

Developed financial tracking of key indicators that was utilized for weekly and monthly reporting to the Board of Directors.

Spearheaded design and execution of IT infrastructure which included network, phone, fax and document management solutions.

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### Education

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M.S., Accountancy, DePaul University

M.B.A., Finance, Marquette University

B.S., Mathematics & Statistics, Utah State University

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## LAURA HOLMAN

1358 West Business Park Drive, Orem, Utah 84058 801.852.4562 laurah@acumen2.net

### JOB POSITION

#### QUALIFICATIONS PROFILE

Detail-oriented, dynamic, and versatile professional, equipped with solid expertise and experience in financial operations management, administrative support, and general accounting. Highly collaborative and conscientious; able to interact well with all levels of professionals including executives and individuals of diverse backgrounds. Efficient in processing information and in interpreting financial data in compliance with requirements. Articulate communicator; skilled at performing multiple tasks in competitive, highly challenging, and deadline-driven environments. **Areas of expertise include:**

*Financial Analysis and Management | Program Coordination | On-Site and Remote Program Audits | Regulatory Compliance  
Payroll Processing and Management | Team Coordination and Internal Communication  
Continuous Process Improvement | Reporting and Documentation*

#### PROFESSIONAL EXPERIENCE

Acumen Fiscal Agent, LLC • Orem, UT

##### VP OF IMPLEMENTATIONS | 2017–Present

- Proactively drive the development of product implementation & client services roadmaps to deliver best-in-class solutions for clients
- Ensure client implementations and ongoing client services are managed with 100% quality & client satisfaction
- Oversee project management, asset assignments and general quality of the implementation service delivered to the customer
- Actively engage with new business scoping & estimating activities, including providing resource estimates & capacity management oversight
- Support the scoping of projects by providing project resource estimates that represent the level of effort required to support projects/initiatives
- Cultivate open communication with customers, internal and external, and business partners in an effort to identify opportunities to improve processes and methodologies
- Establish clearly

##### PROGRAM MANAGER | 2008–2017

- Efficiently fulfilled a wide range of liaison duties, which included bridging internal communications between departments; cultivating and strengthening relationships for assigned states; and serving as head external contact for state stakeholders
- Closely monitored and ascertained full achievement of program expectations and contract requirements of the company by offering key recommendations to internal managers with regard to proper fulfillment of service terms
- Broadened knowledge of personnel on program rules, processes, resources, and materials by facilitating internal and external training
- Collaboratively worked with the internal team in assessing all escalated issues and structuring proactive processes and resolution to the problems
- Determined undesirable terms through keen business reviews and pre-legal reviews on any assigned contracts; thus, enabling negotiation of proper business terms
- Guaranteed on-time and proper completion of contracts and legal agreements by serving as the single point of contact and project manager on all aspects of the contract process
- Cultivated and maintained harmonious working relationship with appropriate stakeholders, enabling continuous performance and process improvement

#### Key Highlight:

- ✓ Coordinated booths, town hall meetings presentation, and marketing activities, which resulted to improvement of positive communication, as well as company visibility and promotion among various audiences

##### PAYROLL SUPERVISOR | 1998–2008

- Proficiently handled the processing of time and earnings records, payroll checks, and various reports and payments
- Provided keen oversight to payroll worth \$10M for more than 3,500 clients across 10 different states
- Facilitated training and guidance to seven payroll processors toward the achievement of their full potentials
- Leveraged expertise in rendering technical support with the administration and maintenance of proprietary accounting software
- Coordinated with appropriate entities in managing account balancing, payroll reporting, and report submissions

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## LAURA HOLMAN

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📍 1358 West Business Park Drive, Orem, Utah 84058 📞 801.852.4562 📧 laurah@acumen2.net

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### EARLIER CAREER

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**PAYROLL PROCESSOR**  
Acumen Fiscal Agent, LLC • Orem, UT

**JUNIOR ACCOUNTANT**  
Columbia Fawcett Memorial Hospital • Charlotte, FL

**SERVICE COORDINATOR**  
Columbia Mountain View Hospital • Payson, UT

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### EDUCATION AND CREDENTIALS

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*AAS, Accounting at Utah Valley Community College Orem, UT 1990*

*BS, Business Management at Utah Valley State College Orem, UT 2003*

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## MARIE CRESS

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### PROFILE: PAYROLL OPERATIONS MANAGER

More than 14 years providing payroll services and leadership. Currently managing the Payroll Department for Acumen, Inc., and previous experience with Acumen includes 3 years as the Payroll Supervisor, 1 year as the Benefits Administrator and an HR Coordinator, as well as a Payroll Specialist for 2 years.

Adept at development of standards for the measurement and effectiveness of all payroll department processes. Consistently identify opportunities for improvement and work with Director of Operations to identify, test, and implement short- and long-term resolutions, including process improvement, new technology, and training of team members.

Excel in establishing department goals and monitoring progress to meet objectives.

Assist the Director of Operations with development and launch of all operations specific policies and procedures in compliance with all federal, state, and local legal requirements including DOL and IRS compliance.

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### Core Skills include:

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Payroll Operations Management ♦ Payroll Metrics ♦ Payroll Best Practices ♦ Change Management Policy & Procedure Development ♦ Regulatory Compliance ♦ Payroll Audits ♦ Efficiency Improvement State & Federal Funded Program Quality Management ♦ Training Process Development Benefits Administration ♦ Open Enrollment ♦ Reporting as Quality Checks ♦ Benetrac

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### Achievements & Experience

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#### ACUMEN, INC., MESA, AZ – PAYROLL MANAGER ♦ 2015 – PRESENT

In charge of payroll operations and establishing department goals while leading team of 2 direct reports and several indirect reporting staff. Oversee performance standards and metrics development to ensure effective and efficient processes and procedures.

Develop and launch all payroll operational policies and procedures in compliance with all federal, state, and local legal requirements, including DOL and IRS compliance in collaboration with the Director of Operations.

#### Payroll Supervisor ♦ 2012 – 2015

Accountable for implementing efficiency improvements. Assisted Payroll Manager in the development of departmental goals and standards to increase productivity and improve output.

Facilitated annual Yellowbook audit working closely with auditor.

Eliminated weekly overtime; developed and trained Processors in best practices for multi-state payrolls. Managed and evenly distributed tasks among 9 Processors by recognizing individual strengths and skillsets.

#### HR COORDINATOR & BENEFITS ADMINISTRATOR ♦ 2011 – 2012

Managed all aspects of benefits administration, including coordination of open enrollment, monthly reconciliations, and discrepancy resolution.

Spearheaded the implementation of Benetrac, an online benefit enrollment system; organized employee training schedules, and worked with carriers to upload demographic data, resulting in 100% accuracy during open enrollment.

Improved new hire start-up effectiveness by implementing Onboarding Process.

#### PAYROLL SPECIALIST & TRAINER ♦ 2009 - 2011

Implemented reports as a quality check within payroll department to ensure timely processing on pending issues. Liaison between payroll department and the PI team to address needs and provide solutions.

Conducted training and created tutorials for new Payroll Processors.

Documented department processes and policies for consistency and best practices.

Prior experience includes Payroll Associate and HRIS Analyst for Fresenius Medical Care, as well as Accounting Clerk III Payroll Specialist for Value Options, Inc.

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### Education

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B.S., Business Management and Administration, Northern Arizona University

# Jason Chapman

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455 South Recker Rd., Gilbert, AZ 85296  
Home: 208-970-0817  
Jac7510@icloud.com

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## EXECUTIVE

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An accomplished leader of operations and business savvy with expertise in developing new projects, centers and departments while streamlining delivery of products and services within the Education, Sales and Training Industry. Proven ability to build upon existing departments and establish well-organized productive business units.

Demonstrated success directing and managing the development of departments during periods of tremendous growth. Deep understanding of how relationships are built and sustained through trust and loyalty. Passionate for performance leadership and driven to succeed. An ambitious leader who supports key business initiatives and meets and exceeds demands. Highly driven, proactive and ethical.

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## SKILL HIGHLIGHTS

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- Product Development
- Leadership/Staff Development
- Teamwork/Cross-Departmental
- Performance Management
- Foresight
- Operations Management
- Communication Skills
- Training/Presentation
- Data Analysis
- Effective Time Management

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## CORE ACCOMPLISHMENTS

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### Operations Management:

- Successfully Managed and launched two campuses from ground work
- Reorganized and hired sales team at DeVry University
- Directed Sales Department and staff
- New Hire Onboarding Process
- KPI Reports and Performance Management

### Leadership/Staff Development:

- Developed and Inspired University of Phoenix's Enrollment Advisors to become 8 Team leads and 4 Managers in two years.
- Lead by Example through driving people to their "WHY"
- Encouragement Self and Professional development thru study/courses to develop self
- Mentored trainers and sales coaches and other leaders
- Consistently provided guidance training and direction to 200+ advisors

**Performance:**

- Helped Increase enrollment revenue by 225% for Central Division at University of Phoenix
- Top 10% of 3,000 Enrollment Counselors consistently for 2 years.
- Earned review period last 6 months of sales 131% of corporate budget.
- Outperformed 574 teams in the last two quarters, top 25 in country.

**Training/Curriculum Development:**

- Co-Created University of Phoenix's enrollment training process for region/company to produce results and boost performance.
- Created the design and content for sales training and leadership development at Progrexion Marketing.
- Organized and trained Zig Ziglar and Brian Tracy Brown-Bag Seminars for Schein Pharmaceutical employees
- Successfully spearheaded and grew an outbound sales team at Novell Inc.

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**PROFESSIONAL EXPERIENCE**

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**Enrollment Manager, Acumen, LLC** July 2017-Current

- Manage team of 20+ enrollment specialists located across the United States
- Responsible for optimizing Acumen's enrollment center operations
- Design and implement strategies to improve enrollment efficiency and turnaround time

**Sales Manager, Progrexion Marketing** Jan 2016-July 2017

- Managed Sales team of 16 agents to sell for Lexington Law's Credit Repair
- Top 2 Sales team month over month meeting monthly goals of sales
- Motivate, coach, teach and inspire agents
- Motivated, inspired and lead team through metric driven performance and customer service

**Corporate Trainer, Progrexion Marketing** Oct 2012-Dec 2015

- Proactively worked with Directors and Managers in assessing on-going training needs then developed and delivered on content to meet leaderships expectations
- Trained new hires on company values, business, sales skills to do their jobs effectively
- Top trainer for 3 years in sales conversion and retention

**Associate Director of Admissions, DeVry University,** March 2010-Sept 2012

- Directed the development, execution and coordination of Admissions Office to ensure that objectives, goals, budgets, policies, practices and actions produce desired student recruitment results.
- Carried out supervisory responsibilities to assess the needs of the department: monthly/weekly planning, assigning, and directing work of subordinates; appraising their performances; rewarding and disciplining employees; addressing complaints and resolving problems with students.

**Enrollment Manager, University of Phoenix,** April 2006-March 2010

- Managed day to day business operations of staff including hiring, training/coaching and disciplinary.

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**EDUCATION**

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**Masters of Business Administration, University of Phoenix, MBA, Graduation Date: May 2007.**

**B.S. Business Management, Emphasis: *International Marketing*, Brigham Young University-Idaho**



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## LEANNA VANROEKEL

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### PROFILE: TAX & ACCOUNTS RECEIVABLE MANAGER

Comprehensive experience comprised of more than 14 years in Accounting and Accounts Receivable management. Currently the Billing and Tax Manager for Acumen, Inc. since 2011, promoted from Billing and Budgeting Manager (2008 – 2011). Prior experience includes 1 year as Staff Accountant and 6 years in Accounts Payable & Accounts Receivables.

Excel in ensuring IRS and state Department compliance; skilled in oversight of all tax reporting, payments, and filings for state and federal in all states served by Acumen.

Provide a high-level of support for numerous billing systems and associated software.

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### Core Skills include:

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Accounts Receivable ♦ Accounts Payable ♦ Budgeting ♦ Audits ♦ Procurement ♦ Purchasing  
IRS Federal & State Department Tax Compliance ♦ Customer Service

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### Achievements & Experience

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#### ACUMEN, INC., MESA, AZ – BILLING & TAX MANAGER ♦ 2011 – PRESENT

Added accountability for Tax management function while continuing to direct Accounts Receivable department. Manage staff of 6 in processing and collections for more than \$80M annually. Support numerous billing systems and software spanning 15 states comprised of 59 separate programs. Ensure IRS and state Department tax compliance. Oversee all tax reporting at state and federal level for all states that Acumen serves. Process consolidated quarterly 941 reports and annual 940 report. Oversee processing of more than 10K W2's. Assure all 940 and 941 deposits are made accurately and timely. Reduced company aging from \$1.07M to \$247K.

Achieved 0 federal tax penalties for 2 years.

#### BILLING & BUDGETING MANAGER ♦ 2008 – 2011

In charge of assisting Payroll, Enrollment, and Budgeting Departments to resolve issues. Managed Accounts Receivable and Tax department with a staff of 6. Supported numerous billing systems and software spanning 15 states. Oversaw accurate processing of clients' budgets. Implemented changes to client budgets due to annual tax changes, including pay increase and/or decreases and service code changes.

Decreased company aging from \$3.07M to \$1.07M.

Completed annual and fiscal year flip for Budgeting without overtime.

#### GESPAC/B&B BLINDS AND BUILDER SERVICES, GILBERT, AZ – STAFF ACCOUNTANT ♦ 2007 – 2008

Accountable for all Accounts Payable functions, including reconciliation and payment, as well as for Receivables billing and payment.

#### BROCK SUPPLY COMPANY, MESA AZ – ACCOUNTS PAYABLE / RECEIVABLE ♦ 2001 – 2007

Reconciled customer credit card transactions with bank statements and processed more than 250 checks daily.

Prior experience includes Accounting Assistant for AmBath Corporation and Arizona Rebath.

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### Education

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B.S., Business and Economics, Arizona State University

## LISA D. MEFFORD

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### PROFILE: CUSTOMER SERVICE OPERATIONS MANAGER

More than 20 years of experience in the field of Customer Service, with the last 9 years at Acumen as the Customer Service Manager.

Adept at developing and implementing all operations specific policies and procedures in compliance with all programmatic, federal, state, and local legal rules and regulations.

Skilled in directing the development of standards for the measurement and effectiveness of all processes within the Customer Service department.

Proficient in creating a customer centric team that meets or exceeds all customer service requirements.

Ensure adequate training for personnel within the Department. Provide leadership, supervision, coaching, feedback, development, and discipline to team.

Handle escalated issues with families and states as necessary.

Participate in cross-departmental meetings and facilitate effective cross-departmental communications.

### Core Skills include:

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Client / Customer Relationship Management ♦ Customer Service ♦ Call Center Operations  
Employee Engagement ♦ Training ♦ Staff Scheduling ♦ Team Leadership & Motivation

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### Achievements & Experience

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Advanced through positions of increased accountability for Customer Service and customer relationship management based on consistently exceeding goals and expectations.

ACUMEN, INC., MESA, AZ – CUSTOMER RELATIONS MANAGER ♦ 2/2015 - PRESENT

Promoted and charged with directing all operations for a call center receiving up to 9K calls per month.

Ensure policies and procedures are in compliance with all programmatic, federal, state, and local legal rules and regulations. Author effective call scripts encompassing Customer Service best practices. Assure all email contacts are completed according to security regulations and in timely manner. Handle escalated calls and resolve problems and issues. Monitor monthly results to ensure highest-level of service in being provided, and call metrics are met or exceeded. Manage staff of 14 providing leadership and coaching. Lowered call answer time by 30%.

Decreased number of calls transferred to internal department for 1<sup>st</sup> call resolution from 7% to 3%.

Improved overall morale of department staff.

ACUMEN, INC., MESA, AZ – CUSTOMER RELATIONS & ENROLLMENT SUPERVISOR ♦ 2012 – 2/2015

Placed in charge of managing and training up to 20 Customer Service Representatives and Enrollment Specialists including 2 remote staff members. Ensured all incoming paperwork and communications received were processed accordingly to contractual guidelines. Monitored live calls to guarantee customer call quality. Organized staff schedules and breaks for full coverage at all times. Facilitated weekly staff meetings. Created FAQ's for staff usage.

Instituted goals for Enrollment Specialists to meet or exceed contractual guidelines.

Trained staff to become proactive in noticing hidden issues and offering solution suggestions.

ACUMEN, INC., MESA, AZ – LEAD PAYROLL PROCESSOR ♦ 2010 – 2012

Accountable for accurately processing payrolls for more than 5 state programs. Handled payroll banking files for more than \$250K. Resolved all escalated payroll issues. Managed 7 staff.

Eliminated problems with a specific payroll.

Was requested to serve as lead payroll processor for a new contact.

ACUMEN, INC., MESA, AZ – BUDGET & ENROLLMENT PROCESSOR ♦ 2008 – 2010

Managed budgets and rates sheets for variety of states and their associated programs. Processed enrollment forms for all potential clients, employers, and employees.

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## TARA L. KATALINIC

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### PROFILE: DIRECTOR OF QUALITY AND COMPLIANCE

More than 25 years of experience in leading multi-departmental quality initiatives, business development, projects, and customer service. Primary role at Acumen for the last 8 years is to ensure contractual compliance and interpret Medicaid, state, and federal funding regulations for the business. Lead quality improvement and compliance endeavors with a disciplined and structured problem solving approach that aligns to business priorities.

Currently Director of Quality and Compliance for Acumen, Inc. since 2/2012, and previous experience includes 4 years as a Project Manager for Quality Management.

Review and analyze laws, regulations, insurance and contracts to identify organizational requirements and guide internal compliance efforts to satisfy those requirements.

Adept at facilitating all compliance efforts to maintain and meet contractual regulations.

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### Core Skills

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Quality Control ♦ Quality Assurance ♦ Quality Compliance ♦ Project Management  
Process Improvement ♦ Client Relationship Management ♦ Customer Service  
Benefits & Compensation ♦ Training & Development ♦ HIPAA  
Contract Compliance ♦ Human Services ♦ State & Federal Funded Program Quality Management

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### Achievements & Experience

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ACUMEN, INC., MESA, AZ – DIRECTOR OF QUALITY & COMPLIANCE ♦ 2/2012 – PRESENT

Lead quality improvement and compliance Initiatives. Collaborate with departments to develop preventative and corrective actions to resolve issues. Review and analyze impact of state legislative and regulatory issues, as well as insurance and contracts to advise management on impact/risks and guide internal compliance efforts to satisfy requirements and meet contractual regulations. Evaluate internal and external audits and surveys to measure organizational success and establish future goals to improve customer satisfaction.

Facilitate cross-department participation to compile accurate documentation for responses to Audits, Subpoenas and RFI. Maintain detailed records related to the request in compliance with HIPAA and contract requirements. Prepare audit results to identify trends and provide feedback for internal quality improvement projects. Manage complaint process; track trends and conduct reviews of quality issues and client concerns. Develop and maintain programs and systems through internal self-audits that ensure the organization complies with all policy, process, and contract requirements.

Achieved 100% compliance with HIPAA and state/federal regulations for all record requests, subpoena response, and audit reporting.

Project managed 4 major program audits spanning up to 2 years, over 500 participants, some with more than 1K line-items each. This included breaking down & outlining the specific deliverables for each audit, coordinating internal resources, developing action plan with timelines, tracking progress, auditing results for accuracy, and gathering/packaging deliverables.

ACUMEN, INC., MESA, AZ – PROJECT MANAGER FOR BUSINESS DEVELOPMENT & QUALITY MANAGEMENT ♦ 5/2011 – 2/2015

In charge of managing RFP and Proposal submissions, including Medicaid Waiver research, opportunity evaluation, contract review, and recommendations.

Served as Project Manager for more than 5 successful Assisted Enrollment roll-outs, as well as Program Manager for 2 new successful program implementations (IN CICOA and CA).

Created multiple training modules and resource materials for employers enabling better understanding of their role with self-direction.

Developed and facilitated a 2-week Customer Relations new hire training for group of 10 new hires.

ACUMEN, INC., MESA, AZ – QUALITY ASSURANCE & CUSTOMER SUPPORT SPECIALIST ♦ 8/2009 – 5/2011

Accountable for documenting procedures for Quality Assurance. Reviewed and provided recommendations for all external communications prior to distribution. Resolved client issues in an incoming call center.

Documented processes and procedures.

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### Education

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Completed 2 years at Southwest Texas State University

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## SAKSHI PARKER, CPA

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### PROFILE: CONTROLLER

Comprehensive experience comprised of more than 13 years in finance and accounting management. Currently serve as Controller for Acumen, Inc. since 2010. Previous experience includes 2 years as the Audit and Tax Accountant for Tull, Forsberg & Olson and Finance Manager, Staff Accountant for 4 years at an automotive dealership in California. Effective at maintaining strict confidentiality of sensitive information. Strategic planner skilled at developing budget and cost controls, financial analysis, accounting practices, and report preparation. Establish internal controls/procedures to support optimal results. Certified Public Accountant, State of Arizona.

Proficient in directing all corporate financial transactions, coordinating, and supporting audits. Adept at collaborating with Program Manager to meet contractual commitments to the client through timely accurate reporting and issue resolution, as well as maintaining regulatory compliance.

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### Core Skills include:

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Financial Management ♦ Regulatory Compliance ♦ General Ledger  
♦ Asset Management & Depreciation  
Balance Sheet Reconciliation ♦ Cash Flow ♦ Process Improvement & Optimization ♦ GAAP & GAGAS  
SSARS ♦ AP, AR, & Tax Transactional Functions ♦ Tax Reporting & Compliance  
Budgeting ♦ Variance Analysis ♦ Audit Management

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### Achievements & Experience

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#### ACUMEN, INC., MESA, AZ – CONTROLLER 2010 – PRESENT

In charge of finance operations, including General Ledger, Accounts Payable, Accounts Receivable, and payroll, as well as balance sheet reconciliations, fixed asset, tax, property, and sales tax reports, and generating annual budget and variance analysis. Evaluate monthly tax accruals, coordinate preparation of financial statements, and facilitate analysis before distribution. Prepare and pay corporate income taxes. Administer transactional review for revenue and expense accounts, as well as for cash flow for forecasting. Lead finance and accounting staff.

Maintain integrity and confidentiality of general Ledger accounting system, particularly the chart of accounts and sub-accounts.

**Sustain regular coordination with operational managers to guarantee the achievement of all clients' needs and requirements through timely and accurate reporting and problem resolution.**

#### TULL, FORSBERG & OLSON, PLC, PHOENIX, AZ – AUDIT & TAX ACCOUNTANT 2008 – 2010

Strictly conformed to Generally Accepted Accounting Principles (GAAP), Generally Accepted Government Auditing Standards (GAGAS), and Statements on Standards for Accounting and Review Services (SSARS) in generating financial statements and footnote disclosures. Prepared quarterly and annual payroll reports. Assumed accountability in preparing and processing corporate, partnership, and individual tax returns.

#### NABERS PONTIAC GMC BUICK CADILLAC, COSTA MESA, CA – STAFF ACCOUNT, FINANCE MANAGER 2003 – 2007

Accountable for evaluating receivable reports for Fixed Operations and Sales departments; executed corrective action plan for more than 90-day receivables. Ensured compliance with funding processes in securing all deals.

Reconciled monthly vendor statements for Accounts Payable.

Prior experience includes Staff Accountant positions with Yohalem Gillman & Company, LLP in New York, NY and Arthur Andersen, LLP in New York, NY.

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### Education

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B.S., Accounting and Finance, New York University

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## LUIS NOVELO

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### PROFILE: SENIOR SOFTWARE DEVELOPER

More than 30 years of comprehensive experience in Information Systems management, development and support. Maintain and enhance applications developed in-house, and provide production support for 3<sup>rd</sup> party applications.

Adept at identifying business and client needs, working with end-users to gather requirements, and communicating technical information in a clear manner to technical and non-technical staff.

Proficient in determining operational feasibility by evaluating analysis, problem definition, requirements, solution development, and proposed solutions. Practiced in clarifying business requirements and performing gap analysis.

Skilled in demonstrating solutions by developing documentation, flowcharts, layouts, diagrams, charts, code comments, and clear code.

Improve operations by conducting systems analysis and recommending changes in policies and procedures.

Prepare and install solutions by determining and designing system specifications, standards, and programming.

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### Core Skills

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Software Development Life Cycle (SDLC) ♦ Systems & Application Analysis  
♦ Requirements Gathering ♦ Documentation ♦ System Design ♦ Systems / Application Implementation  
.Net ♦ ASP.NET ♦ MS SQL ♦ PowerBuilder ♦ C# ♦ TSQL ♦ MVC ♦ NHibernate

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### Achievements & Experience

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ACUMEN, INC., MESA, AZ – SENIOR SOFTWARE DEVELOPER & SUPPORT SPECIALIST ♦ 2015 – PRESENT

Develop software solutions by studying information needs and requirements, conferring with users, analyzing systems flow, data usage, and work processes. Investigate problem areas and implement solutions following Software Development Lifecycle (SDLC) best practices.

Conducted systems analysis and recommended changes in policies and procedures that improved operations.

Obtain software licenses, test and approve products to recommend purchases.

Keep up-to-date in state-of-the-art development tools, programming techniques, and computer equipment.

Provide information for effective decision making by collecting, analyzing, and summarizing development and service issues.

BSI GROUP, SCOTTSDALE, AZ – SOFTWARE DEVELOPER ♦ 2013 – 2015

Became the expert report developer for Entropy utilizing MS SQL Server Report Builder.

Maintained and enhanced the Entropy system based on technologies such as MVC, C# and NHibernate.

FIRST ADVANTAGE, INC., SCOTTSDALE, AZ – SOFTWARE DEVELOPER ♦ 2007 - 2013

Led technical efforts of a multi-location team in charge of the development of the new .NET based IFTA (International Fuel Tax Agreement) system using ASP.NET, C# and MS SQL.

Maintained and enhanced the IFTA system. (Front end: PowerBuilder, back end: MS SQL 2008)

Created ETL packages to transfer large amounts of data from a legacy system to a new system using SSIS.

Automated the License Renewal Notification for the transportation system (C#, TSQL).

Acted as Technical Resource and as Data Architect to design and develop the application.

Collaborated in migrating Workforce Development from PowerBuilder to .NET. (DotNetNuke with C#).

MULTI-SYSTEMS, INC., PHOENIX, AZ – SOFTWARE ENGINEER ♦ 2005 – 2007

Maintained and enhanced Nova Plus PMS (Property Management System) and all its related applications.

Enhanced and maintained 1½ Way CRS (Central Reservation System) Interface for Best Western.

Prior experience includes Corporate Manager of Information Systems for Grupo CER in Merida, Mexico,

Information Systems Manager for Dist. Dekafarma in Merida and Programmer Analyst for SIGA del Sureste in Merida, Mexico.

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### Education

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B.A., BUSINESS ADMINISTRATION AND COMPUTER SCIENCE, UNIVERSIDAD DEL MAYAB

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## Amy Engbarth

412-258-0996 | [amy@acumen2.net](mailto:amy@acumen2.net)

### Experience

Acumen Fiscal Agent

June 2017-present

Regional Program Manager

- Establish, foster and grow relationships with key stakeholders including but not limited to state/program representatives and case worker organizations
- Develop strategies to support the growth of new and existing programs through marketing, education and community outreach and social services organizations.
- Act as liaison between the funding entity and Acumen
- Analyze trends and resolve customer inquiries
- Identify, pursue, and maximize business opportunities for our current product line
- Represent Acumen publicly at events such as conferences, trade shows, forums, stakeholder groups, pre-bidders, etc.

Office of Vocational Rehabilitation

2015-June 2017

Western Regional Transition Specialist

- Provide training and technical assistance to seven district offices in the western region through guidance documents, webinars, videoconferences, and in-person facilitation
- Statewide lead on Discovery Pilot Program involving creation of all training materials, coordinating training between staff and external stakeholders, and providing follow up assistance to pilot offices
- Facilitate bi-weekly meetings with Executive Team for input and collaboration on service design and delivery
- Lead work groups to engage staff at all levels in designing new policy and procedure on a statewide level
- Collaborate with Systems and Evaluation Team to create metrics for new services and projects

Office of Vocational Rehabilitation

2009-2015

Vocational Rehabilitation Counselor

- Serve as a liaison to various high schools in Allegheny County, providing transition and counseling services to students with disabilities to help facilitate transition into post-secondary education and employment
- Coordinate financial services with colleges and training programs for students receiving OVR financial support
- Use data system to ensure cases are in status and documentation needed for case compliance
- Promote the training and hiring of people with disabilities to employers and review incentives for hiring
- Analyze evaluations and medical records to determine a client's readiness for employment and eligibility for OVR services
- Successfully manage a caseload of over 200 clients and consistently meet rehabilitation goals

### Education

West Virginia University

2009

M.S. in Rehabilitation Counseling

Certified Rehabilitation Counselor

Washington and Jefferson College

2007

B.A. in Psychology

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## RYAN ARNOLD

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PROFILE: IT SYSTEM ADMINISTRATOR / IT MANAGER

Proficient in System and Network Administration and directing IT teams and projects. Currently serve as System Administrator and IT Manager for Rise Services since 2012, and previously for CENTENE as System Administrator for 1 year, Senior Lead IT Support Specialist, and IT Support Specialist for 3 years.

- ◆ Develop, manage, and maintain stable networks with maximum uptime.
  - ◆ Adept at designing projects and implementing solutions that automate repetitive IT tasks.
- 

### Core Skills include:

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Strategic IT Planning ◆ Project Management, Development & Execution  
System & Network Administration

Wireless Networks ◆ Disaster Recovery ◆ Budgeting for Hardware & Software

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### Achievements & Experience

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RISE SERVICES, INC. & ACUMEN, LLC, MESA, AZ ◆ 7/2012 – PRESENT

Systems Administrator & IT Manager ◆ 9/2014 – Present

Promoted through several positions to current role. Manage a team of 5 IT staff in Arizona, Utah, and Oregon. Design projects and solutions that automate repetitive IT tasks. Provide training and support for the IT staff. Accountable for yearly budgeting for software/hardware costs.

Projects directed, designed, developed, and implemented include:

- ◆ Software upgrades, and a Direct Access multi-site solution on Server 2012.
- ◆ Implementation of wireless network using Unifi AP's and domain authentication.
- ◆ A web-based IT portal using PHP, HTML5, CSS3, jQuery, JavaScript, and PowerShell.
- ◆ SCOM 2012 R2 for infrastructure monitoring.
- ◆ Orchestrator 2012 R2 for runbook automation.
- ◆ VMware SRM 5.X solution for disaster recovery.

SYSTEM ADMINISTRATOR ◆ 7/2012 – 9/2014

Accountable for providing support for company's network, SAN, backup software, physical/virtual servers, and production applications. Manage Dell EqualLogic SANs (PS600XV, PS6100XV), and assist in management of Active Directory environment, including DNS, DHCP, Site and Services, GPOs, users and computers.

Projects completed include development and design of the following:

- ◆ Implementation of VMware 5.X environment, including vCenter Server, ESXi, SRM and Update Manager.
- ◆ Design and implement SCCM 2012 environment, including Primary Site server, Database server, Distribution Points, SUP, Endpoint Protection, OS Task Sequences, and Application packing/scripting.
- ◆ Redesign LAN configuration for best-practices on Dell 6248 switches for client and SAN traffic.

CENTENE, CLAYTON, MO ◆ 6/2008 – 7/2012

SYSTEM ADMINISTRATOR ◆ 5/2011 – 7/2012

Provided technical support for physical and virtual environment of 800+ servers, as well as for 5.4K+ end-users. Managed ticket resolution, application, file-system/disk management, print server support, and server OS installation. Managed SCCM 2007 multi-site infrastructure.

- ◆ Functioned as Team Lead in Windows XP to Windows 7 migration project for the entire company.
- ◆ Collaborated with Telecom, Networking and Application departments to design and implement new solutions.

SENIOR LEAD IT SUPPORT SPECIALIST ◆ 3/2011 – 5/2011

Supplied Tier 2 desktop, application, and hardware support for users. Investigated, researched, and resolved complex IT related issues.

IT SUPPORT SPECIALIST ◆ 6/2008 – 3/2011

Charged with providing Tier 1 desktop, application and hardware support for users.

- ◆ Thoroughly documented IT related issues and processes.
  - ◆ Increased departmental efficiency by resolving issues in a timely manner.
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### Education

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B.S., Telecommunication and Networking, Southeast Missouri State University

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## DRAKE I. MARINCA

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### PROFILE: IT PROJECT MANAGER

Adept at directing IT projects and teams in diverse IT/IS environments, particularly multi-layer projects. Current serve as IT Project Manager for Rise Services and Acumen since 2011 for Rise Services, Inc., and previously as IT Network Administrator for APSM Systems for 4 years. Institute procedures and policies for IT security and IT audits to ensure HIPAA and regulatory compliance. Develop and launch Disaster Recovery plans and crisis management.

- ◆ Develop, manage, and maintain large-scale, extensive IT infrastructure environments.
- ◆ Skilled in interaction with vendors and contractors to assure secure environments.
- ◆ Expertise with various hardware infrastructures: Cisco, EMC, IBM, HP, Lenovo, Dell servers/clients

### Core Skills include:

Strategic IT Planning ◆ Project Management & Development ◆ Budgeting ◆ System Quality Assurance  
IT Security ◆ Disaster Recovery ◆ Multiple & Concurrent Project Management

### Achievements & Experience

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RISE SERVICES, INC. & ACUMEN, INC., MESA, AZ ◆ 9/2011 – PRESENT

IT Project Manager / IT Manager / Systems Administrator

Promoted through several positions to current role as IT Project Manager and accountable for simultaneously managing 2 companies totaling 500+ employees distributed across 40+ sites in 3 states interdependent on 4 data centers. Apply individual company policies and procedures while maintaining independent IT frameworks for both companies.

- ◆ Ensure IT security and system uptime.

APSM SYSTEMS, PHOENIX, AZ – NETWORK ADMINISTRATOR ◆ 1/2007 – 9/2011

Advanced from IT Support Administration to Network Administrator for this contract manufacturer with 3 sites in 2 countries, more than 290 workstations, multiple servers, and complex network infrastructure.

EMERSON ELECTRIC, PITESTI, RO – IT MANAGER ◆ 1/2006 – 10/2006

Developed new EAME IT Department in Eastern Europe. Created IT infrastructure for a plant with 1.5K employees.

VALEO (VECS AND VCC BRANCHES), MIOVENI, RO – DIRECTOR OF IT ◆ 2/2004 – 1/2006

Managed all IT functions for 3 sites that shared IT infrastructure and supported 1.2K employees, 380+ workstations, and 27 servers. In charge of security and security audits. Designed infrastructure and configuration. Hired and managed IT team.

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### Certifications

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Microsoft:

MCITP - (MCSE) 70-646 Microsoft Certified IT Professional Windows Server Administrator

MCTS - (MCSA) 70-642 TS: Windows Server 2008 Network Infrastructure, Configuring

MCTS - (MCSA) 70-640 Windows Server 2008 Active Directory Configuration

VMware:

Sphere: Install, Configure, Manage [V5.0]

Center Site Recovery Manager: Install, Configure, Manage [V5.1]

CISCO Networking Academy Program:

Cisco Certified Network Associate 1 (CCNA)

CompTIA Association:

CompTIA A+ Certified (Essentials + 220-602)

CompTIA Network+ Certified (N10-003)

CPI:

Implementing Operating Systems. Windows Server Network Administrator

Fundamental Notions on Networks and Operating Systems

2Wire:

Broadband Networking and Customer Service Specialist

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### Education

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Business School Graduate (BS) – International University of Economics (Bucharest)

#### 4. STAFFING PLAN AND PROJECT RESOURCES

Acumen will designate staff across relevant functional groups to assist with the implementation and ongoing operation of each PD Program. To visualize Acumen’s staffing strategy for the PD Programs’ size and scope, we have provided Table III. Table III is an indicative, to-be-finalized, staffing plan. The employees listed in Table III will be engaged in delivering on Acumen’s obligations under the Contract.

**TABLE III**

Staffing Plan for VT PD Programs						
RFP dated July 18, 2017 (State of Vermont)						
Acumen Fiscal Agent, LLC						
Department	Key Staff Name	Staff Position	RFP / Project Accountability	FTE Count	Hours/Week per FTE	Total Hours per Week
<b>Executive Leadership</b>						
	CEO	CEO	Entire RFP	1	10	15
	VP of Operations	VP Operations	Transition; Ongoing operations	1	15	23
	VP of Implementation & Project Mgmt	VP Implementation	Transition of PD Programs from incumbent to Acumen	1	15	23
	CFO	Chief Financial Officer	Ongoing financial operations and stability	1	15	15
	CGO	Chief Growth Officer	RFP; Contract; Program management	1	13	13
	CTO	CTO	DCI IT, IT security, and systems	1	15	15
	VP of Training	VP Training	Participant/Worker onboarding training; Supports Brokerage training, DCI training; Subcontractor training (if required)	1	15	18
	HR	VP, Human Resources	Staffing needs for PD Programs	1	8	17
<b>Total</b>				<b>8</b>	<b>105</b>	<b>137</b>
<b>Program Management</b>						
	State Directors/Leads	Vermont Program Directors / Leads	Day to day operations of program, with on-the-ground presence; customer support, training of all stakeholders, issue resolution, and Department communication	5	50	250
	Regional Program Director	Regional Program Director (responsible for VT)		1	45	45
	Back-up PMs	Program Manager		4	4	16
<b>Total</b>				<b>10</b>	<b>99</b>	<b>311</b>
<b>Quality &amp; Compliance</b>						
	QC	Division Head	Policies & procedures, quality management, quality assurance	1	13	13
		QA Specialists		5	8	40
<b>Total</b>				<b>6</b>	<b>21</b>	<b>53</b>
<b>Enrollment</b>						
	Enrollment	Division Head	Electronic, face-to-face, and mail-in enrollment of Participants, Employees, Vendors (exceeding performance standard timelines) with Acumen	1	26	26
		Enrollment Team Lead		1	26	26
		Enrollment Specialists		10	26	264
<b>Total</b>				<b>12</b>	<b>26</b>	<b>317</b>
<b>Payroll</b>						
	Payroll	Division Head	Processing of all payments to Employees and Vendors (as applicable); All payroll-related functions (e.g. tax withholding)	1	26	26
		Team Lead		1	26	26
		Payroll Specialists		10	26	264
<b>Total</b>				<b>12</b>	<b>79</b>	<b>317</b>
<b>Tax</b>						
	Tax	Division Head	Calculating, withholding, filing, reporting tax payments to federal, state, local tax authorities	0.5	26	13
		Tax Specialists		10	26	264
<b>Total</b>				<b>10.5</b>	<b>53</b>	<b>277</b>
<b>Accounts Receivable</b>						
	AR	Division Head	Invoicing and billing Department/State/DXC	0.5	14	7
		A/R Processors		10	14	140
<b>Total</b>				<b>10.5</b>	<b>28</b>	<b>147</b>
<b>Customer Service</b>						
	Customer Service	Division Head	Customer satisfaction (including surveys), customer issue resolution	1	14	14
		Team Lead		8	14	112
		Customer Service Reps		10	14	140
<b>Total</b>				<b>19</b>	<b>42</b>	<b>266</b>
<b>Finance</b>						
	Finance	Controller	Working capital/liquidity for payroll; GAAP financial accounting practices; financial statement creation	1	8	8
		Finance & Accounting Staff		5	8	40
<b>Total</b>				<b>6</b>	<b>16</b>	<b>48</b>
<b>Information Technology</b>						
	IT	IT Director	Transitioning and ongoing operation of all IT, IT security, system infrastructure to manage PD Programs (both HQ and remote)	1	14	14
		IT Manager		1	14	14
		IT Admin		1	14	14
		DBA		1	14	14
		Sr Software Developer		3	14	42
		IT Support		7	14	98
<b>Total</b>				<b>14</b>	<b>84</b>	<b>196</b>
<b>Implementation</b>						
	Implementation	Implementation Specialists	Transition of PD Programs from incumbent to Acumen	3	14	42
<b>Total</b>				<b>3</b>	<b>14</b>	<b>42</b>
<b>Training</b>						
	Training	Training Directors	Managing Participant/Employee onboarding training, DCI training	3	14	42
<b>Total</b>				<b>3</b>	<b>14</b>	<b>42</b>
<b>Human Resources</b>						
	HR	Generalists	Hiring of all Acumen employees	3	14	42
<b>Total</b>				<b>3</b>	<b>14</b>	<b>42</b>
<b>Total Staff (Assuming PD Programs Contract Award)</b>				<b>117</b>	<b>596</b>	<b>2,195</b>



## 5. DIVERSITY AND INCLUSION

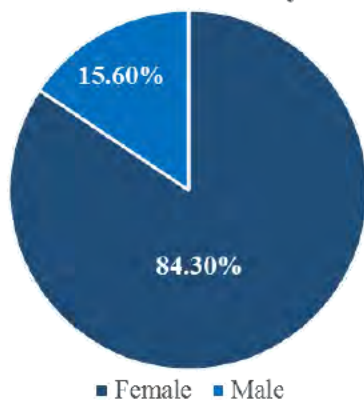
Acumen was founded as a small business, as was its original non-profit parent company, Rise. While the company has grown dramatically over the course of the last twenty-two (22) years, Acumen retains its humble small-business roots. Acumen’s growth from a small business to large was driven by work and leadership of women: **84.3% of Acumen’s current employees are women.** Additionally, Acumen has an intense focus on helping individuals with disabilities, beyond the F/EA services it provides. Acumen and its parent companies have collectively helped employ over three thousand (3,000) individuals with disabilities. It is difficult to find a company as supportive of women, minorities, individuals with disabilities, and veterans than Acumen. Acumen will bring this same commitment to diversity, and small businesses, to the State of Vermont.

For Acumen’s business relationships, the company seeks to establish partnerships with both small-business and small minority-owned businesses in the many states it serves. As an example, Acumen partnered with Affordable Printing, LLC a small minority and women-owned business, based in Missouri to print all of its marketing materials (which will be used during Acumen’s educational outreach initiatives under the Contract). Another example of Acumen’s commitment to small diverse businesses is in Arizona; Acumen works with Arizona Document Destruction, a shredding services provider employing blind and visually impaired individuals. If awarded the Contract, Acumen will seek to establish similar small business partnerships with companies based in Vermont. As an example, Acumen has initiated discussions with NativeEnergy, a Vermont-based clean energy leader. NativeEnergy assists companies in the procurement of carbon offsets and renewable energy credits. Acumen would seek to purchase such carbon mitigation products from NativeEnergy to wholly mitigate the company’s carbon footprint in Vermont.

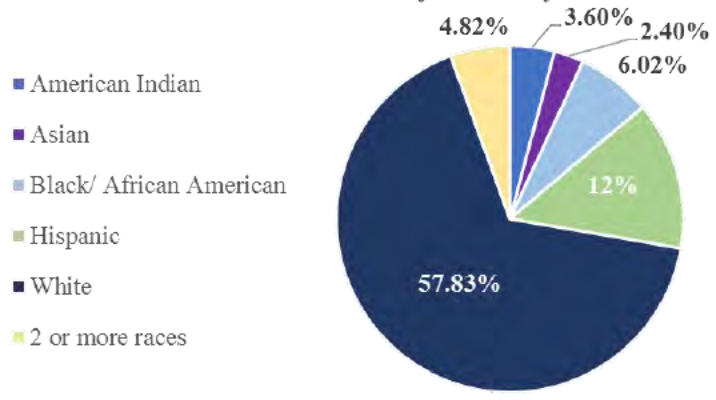
Acumen has provided Table IV below to highlight the company’s workforce diversity. Acumen is exceptionally proud at how well represented different demographics are inside the company.

**TABLE IV**

**Acumen Workforce by Gender**



**Acumen Workforce by Ethnicity**



**d. CLIENT LIST**

Acumen operates forty-six (46) F/EA programs across nineteen (19) states, focused on providing self-direction services to participants under programs identical to the services requested under the RFP. Target populations in Acumen’s programs are primarily intellectual and developmental disabilities, aging, and veteran’s demographics. Acumen has successfully worked with many departments and state agencies in establishing, transitioning, and operating self-direction programs. Table V below highlights Acumen’s current client list. Acumen currently serves more than eight thousand three-hundred (8,300) participants and their more than fourteen thousand (14,000) employees. Acumen currently does not serve non-state related programs.

**TABLE V**

Acumen’s Current F/EA Client List		
State	Participant Count	Program(s) Served
AZ	55	MCO
CA	52	ELARC, TCRC, KERN
GA	2,213	ICWP, CCSP, NOW, COMP
HI	66*	PD, CLP-PD, VD-PD
ID	N/A	*Opening August 1, 2017*
IN	10	CDACP, CICOA
LA	923	SDS, CCW, ROW, OCDD
MN	N/A	*Awarded Contract*
MO	40	DYS
MT	189	SDEO
ND	1,291	MFW, ASD, SDS
NM	124	CYFD, DDSD
OH	463	COA, VETERANS
OK	1,162	IHSW, OKSA
OR	N/A*	ICP
RI	785	OS
TX	N/A	*Opening August 1, 2017*
UT	818	DPSD, AGING, SLC, VETERANS, etc.
VA	118	VA DARS

\*Acumen recently won F/EA contracts in Hawaii and Oregon that will produce over 1,000 new Participant customers. These new customers are not included in Table V.

Acumen has served over one hundred thousand (100,000) participants and their employees since inception. Table VI below highlights Acumen’s cumulative customers served.

**TABLE VI**

Acumen’s Cumulative F/EA Experience		
State	Participants	Employees/Employees

IL	28,000	40,000
OR	3,200*	4,200
GA	2,213	6,130
SC	2,096	1,040
VT	1,800	4,000
PA	1,400	3,000
ND	1,291	717
OK	1,162	315
FL	970	460
LA	923	2,766
UT	818	2,084
NV	800	1,375
RI	785	1,432
WY	571	905
OH	463	618
MT	189	370
NM	124	20
VA	118	357
ID	70	314
HI	66*	102
AZ	56	148
CA	52	50
MO	40	15
CT	35	190
TX	18	30
IN	10	19
MI	3	3

\* Acumen recently won F/EA contracts in Hawaii and Oregon that will produce over to 1,000 new Participant customers. These new customers are not included in Table VI.

#### e. LETTERS OF REFERENCE

In compliance with RFP requirements, Acumen requested that four (4) of its current F/EA clients describe their experience with Acumen's capabilities and performance as an F/EA services provider. Acumen has included references from the states of Utah, Louisiana, Rhode Island, and Oklahoma shown below.



## **MOUNTAINLAND**

ASSOCIATION OF GOVERNMENTS  
Serving Summit, Wasatch and Wasatch-Cache National Monuments

**AGING & FAMILY SERVICES DEPARTMENT**

August 14, 2017

To whom it may concern:

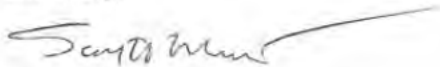
As the Director of Mountain's Aging & Family Services Department, I am pleased to provide a reference for Acumen for the work that they do for us as a fiscal intermediary.

We provide services to seniors and their family members which allow them to remain healthier and independent in the community. Many of the programs we work with, such as Medicaid Waivers, the Veterans Directed Home and Community Based Services program, and other in-home programs involve a self-directed element, where the person receiving the care may employ someone to take care of their needs.

We have utilized Acumen for several years as they have managed payroll, employee taxes, withholdings, FICA, and other functions for personal attendants serving our clients. They competently perform their services and have demonstrated a consistently high level of performance.

The services that Acumen provides help us adhere to program budgets and parameters; they are very knowledgeable and helpful in readily sharing changes in employment law and regulations with us; and they are responsive to our needs.

Sincerely,



Scott H. McBeth, Director  
Mountainland Aging & Family Services



John Bel Edwards  
GOVERNOR



Rebekah E. Gee MD, MPH  
SECRETARY

## State of Louisiana

Louisiana Department of Health  
Bureau of Health Services Financing

Brian Bennett, Section Chief  
Medicaid Program Support & Waivers  
628 N. Fourth Street  
Baton Rouge, LA 70802  
(225) 342-9846  
[Brian.Bennett@La.Gov](mailto:Brian.Bennett@La.Gov)

August 22, 2017

To Whom It May Concern,

As Section Chief, I currently manage the section of Medicaid responsible for the administrative oversight of the Louisiana Home and Community Based Services programs. In this capacity, I am responsible for the Medicaid contracts related to these programs including our current contract with Acumen to provide Fiscal Employer Agent (FEA) services for participants who self-direct their own services within our 1915(c) waiver programs for persons with intellectual and developmental disabilities, the elderly, and those with physical disabilities.

Our state has received FEA services continuously from Acumen since November 1, 2007 with the exception of a one-month period. They have provided the following services for our waiver participants: processing all employer enrollment, payroll and tax responsibilities; providing submission of timesheets through a traditional model as well as through a web-based portal; providing uploading and downloading access to a secure shared file site that is used for required reports and communication; attending and providing trainings; and hosting online training modules for participants.

Contract requirements have been satisfactorily and consistently met over their entire service period of ten years. To the best of our knowledge, Acumen has performed all FEA duties in accordance with state and federal laws. Acumen was able to transition participants back into their system under difficult data transfer conditions within a two-week period and still successfully make payroll.

Sincerely,



Brian Bennett



THE Fogarty Center

August 11, 2017

To Whom It May Concern:

Approximately six years ago our agency was looking for a better system to track expenses for a large number of self-directed individual awards with the State of RI, Department of Behavior Health, Developmental Disabilities and Hospitals. At that time we had about 300 individuals in this program that we were providing fiscal intermediary services for. These services consisted of setting up each client as a household employer with the IRS and State of RI, purchasing individual workers compensation, processing payroll, payroll taxes and vendor payments for the individual's employees and vendors and then processing the billing of these expenses to BHDDH. When the State of RI implemented new billing requirements it was becoming much more difficult to get the detail reports that were needed on our antiquated systems.

Through a number of conferences and training sessions, our Executive Director, David C. Reiss, started to build a rapport with several employees from Acumen Fiscal Agent. We contacted them in mid 2012 for some recommendations on how to get our systems more computerized and streamlined, so that we could process billing under the new requirements more timely and accurate.

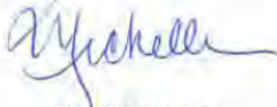
Initially a couple of members of their team came out to assess our current structure and report any recommendations. Their team was very informative about current business practices and federal requirements. After the recommendations were received, we realized that this was the company that we wanted to team up with to provide the best supports for our growing clientele.

Acumen helped us to contract with a third party for special software which was the main way that we were going to solve many of our problems. They did a wonderful job in reviewing this software with us, training our staff and setting up the initial consumers in the system. They also helped us to set up best practices in which we could provide the best services to our consumers. To this day we continue a wonderful working relationship with Acumen. They continue to assist us weekly by printing payroll checks, processing direct deposits and handling all payroll tax reporting and reimbursements. Their staff are always friendly and professional and help us work through any problems we may encounter. They either meet or exceed our expected response time to any questions or problems. If our initial contact isn't able to answer our question, they will always make sure our question gets to the appropriate person and answered it a timely manner.

We went live with this product 1/1/13 and since then, The Fogarty Center's self-directed program (also known as Options); has grown to provide services to approximately 780 consumers (employers) with a combined number of 1,350 employees. They have been there every step of the way with us and I cannot express how grateful we are to their company in helping us establish Options to be one of the best-known and endorsed providers of fiscal intermediary self-directed services in the State of RI.

On behalf of Options and The Fogarty Center. I am very happy to recommend the services of Acumen Fiscal Agent. If you have any questions, please feel free to contact me.

Sincerely,



Michelle C. Brodeur  
Chief Financial Officer



OKLAHOMA DEPARTMENT OF HUMAN SERVICES  
Sequoyah Memorial Office Building  
PO Box 25352  
Oklahoma City, OK 73125-0325  
(405) 521-3571 • www.okdhs.org



**Developmental  
Disabilities  
Services**

February 6, 2017

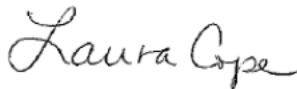
To Whom It May Concern,

I am the current Program Manager over the Contract Units for the Oklahoma Department of Human Services Developmental Disabilities Services. We offer a variety of services to individuals who are intellectual disabled.

Our division has had a contract with Acumen since 2001 to provide fiscal management services for recipients on the Home and Community Based Wavier. Acumen processes employer enrollment and all employer payroll and tax responsibilities. They provide submission of timesheets through a traditional model as well as a web based portal. Acumen provides uploading and downloading access to a secure shared file site that is used for required reports and communications with Care Coordinators. Acumen also attends and provides trainings as requested.

According to our official vendor file, Acumen and the State of Oklahoma have had no significant issues since inception of our contract in 2001. In my monthly contact with Acumen staff, I find them friendly, quick to respond, and accurate in their billing. If I can be of assistance, please contact me.

Sincerely,



Laura Cope, CPO  
405-521-6255  
Laura.Cope@okdhs.org



## f. FINANCIAL CAPABILITY

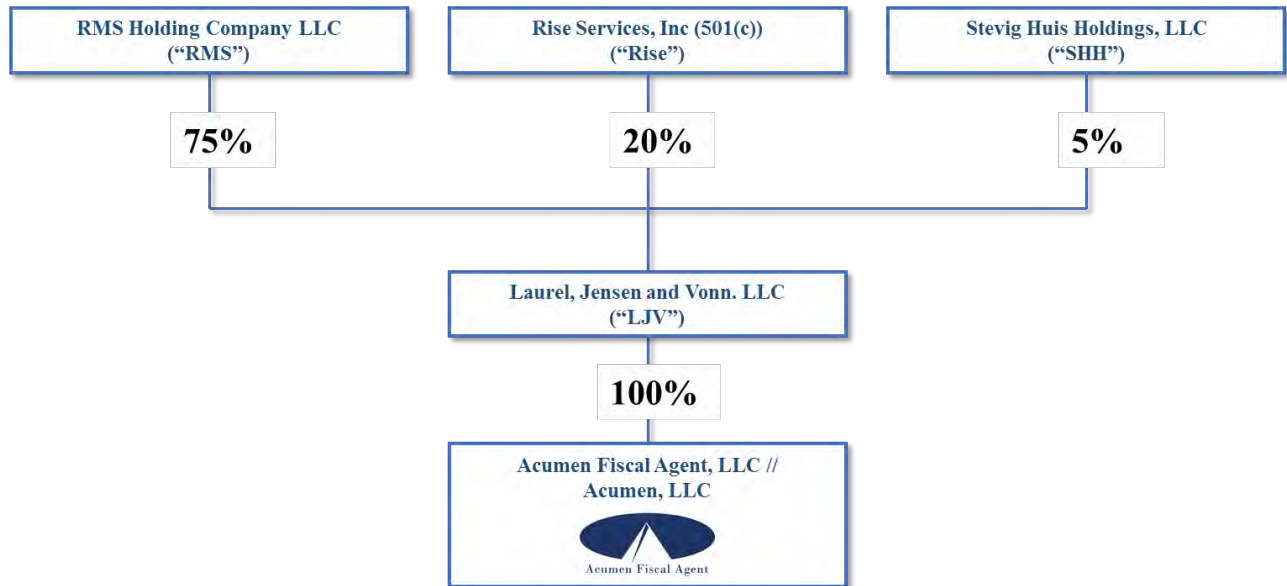
Acumen processes hundreds of millions of dollars of payroll each year, across a variety of payment methods, across many different types of F/EA programs. Operationally, Acumen is fully capable of handling the size and scope of PD Program payroll (and non-payroll) obligations. Moreover, as described in further detail in this Proposal section, a majority stake in Acumen was recently acquired by RMS Holding Company, LLC (“RMS”). With ample liquidity, RMS brings financial resources to Acumen that allow the company to scale and accommodate larger payroll programs. Acumen is one of the most well-capitalized F/EA providers in the country; between Acumen’s operational experience and its liquidity, Acumen’s payroll reliability is unparalleled in the industry.

### 1. OWNERSHIP, ASSETS, AND LIQUIDITY

Acumen experienced a change of control in the fourth quarter of 2016, when Rise, Acumen’s then parent company, sold a seventy-five percent (75%) interest in the company to RMS. Rise continues to own a twenty percent (20%) interest in the company today, while five percent (5%) of the company is owned by Stevig Huis Holdings, LLC (“SHH”), a passive legacy interest.

The acquisition of Acumen by RMS was a strategic decision, and in the best long-term interest of the company. Specifically, RMS brings financial resources to Acumen that will continue to allow Acumen to grow and scale in new states (e.g. funding increasingly large payrolls across the country). Acumen and its parent companies, RMS and Rise, have \$17.2 million in cash and cash equivalents, and \$6.2 million in available lines-of-credit, totaling **\$23.4 million in total liquidity**. Acumen and its parent companies also possess over **\$100 million in assets**. Acumen can and will maintain cash flow sufficient to pay all payroll and non-payroll payments in accordance with payroll schedules of each PD Program, in addition to all of Acumen’s forty-six (46) programs it serves across the country. The acquisition of Acumen by RMS created one of the most financially stable and well capitalized F/EA providers in the country. Table VII below illustrates the current ownership structure after the change of control:

#### TABLE VII



## 2. D&B CREDIT REPORT SUMMARY

Acumen has provided below its official Dun & Bradstreet credit report summary, dated July 19, 2017, to reaffirm its financial stability and strength. Acumen can provide its full D&B Credit Report upon Department request.



## ACUMEN FISCAL AGENT, L.L.C.

D-U-N-S® 18-189-0182    Single(Subsidiary)    Phone 480-497-1889  
 4542 E Inverness Ave # 210,  
 Mesa, AZ 85206  
 Website:  
 www.acumenfiscalagent.com

## PREMIER GOLD

Purchase Date: 07/19/2017  
 Last Update Date: 12/22/2016  
 Attention: dnb

### Executive Summary

#### Company Info

Year Started	2000
Employees	3
Working Capital	\$4,375,436
Trade Styles	(SUBSIDIARY OF RISE INC, MESA, AZ)
Net Worth (Financial Statement)	\$4,375,436
Gross Revenue (Financial Statement)	120,099,106

As of 12/31/2016

#### Predictive Analytics

##### Financial Stress Class



The Financial Stress Class of 2 for this company shows that firms with this class had a failure rate of 0.09% (9 per 10,000).

Financial Stress Class	2
Financial Stress Score	1,530
Highest Risk	1,001
Lowest Risk	1,875

##### Credit Score Class



The Credit Score class of 2 for this company shows that 2.50% of firms with this classification paid one or more bills severely delinquent.

Credit Score Class	2
Credit Score	548
Highest Risk	101
Lowest Risk	670

#### D&B Viability Rating

D&B Viability Rating	3	3	B	Z
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#### Supplier Evaluation Risk Rating

##### Risk Rating



#### D&B Rating

D&B Rating: **3A2**

##### Financial Strength

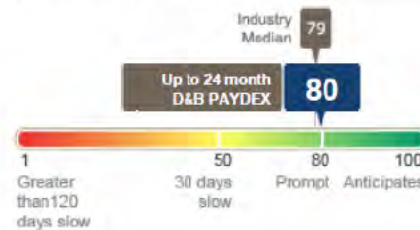


##### Composite Credit Appraisal

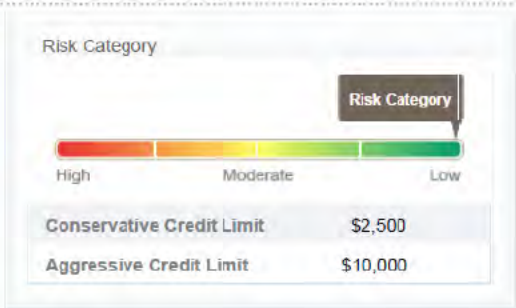


#### D&B PAYDEX®

##### Up to 24 month D&B PAYDEX



#### Credit Limit Recommendation



**Supplier Risk Data**



**Probability of Ceased Operations/Becoming Inactive**

The probability of ceased operations/becoming inactive indicates what percent of U.S. businesses is expected to cease operations or become inactive over next 12 months.

Probability of Supplier Ceased Operations/Becoming Inactive	3.1%
Average Probability of Supplier Ceased Operations/Becoming Inactive	5.6%
% of US Businesses with SER Rating	12%

**Supplier Risk Score Analysis**

**Key Commentary**

The business has a Supplier Evaluation Risk (SER) Rating that shows:

- Evidence of open liens
- Unstable Paydex over last 12 months
- Limited business activity signals reported in the past 12 months

**Business Information**





Business Summary	Credit Capacity Summary
<b>Financing</b> SECURED <b>Financial Condition</b> GOOD <b>SIC</b> 8721 Accounting/auditing/bookkeeping <b>NAICS</b> 541219 Other Accounting Services <b>History Status</b> CLEAR	<b>D&amp;B Rating</b> <b>3A2</b> <b>Financial Strength</b> <b>3A</b>  <b>Composite Credit Appraisal</b> <b>2</b> 
	<b>Prior D&amp;B Rating</b> 3A2 <b>Rating Date</b> 07/18/2017 <b>Payment Activity (based on 6 experiences)</b> USD <b>Average High Credit</b> \$2,500 <b>Highest Credit</b> 2,500 <b>Total Highest Credit</b> 3,250

**D&B Viability Rating**

The D&B Viability Rating uses D&B's proprietary analytics to compare the most predictive business risk indicators and deliver a highly reliable assessment of the probability that a company will no longer be in business within the next 12 months.

3	<h3>Viability Score</h3>
<p><b>Compared to All US Businesses within D&amp;B Database:</b></p> <ul style="list-style-type: none"> <li>• Level of risk: <b>Low Risk</b></li> <li>• Businesses ranked 3 have a probability of becoming no longer viable: <b>3%</b></li> <li>• Percentage of businesses ranked 3: <b>15%</b></li> <li>• Across all US businesses, the average probability of becoming no longer viable: <b>14%</b></li> </ul>	
3	<h3>Portfolio Comparison</h3>
<p><b>Compared to all Businesses within the same MODEL SEGMENT:</b>                      Model Segment: <b>Established Trade Payments</b></p> <ul style="list-style-type: none"> <li>• Level of risk: <b>Low Risk</b></li> <li>• Businesses ranked 3 within this model segment have a probability of becoming no longer viable: <b>3%</b></li> <li>• Percentage of businesses ranked 3 within this model segment: <b>11%</b></li> <li>• Within this model segment, the average probability of becoming no longer viable: <b>5%</b></li> </ul>	
B	<h3>Data Depth Indicator</h3>



The screenshot displays the Dun & Bradstreet Data Depth Indicator interface. On the left, a vertical bar shows a 'B' rating in green. The main section is titled 'Data Depth Indicator' and features a horizontal scale from 'G Descriptive' to 'A Predictive', with a 'B' callout above it. Below the title, the 'Data Depth Indicator Details' are listed: 'Rich Firmographics', 'Extensive Commercial Trading Activity', and 'Basic Financial Attributes'. A note explains that greater data depth increases the precision of the D&B Viability Rating assessment and provides a link to update information: <https://update.dnb.com/i/Update/>. Below this, the 'Company Profile' and 'Subsidiary' sections are visible, with a 'Z' rating callout on the left.

**g. CONFIRMATION OF INSURANCE**

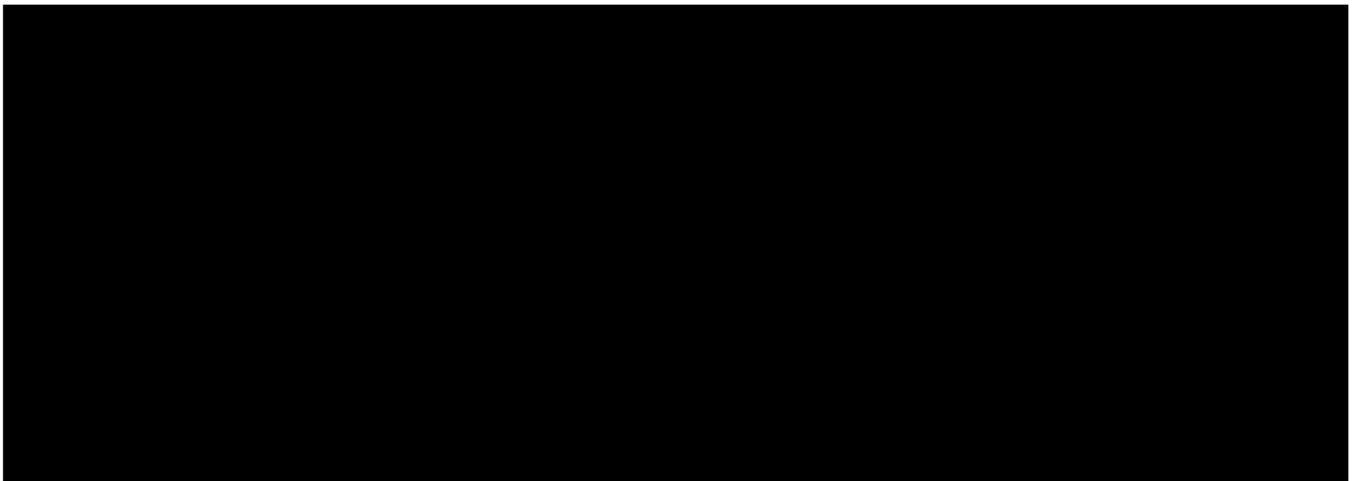
Acumen possesses, or will possess, all required insurance specified by the State as outlined in the RFP, including coverages set forth in:

- RFP Attachment C, Section 8;
- RFP Attachment D, Section 5.

For any coverage Acumen does not currently possess, Acumen anticipates zero challenges obtaining such insurance. Prior to the execution of the awarded Contract, Acumen will provide proof of all insurance coverages to the Department.

**iii. WORK PLAN**

**(PROPRIETARY)**





















































































































































































[REDACTED]

[REDACTED]

[REDACTED]

**iv. REPORTING REQUIREMENTS**

All program reporting (including financial reporting, customer service metric reporting, and operational performance reporting) will be executed through Acumen’s operations center in Arizona. Using the DCI platform (DCI Reporting Module, described in Section iii.b.7.), program-related reporting is automated and is customizable. DCI offers eighty (80) standard reports, and its custom report engine can create permutations/combinations/brand new reports based on the needs of the Department. DCI also provides administrator and auditor viewing access to all transactions in all modules. Permissions can be assigned for view-only access to funding source stakeholders, auditors, or other external parties as deemed necessary by the Department. Acumen will prepare and submit to the Department all reports at the desired frequency. DCI creates a transparent, auditable, and real-time reporting experience for all approved stakeholders, and can be tailored to the exact needs of each PD Program.

As described in Section iii.b.7., DCI’s customizable report engine, is able to provide custom reporting to all PD Program stakeholders (e.g. Participants, Employees, and funding partners) as required. The DCI system will be used to satisfy/address many of the requirements in RFP Section 2.W. As the system of record, DCI can easily report (and restrict/control, as defined by the Department) data such as overuse of Employee hours, authorization compliance in accordance individualized service plans, undertization of budget (e.g. when Participant utilization is eighty percent (80%) or less for two consecutive months), and other Department requests. **DCI can also provide summary reporting to the Department and case managers/support coordinators, provider agency or ISOs, that includes, but certainly not limited to:**

- Name and address of Participant;

- Activity period;
- Program (e.g. CPCS, ASP, DDS);
- Procedure code / authorization code for each service;
- Total authorized units and dollars of service by fiscal year;
- Remaining utilization balance, and utilization to date, of authorized units and dollars of service;
- SUTA rate;
- Name, status, date of hire, and date qualified of each Employee (aggregately and per Participant);
- Pay type of each Employee;
- Payroll summary year-to-date for each Employee; and
- The rate of pay of each Employee for each service/service code rendered, ensuring CBA compliance.

Acumen can provide a legend key that explains the procedure/service code, service name, and unit description to assist the Department and/or case managers/support coordinators, provider agency or ISO, and others as required, in deciphering reporting. Acumen can also automatically run checks (and generate reporting) on missing timesheets or invoices over any specified interval of time. DCI will run automatic checks, and create notifications to the Department, case managers/support coordinators, provider agency or ISO, of any Participant who does submit timesheets or invoices for two (2) or more consecutive payroll periods (if desired). The reporting and notification functionality of DCI allows for the efficient real-time distribution of information to any entity the Department requests.

For financial reporting, Acumen's experienced finance and accounting team will produce audited and unaudited financials at regular frequencies. The DCI system is used in conjunction with Acumen's accounting system (Microsoft Solomon) to create auditable, clean, and verified finance and accounting records. Per requirements in the RFP, Acumen will provide as much transparency of its financials as is necessary. Acumen has the depth of F/EA experience, state-of-the-art technology, highest quality personnel, and process/reporting capabilities in place to fully execute on all obligations under the RFP. In addition to program-specific itemized reporting and financial reporting, Acumen will provide reporting on customer service, customer satisfaction, and operational performance (e.g. data contained in Table I) on a monthly basis to the Department.

By leveraging DCI, there is no shortage of transparency or auditing capability for the Department into its PD Programs at all times. Operationally, DCI is a cloud-based application, leveraging Microsoft's Azure cloud computing platform for hosting, and therefore has robust security, reliability, and availability. DCI ensures industrial standard triple 9 or 99.9% up time. Therefore, reporting on regular frequencies (e.g. monthly, quarterly, annually) is supplemented with the optionality of real-time reporting via DCI.

**v. CERTIFICATE OF COMPLIANCE**

RFP/PROJECT: Fiscal/Employer Agent  
 DATE: 08/22/2017  
 Page 1 of 3

**CERTIFICATE OF COMPLIANCE**

**For a bid to be considered valid, this form must be completed in its entirety, executed by a duly authorized representative of the bidder, and submitted as part of the response to the proposal.**

- A. **NON-COLLUSION:** Bidder hereby certifies that the prices quoted have been arrived at without collusion and that no prior information concerning these prices has been received from or given to a competitive company. If there is sufficient evidence to warrant investigation of the bid/contract process by the Office of the Attorney General, bidder understands that this paragraph might be used as a basis for litigation.
- B. **CONTRACT TERMS:** Bidder hereby acknowledges that is has read, understands and agrees to the terms of this RFP, including Attachment C: Standard State Contract Provisions, and any other contract attachments included with this RFP.
- C. **FORM OF PAYMENT:** Does Bidder accept the Visa Purchasing Card as a form of payment?  
 \_\_\_ Yes  No
- D. **WORKER CLASSIFICATION COMPLIANCE REQUIREMENT:** In accordance with Section 32 of The Vermont Recovery and Reinvestment Act of 2009 (Act No. 54), the following provisions and requirements apply to Bidder when the amount of its bid exceeds \$250,000.00.

**Self-Reporting.** Bidder hereby self-reports the following information relating to past violations, convictions, suspensions, and any other information related to past performance relative to coding and classification of workers, that occurred in the previous 12 months.

Summary of Detailed Information	Date of Notification	Outcome
<u>Acumen has <b>NO</b> violations, convictions, suspensions, and any other information related to past performance relative to coding and classification of workers, that occurred in the previous 12 months.</u>		
N/A		
N/A		
N/A		

**Subcontractor Reporting.** Bidder hereby acknowledges and agrees that if it is a successful bidder, prior to execution of any contract resulting from this RFP, Bidder will provide to the State a list of all proposed subcontractors and subcontractors' subcontractors, together with the identity of those subcontractors' workers compensation insurance providers, and additional required or requested information, as applicable, in accordance with Section 32 of The Vermont Recovery and Reinvestment Act of 2009 (Act No. 54), and Bidder will provide any update of such list to the State as additional subcontractors are hired. Bidder further acknowledges and agrees that the failure to submit subcontractor reporting in accordance with Section 32 of The Vermont Recovery and Reinvestment Act of 2009 (Act No. 54) will constitute non-compliance and may result in cancellation of contract and/or restriction from bidding on future state contracts.

RFP/PROJECT: Fiscal/Employer Agent

DATE: 08/22/2017

Page 2 of 3

E. Executive Order 05 – 16: Climate Change Considerations in State Procurements Certification

**Bidder certifies to the following (Bidder may attach any desired explanation or substantiation. Please also note that Bidder may be asked to provide documentation for any applicable claims):**

1. Bidder owns, leases or utilizes, for business purposes, space that has received:
  - Energy Star® Certification
  - LEED®, Green Globes®, or Living Buildings Challenge<sup>SM</sup> Certification
  - Other internationally recognized building certification:

- 
2. Bidder has received incentives or rebates from an Energy Efficiency Utility or Energy Efficiency Program in the last five years for energy efficient improvements made at bidder's place of business. Please explain:

N/A, however Acumen will commit to such energy efficiency improvements at its Vermont office location(s)

3. Please Check all that apply:
  - Bidder can claim on-site renewable power or anaerobic-digester power ("cow-power"). Or bidder consumes renewable electricity through voluntary purchase or offset, provided no such claimed power can be double-claimed by another party.
  - Bidder uses renewable biomass or bio-fuel for the purposes of thermal (heat) energy at its place of business.
  - Bidder's heating system has modern, high-efficiency units (boilers, furnaces, stoves, etc.), having reduced emissions of particulate matter and other air pollutants.
  - Bidder tracks its energy consumption and harmful greenhouse gas emissions. What tool is used to do this? \_\_\_\_\_
  - Bidder promotes the use of plug-in electric vehicles by providing electric vehicle charging, electric fleet vehicles, preferred parking, designated parking, purchase or lease incentives, etc.
  - Bidder offers employees an option for a fossil fuel divestment retirement account.
  - Bidder offers products or services that reduce waste, conserve water, or promote energy efficiency and conservation. Please explain:

Energy and water conservation plan (e.g. auto light dimming at 5pm, HVAC 'peak shaving'  
energy efficient lighting, energy efficient appliances, etc.)

4. Please list any additional practices that promote clean energy and take action to address climate change:

Acumen takes climate change seriously. If awarded the Contract, Acumen will purchase  
carbon offsets and/or renewable energy credits to entirely offset its carbon footprint in Vermont.

Acumen has already identified a VT-based company through which it can purchase these carbon  
mitigation products

RFP/PROJECT: Fiscal/Employer Agent  
DATE: 08/22/2017  
Page 3 of 3

**F. Acknowledge receipt of the following Addenda:**

Addendum No.: \_\_\_\_\_ Dated: \_\_\_\_\_  
Addendum No.: \_\_\_\_\_ Dated: \_\_\_\_\_  
Addendum No.: \_\_\_\_\_ Dated: \_\_\_\_\_

Bidder Name: Acumen Fiscal Agent, LLC Contact Name: Josh ("J") Auer  
Address: 4542 E Inverness Ave Fax Number: 480-497-0343  
Ste 210 Telephone: 480-295-4930  
Mesa, AZ 85206 E-Mail: jja@riservicesinc.org

By:  \_\_\_\_\_ Name: Josh Auer  
Signature of Bidder (or Representative) (Type or Print)

**END OF CERTIFICATE OF COMPLIANCE**

**vi. PRICE QUOTATION/PROPOSED REIMBURSEMENT**

Acumen has provided the following pricing, shown below, for F/EA services to be completed under the RFP. **Acumen proposes a \$85 per-member, per-month (“PMPM”) flat fee**, derived using a cost model. This \$85 PMPM fee will stay fixed throughout the life of the Contract, including renewal periods, as defined in the RFP. Acumen is aware of the current tiered contract structure, broken out by PD Program, however, in an effort to simplify pricing for the Department/State, Acumen proposed its single fixed PMPM fee.

Please note, the \$85 PMPM fee is inclusive of all DCI functionality, including EVV, and there is no up-front software cost (or any other cost) in addition to the \$85 PMPM. Acumen is one of the most financially stable companies in the industry, and thus does not require any cash-flow provisions from the Department/State to meet payroll funding obligations.

**COST PROPOSAL**  
**Vermont Fiscal/Employer Agent (RFP Dated July 18, 2017)**

**Acumen, LLC / Acumen Fiscal Agent, LLC**

<b>Budget Item</b>	<b>Description</b>		<b>Total</b>
<b>Direct &amp; Indirect Personnel</b>			
<b>Cost</b>	<b>Description</b>	<b>FTE Hours Dedicated to Project (run-rate)</b>	<b>Total</b>
Program Management	Regional Program Manager	40 hours/month	\$2,080
Program Management	Vermont State Program Director	160 hours/month	\$6,240
Program Management	Vermont Program Leads	640 hours/month	\$18,304
Tax	Tax Specialists	300 hours/month	\$8,580
Enrollment	Enrollment/Budget Specialists	160 hours/month	\$4,160
Accounts Receivable	A/R Specialist	20 hours/month	\$520
Customer Service	Customer Service Call Center	200 hours/month	\$3,900
Accounting/Finance	Accounting Staff/Banking	75 hours/month	\$2,925
Information Technology	IT Support and Integration	30 hours/month	\$1,365
Quality Compliance	QA/Compliance	120 hours/month	\$4,680
<b>Total Salaries &amp; Benefits:</b>			<b>\$52,754</b>

<b>Travel</b>	<b>Description</b>	<b># Units/Month</b>	<b>Unit Amount</b>	<b>Total</b>
Travel (gas, mileage, etc.)	Travel across Vermont	75	\$200	\$15,000
Lodging	Hotel stays in Vermont	50	\$150	\$7,500
Per Diem	Food, incidental expenses (per day)	60	\$75	\$4,500
Other	Other, Miscellaneous	10	\$200	\$2,000
<b>Total Travel Expenses:</b>				<b>\$29,000</b>

<b>Direct Program Expenses</b>	<b>Description</b>		<b>Total</b>	
Local Office(s)	Office space(s) & direct office costs in Vermont	1	\$5,000	\$5,000
F/EA Costs	COGS, payroll processing, non-payroll processing	1	\$32,000	\$32,000
Background Checks	Background Checks	1	\$12,500	\$12,500
DCI Fee	DCI Functionality (incl EVV capability)	1	\$18,000	\$18,000
Local Office Supplies	Office supplies allocated to program	1	\$15,000	\$15,000
Printing & Copying	Printing of packets, paper checks, tax filings, etc	1	\$15,000	\$15,000
Marketing Materials	All marketing costs and materials for program	1	\$10,000	\$10,000
Other	All other program expenses	1	\$15,000	\$15,000
<b>Total Program Expenses:</b>			<b>\$122,500</b>	

<b>Indirect Costs</b>	<b>Description</b>		<b>Total</b>	
Rent & Utilities	Rent and utilities (nationwide) allocated to program	1	\$13,000	\$13,000
Software/IT/Technology	Software licensing, IT, technology costs	1	\$12,000	\$12,000
Acumen's Bank Fees	All Acumen bank fees associated with FI services	1	\$10,000	\$10,000
Telephone Related	Cost of call center, customer surveys, telephones	1	\$13,000	\$13,000
Administrative	Administrative fees, including HR and Office functions	1	\$11,000	\$11,000
Other Corporate Overhead	Other overhead allocated to program	1	\$12,000	\$12,000
<b>Total Indirect Costs:</b>			<b>\$71,000</b>	

<b>Total Costs</b>	<b>\$275,254</b>
<b>Active PD Program Participants</b>	<b>3,232</b>
<b>Per Participant, Per Month (PMPM) Fee</b>	<b>\$85</b>



## ATTACHMENTS PROVIDED BY ACUMEN

### A. VERMONT STATE DIRECTOR JOB DESCRIPTION

**Acumen Fiscal Agent, LLC**  
**State Program Director (Burlington, VT, or similar area)**  
*POSITION DESCRIPTION*

Acumen Fiscal Agent, LLC is one of the nation's leading fiscal agents offering a portfolio of innovative financial management services backed by superior customer service. Our passion is to help people lead independent lives through exceptional participant-directed programs. We are a growth oriented company looking to expand in your market.

Acumen is a great place to work. Our employees make a positive difference in our client's lives by what they do. Among many benefits to working here, we offer a profit sharing program, a growth bonus program, medical, dental and vision coverage, and generous paid time off.

The State Program Director (Vermont) is responsible for ensuring Acumen is: executing on its contractual obligations with Vermont's ASP, CPCS, CFC, DDS, and TBI self-direction programs, establishing and fostering effective relationships self-direction participants and their employees, and maximizing customer satisfaction. This position is also responsible for identifying growth opportunities and executing on growth plans in Vermont as appropriate. The State Program Director is uniquely important as it will require a combination of time spent with all levels of state partners, local program staff, and perhaps most importantly the users of our services (our clients). The professionalism, work ethic and standards displayed in this position will have a dramatic effect on the reputation and continued success of the company.

#### *ESSENTIAL FUNCTIONS*

- Establish, foster and grow relationships with key stakeholders including Vermont state/program representatives, third party case worker organizations, key decision makers within local, state and national agencies, and advocacy groups.
- Develop strategies to support the growth of existing Vermont-based programs through marketing, education and community outreach to potential recipients and social services organizations.
- Act as liaison between the Vermont funding entities and Acumen communicating any opportunities and/or issues that may directly impact the customer or Acumen.
- Understand and stay up to date on the program rules, regulations and implementation needs while being able to effectively communicate and explain said rules to external stakeholders.
- Analyze trends and resolve customer inquiries pertaining to specific program or contract regulations/guidelines.
- Identify, pursue, and maximize business opportunities for our current product line.
- Identify opportunities for new business ventures and coordinate meetings with key personnel to explore new business relationships.
- Represent Acumen publicly at events such as conferences, trade shows, forums, stakeholder groups, pre-bidder conferences, etc., which may require public speaking in order to actively market products to the general public.
- Analyze market conditions and trends and provide recommendations to Executive Management.
- Report back from public events on Acumen's brand acceptance and reputation, and customer satisfaction.



- Report program statistics and information to key stakeholders through survey results and regular reporting as necessary.
- Create marketing for contracts and programs through written and oral materials.
- Assist with contract renewals, expansions and contract outcomes along with efficient communication to Acumen and customers of any changes that may impact services received and services rendered in a timely and efficient manner.
- Provide one on one and/or group training and support to enrolling employers, employees and contract partners on a regular basis and as needed/requested.
- Organize, structure, and schedule one on one or group training sessions to meet the needs of the customer.
- Must participate in training necessary to learn and become proficient in all Acumen specific programs.
- Work a flexible work schedule, including but not limited to weekends, week nights and holidays.
- Travel (up to 60%) when needed, including overnight, via ground transportation and/or flight to meet with customers, contract partners, and state level representatives for training needs, business meetings, problem solving and other various types of communication or customer service.

#### *EDUCATION OR EQUIVALENT EXPERIENCE*

- Bachelor's degree in Social Sciences or other related field, or equivalent years of experience in social services, relationship/account management or program management.
- Vermont state agency experience, preferably within a department that focuses on individuals with disabilities.

#### *OTHER REQUIREMENTS*

- Must be located in the Burlington-area.
- Must have the ability to Telework.
- Must be able to work a flexible work schedule, including but not limited to weekends, week nights and holidays.
- Must be able to travel, up to 60%, including overnight(s), via ground transportation and/or via flight.
- Maintain valid driver's license within state of residence and valid automobile insurance.

#### *SKILLS/KNOWLEDGE/ABILITIES AS REQUIRED*

- Build trust and solid working relationships. Support customer needs and identify additional business growth opportunities.
- Excellent interpersonal and communication skills. Ability to deliver information in a clear, concise and relevant manner both verbally and written.
- Must possess strong negotiation skills and decision-making ability.
- Accuracy and the ability to handle responsibilities with limited supervision.
- Ability to effectively communicate with all levels of an organization both internally and externally.
- Excellent analytical, organizational skills, time management, task oriented, problem resolution skills.
- Proficient knowledge and use of computer skills to include; Microsoft Word, Excel, PowerPoint, Internet and E-mail.

**B. SAMPLE PARTICIPANT ENROLLMENT PACKET**



**Employer Packet**  
**(keep this folder for your records)**

**Congratulations** on self-directing your own supports. We are excited to take part in this process with you. Acumen Fiscal Agent, LLC (Acumen) is one of the oldest and most experienced Fiscal Employer Agents in the nation. We have been helping people self-direct their own supports since 1995.

**Becoming an Employer**

Inside this folder you will find the necessary forms and instructions that authorize Acumen to act on your behalf as your Fiscal/Employer Agent (F/EA). These forms relate to the withholding and filing of employer- and employee- related taxes. This folder cover provides you with reference information to assist you in being an employer.

The following forms are needed to authorize Acumen to act as your Fiscal Employer Agent. Please complete and return them to Acumen. Examples of these completed forms can be found in the back of the packet. Please check and note the date you mailed or faxed to Acumen. \*If you currently have or have had an Employer Identification Number (EIN), do not complete any further employer enrollment forms. Please call Acumen at the phone number listed below.

- |  |                 |
|--|-----------------|
| <input type="checkbox"/> Acumen Authorization Form   | Date Sent _____ |
| <input type="checkbox"/> Employer Appointment of Agent - IRS Form 2678   | Date Sent _____ |
| <input type="checkbox"/> Tax Information Authorization – IRS Form 8821   | Date Sent _____ |
| <input type="checkbox"/> Application for Employer Identification Number – IRS Form SS-4<br>Fill out numbers 1, 5a, 5b, 6, 7a, 7b, and sign | Date Sent _____ |
| <input type="checkbox"/> Employer Agreement Form   | Date Sent _____ |
| <input type="checkbox"/> State of HI Dept of Taxation Power of Attorney – Form N-848   | Date Sent _____ |

**Fax or Mail Information to Acumen**

Fax: (866) 240-2386  
Acumen  
4542 E. Inverness Avenue, Suite 210  
Mesa, AZ 85206  
Toll Free: (866) 759-9498  
[www.acumenfiscalagent.com](http://www.acumenfiscalagent.com)

HI CLP-PD  
REV 01 29 16





## **Basic Employment Law**

Employment law is complicated. It is considered a specialty area in the legal profession. The purpose of this overview is to briefly review some requirements in a general way. **This overview should in no way be considered a substitute for competent legal counsel.**

### **When You Hire an Employee:**

1. It is important to not discriminate against an applicant because of their age, race, color, religion, sex, national origin, or disability.
2. You must hire people who are authorized to work in the United States – citizens and legal aliens with proper documentation. You are required to complete a Form I-9 to verify their authorization to work. Employers must enter the date the employee began or will begin work for pay on the I-9. If the actual date of hire (first date of providing services for pay) for the employee changes from the date entered, it is the employer's responsibility to correct and resubmit the form to Acumen within three days of the actual date of hire.
  - To review Frequently Asked Questions about Form I-9, please visit [www.acumenfiscalagent.com](http://www.acumenfiscalagent.com). Click on "Forms," select Hawaii, then find your program.
3. Please allow up to two weeks before scheduling your employee's first day of work to be sure all federal and any required state or program clearances have been received.
4. Your workers will be classified as employees. If you have a unique situation and have questions, call us at (866) 759-9498.

### **After You Hire an Employee:**

1. The work environment must be "free from recognized hazards that are causing or are likely to cause death or serious physical harm."
2. Your employees should not be subjected to circumstances that would create a "hostile work environment." Such an environment can be many things, but an employee should never be subjected to sexual harassment or belittlement, jokes, or prejudice because of their age, race, color, religion, sex, national origin, or disability.
3. You must pay your employees at least minimum wage.

### **If You Need to Terminate Employment:**

It is important that you treat people professionally and fairly, and you cannot terminate or lay off an employee because of their age, race, color, religion, sex, national origin, or disability. Please refer to the Hawaii Department of Labor and Industrial Relations website (below) for more information.

The Hawaii Department of Labor and Industrial Relations states, "if you are discharging an employee, you must pay them in full at the time of discharge or no later than the next work day." If you decide to discharge an employee, please contact Acumen first to request a final paycheck. It is best to have the final paycheck in hand when you discharge the employee.

### **More Information:**

For free information, you can access:

- The Federal Department of Labor: [www.dol.gov](http://www.dol.gov). They issue a *Small Business Handbook*, which is helpful. It can be viewed and downloaded for free.
- The Hawaii Department of Labor and Industrial Relations: <http://labor.hawaii.gov/>.
- The Hawaii Department of Taxation: <http://tax.hawaii.gov/>.

Recommended Reading: *The Employer's Legal Handbook*, published by Nolo. This book can be purchased online at [www.nolo.com](http://www.nolo.com) or from area bookstores.





### **Workers' Compensation**

This program requires that the employer have Workers' Compensation insurance. Upon enrollment, your employees are automatically covered by Workers' Compensation insurance with an "A" rated company. Funding to cover this cost is included in the "Cost to You" column on the Show Me the Money page in the blue Paying for Your Supports folder.

You can do your part to prevent injury and keep the cost of this Workers' Compensation insurance down by providing a safe, hazard free workplace, and by training your employees on how best to support you.

You will find a workers' compensation poster in this packet. It is suggested that this poster be displayed in a prominent place to inform employees of their rights and the resources available to them.

Please report all work-related injuries to Acumen within 24 hours. For more information or to report an injury, please call (866) 472-2297.

### **Fraud**

Fraud is committed when an EMPLOYER or EMPLOYEE is untruthful regarding services provided, in order to obtain improper payment. The Fraud Unit investigates and prosecutes people who commit fraud. Fraud is a felony, and conviction can lead to substantial penalties. Examples of fraud include:

- Signing or submitting a timesheet for services that were not actually provided.
- Signing or submitting a timesheet for services provided by a different person.
- Signing or submitting a timesheet for services that were reimbursed by another source.
- Signing or submitting a duplicate timesheet for reimbursement from the same source.

To view Acumen's False Claims Policy, go to <https://www.acumenfiscalagent.com/states/hi.aspx> or go to [www.acumenfiscalagent.com](http://www.acumenfiscalagent.com), click on Forms, select Hawaii, and you will see the link at the top of the page.

### **Overtime**

Overtime is defined as "work in excess of 40 hours in a work week." Overtime must be paid at time-and-one-half of the employee's regular hourly wage. In this program, employees cannot work more than 19 hours in one work week, and overtime is not allowed. A work week is defined as Sunday to Saturday. As an employer, if you cause work to be performed over and above the approved hours allowed, you are responsible for paying your employee(s) for those hours.

The HI Participant Direction program requests that you not work your employees more than 19 hours in any given week because this could result in your being liable for health insurance costs for that employee. If there are occasions when you need a single employee to work more than 19 hours in a week, please notify your coach for help determining the impact this will have on your spending plan.

### **Reports**

We will provide you with a report each month that summarizes your employee's time, any requests for vendor payments or reimbursements you have authorized, your monthly allocation, and declining balance, so you are aware of the remaining amount. It is important to read this report and to call us with any questions that you may have.



### Temporary Disability Insurance (TDI)

Hawaii state law requires that your employees be covered by temporary disability insurance in the event that they have a non-work related injury or illness. If your employee suffers an injury or illness that is not related to work, it is the employee's responsibility to notify you. Once you are notified, please contact Acumen's customer service department at the number on the front of this packet to request a Form TDI-45 for your employee. Acumen will send this form to your employee immediately, with instructions to file the form within 90 days of the start of the disability period. Employees who do not file within 90 days may not be covered. They can contact Acumen for help filling out the form. Once the form is filed, the insurance carrier will notify the employee of his or her entitlement to benefits.

### Reminder:

Having Acumen as your Fiscal Employer Agent does nothing to the employer-employee relationship. Acumen is not the employer.

### Communication

Acumen is committed to keeping the lines of communication open. Please do not hesitate to contact us at anytime in one of the following ways:

1. If you have a question, you can email [customerservice@acumen2.net](mailto:customerservice@acumen2.net) or call (866) 759-9498 to speak with a representative. Remember, the call is toll-free and we'd love to hear from you. Our TTY toll-free number is (888) 853-0010.
2. If you have a suggestion, complaint, or concern, please contact Acumen's President directly by calling toll-free (888) 530-7473 and leaving a message. Your call will be returned within two business days.







## Authorization Form

Complete each item and fax (866) 240-2386 or mail 4542 E. Inverness Ave., Suite 210, Mesa, AZ 85206 to Acumen. Please call (866) 759-9498 if you have any questions.

**I hereby authorize Acumen Fiscal Agent (Acumen) to:**

1. File Form SS-4 on my behalf to obtain an Employer Identification Number (EIN), if I do not already have one, and allow the IRS to mail EIN information to Acumen once obtained. **Note: If you currently have or have had an EIN, please contact the above phone number before proceeding with the employer enrollment paperwork.**
2. Represent me as an employer for employer-related tax reporting purposes, by signing Form 2678.
3. Handle all correspondence regarding employer tax reporting issues.
4. Serve as my Full Service Agent for unemployment and withholding tax purposes. As such, Acumen shall provide all services for me, the employer, (tax, benefits, and appeals) and shall receive all documents related to my, the employer's, Hawaii unemployment and withholding tax account that would otherwise have been sent to me.
5. Receive confidential information and perform any and all acts the employer can perform relating to matters pertaining to Hawaii's unemployment compensation law and state tax withholding regulations effective signature date forward; subject to revocation.
6. Electronically send me (e.g. e-mail) information including, but not limited to: employer and/or employee enrollment information, account statement reports, good-to-go information, and new products or services.

Any limitations to this authorization must be specifically stated and attached. This authorization revokes all earlier authorizations and powers of attorney on file, and shall remain in effect until receipt of a written notice of revocation or a subsequent authorization or power of attorney by the Hawaii Department of Labor and Industrial Relations and/or Hawaii Department of Taxation.

**What am I really authorizing?**

- Your appointment grants Acumen Fiscal Agent a limited power of attorney to act as your agent for acts required under Section 3504 and Chapters 21, 22, 24, and/or 25 of Subchapter C of the Internal Revenue Code, and for taxes required under 3301.
- You are appointing Acumen Fiscal Agent to act as your agent for the Hawaii Department of Labor and Industrial Relations and Hawaii Department of Taxation in the fulfilling of domestic employer responsibilities relative to the employing of persons through initiatives funded by the State of Hawaii, Department of Health, Executive Office on Aging.

Employer	Participant	
The person who hires, fires, trains and manages staff.	The individual receiving services.	
Name:	Name:	
Social Security Number:	Date of Birth:	
Street Address:	Physical Address (if different):	
City/State/Zip:	City/State/Zip (if different):	
Mailing Address (if different):	<b>Coach</b>	
City/State/Zip (if different):	Name:	
County of Residence:	E-mail Address:	
Phone Number:	Phone Number:	
E-mail Address :		

Your signature means that you have read and understand the above information.

Signature:	Date:
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Form **2678** Employer/Payer Appointment of Agent

(Rev. August 2014) Department of the Treasury — Internal Revenue Service

OMB No. 1545-0748

**Use this form if you want to request approval to have an agent file returns and make deposits or payments of employment or other withholding taxes or if you want to revoke an existing appointment.**

**For IRS use:**

- If you are an employer or payer who wants to request approval, complete Parts 1 and 2 and sign Part 2. Then give it to the agent. Have the agent complete Part 3 and sign it.

**Note.** This appointment is not effective until we approve your request. See the instructions for filing Form 2678 on page 3.

- If you are an employer, payer, or agent who wants to revoke an existing appointment, complete all three parts. In this case, only one signature is required.

**Part 1: Why you are filing this form...**

(Check one)

- You want to **appoint** an agent for tax reporting, depositing, and paying.
- You want to **revoke** an existing appointment.

**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)**   -

**2 Employer's or payer's name** (not your trade name)

**3 Trade name** (if any)  N/A

**4 Address**

You must list a physical address. A P.O. Box will not be accepted.

Number  Street  Suite or room number

City  State  ZIP code

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"/>

\*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.

- 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.

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.

**Sign your name here**  Print your name here

**Date**  /  /  Print your title here  Household Employer

Best daytime phone

Now give this form to the agent to complete. →



**The EMPLOYER completes this form.**

Form **8821**  
 (Rev. March 2015)  
 Department of the Treasury  
 Internal Revenue Service

**Tax Information Authorization**  
 ▶ Information about Form 8821 and its instructions is at [www.irs.gov/form8821](http://www.irs.gov/form8821).  
 ▶ Do not sign this form unless all applicable lines have been completed.  
 ▶ Do not use Form 8821 to request copies of your tax returns or to authorize someone to represent you.

OMB No. 1545-0045  
**For IRS Use Only**  
 Received by:  
 Name \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Function \_\_\_\_\_  
 Date \_\_\_\_\_

Write your legal name AND address here.

**1 Taxpayer information.** Taxpayer must sign and date this form on line 7.  
 Taxpayer name and address

You must list a physical address. PO Boxes are not accepted.

Taxpayer identification number(s)  
 Daytime telephone number  
 Plan number (if applicable)

Write your phone # here.

**2 Appointee.** If you wish to name more than one appointee, attach a list to this form. **Check here if a list of additional appointees is attached**   
 Name and address  
**Acumen Fiscal Agent**  
**4542 E Inverness Ave. Ste 210**  
**Mesa, AZ 85206**  
 CAF No. 0305-91435R  
 PTIN \_\_\_\_\_  
 Telephone No. 480-295-3300  
 Fax No. 480-371-2241  
 Check if new: Address  Telephone No.  Fax No.

**3 Tax Information.** Appointee is authorized to inspect and/or receive confidential tax information for the type of tax, forms, periods, and specific matters you list below. See the line 3 instructions.

(a) Type of Tax Information (Income, Employment, Payroll, Excise, Estate, Gift, Civil Penalty, Sec. 4980H Payments, etc.)	(b) Tax Form Number (1040, 941, 720, etc.)	(c) Year(s) or Period(s)	(d) Specific Tax Matters
Employment, Income Tax W/H	941,940	2015 - 2018	Tax Liability & EIN Verify

**4 Specific use not recorded on Centralized Authorization File (CAF).** If the tax information authorization is for a specific use not recorded on CAF, check this box. See the instructions. If you check this box, skip lines 5 and 6

**5 Disclosure of tax information** (you **must** check a box on line 5a or 5b unless the box on line 4 is checked):  
 a If you want copies of tax information, notices, and other written communications sent to the appointee on an ongoing basis, check this box   
**Note.** Appointees will no longer receive forms, publications, and other related materials with the notices.  
 b If you do not want any copies of notices or communications sent to your appointee, check this box

**6 Retention/revocation of prior tax information authorizations.** If the line 4 box is checked, skip this line. If the line 4 box is not checked, the IRS will automatically revoke all prior Tax Information Authorizations on file unless you check the line 6 box and attach a copy of the Tax Information Authorization(s) that you want to retain.

To revoke a prior tax information authorization(s) without submitting a new authorization, see the line 6 instructions.

**7 Signature of taxpayer.** If signed by a corporate officer, partner, guardian, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute this form with respect to the tax matters and tax periods shown on line 3 above.

**▶ IF NOT COMPLETE, SIGNED, AND DATED, THIS TAX INFORMATION AUTHORIZATION WILL BE RETURNED.**

**▶ DO NOT SIGN THIS FORM IF IT IS BLANK OR INCOMPLETE.**

Sign your name here.

Signature

Date

Date here.

Print your full name here.

Print Name

HHCSR

Title (if applicable)



**SS-4 Application for Employer Identification Number** OMB No. 1545-0003

Form (Rev. January 2010) Department of the Treasury Internal Revenue Service

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

EIN

**1** Legal name of entity (or individual) for whom the EIN is being requested  
**HHCSR**

**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)  
**4b** City, state, and ZIP code (if foreign, see instructions)

**5a** Street address (if different) (Do not enter a P.O. box.)  
**5b** City, state, and ZIP code (if foreign, see instructions)

**6** County and state where principal business is located

**7a** Name of responsible party  
**7b** SSN, ITIN, or EIN

**8a** Is this application for a limited liability company (LLC) (or a foreign equivalent)?  Yes  No  
**8b** If 8a is "Yes," enter the number of LLC members: ▶

**8c** If 8a is "Yes," was the LLC organized in the United States?  Yes  No

**9a** Type of entity (check only one box). **Caution.** If 8a is "Yes," see the instructions for the correct box to check.

Sole proprietor (SSN) \_\_\_\_\_  
 Partnership \_\_\_\_\_  
 Corporation (enter form number to be filed) ▶ \_\_\_\_\_  
 Personal service corporation \_\_\_\_\_  
 Church or church-controlled organization \_\_\_\_\_  
 Other nonprofit organization (specify) ▶ \_\_\_\_\_  
 Other (specify) ▶ **HHCSR using Fiscal/E employer Agent**

Estate (SSN of decedent) \_\_\_\_\_  
 Plan administrator (TIN) \_\_\_\_\_  
 Trust (TIN of grantor) \_\_\_\_\_  
 National Guard  State/local government  
 Farmers' cooperative  Federal government/military  
 REMIC  Indian tribal governments/enterprises

Group Exemption Number (GEN) if any ▶ \_\_\_\_\_

**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)

Started new business (specify type) ▶ \_\_\_\_\_  
 Banking purpose (specify purpose) ▶ \_\_\_\_\_  
 Changed type of organization (specify new type) ▶ \_\_\_\_\_  
 Purchased going business \_\_\_\_\_  
 Hired employees (Check the box and see line 13.) \_\_\_\_\_  
 Compliance with IRS withholding regulations \_\_\_\_\_  
 Created a trust (specify type) ▶ \_\_\_\_\_  
 Created a pension plan (specify type) ▶ \_\_\_\_\_  
 Other (specify) ▶ **HHCSR using Fiscal/E employer Agent**

**11** Date business started or acquired (month, day, year). See instructions.

**12** Closing month of accounting year **December**

**13** Highest number of employees expected in the next 12 months (enter -0- if none). If no employees expected, skip line 14.

Agricultural **0** Household **1-#** Other **0**

**14** If you expect your employment tax liability to be \$1,000 or less in a full calendar year and want to file Form 944 annually instead of Forms 941 quarterly, check here. (Your employment tax liability generally will be \$1,000 or less if you expect to pay \$4,000 or less in total wages.) If you do not check this box, you must file Form 941 for every quarter.

**15** First date wages or annuities were paid (month, day, year). **Note.** If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year) ▶ \_\_\_\_\_

**16** Check one box that best describes the principal activity of your business.

Construction  Rental & leasing  Transportation & warehousing  Health care & social assistance  Wholesale-agent/broker  
 Real estate  Manufacturing  Finance & insurance  Other (specify) ▶ **HHCSR using Fiscal/E employer Agent**  
 Accommodation & food service  Wholesale-other  Retail

**17** Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.  
**HHCSR using Fiscal/E employer Agent**

**18** Has the applicant entity shown on line 1 ever applied for and received an EIN?  Yes  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  
**Leanna VanRoekel Crystal Kennedy**

Designee's telephone number (include area code)  
**( 623 ) 792-6100**

Address and ZIP code  
**4542 E Inverness Ave, Ste 210 Mesa, AZ 85206**

Designee's fax number (include area code)  
**( 877 ) 277-3048**

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) \_\_\_\_\_

Name and title (type or print clearly) ▶ **HHCSR**

Applicant's fax number (include area code) \_\_\_\_\_

Signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

Employer's name here

Employer's county and state here

Employer's name here

Employer's street address here

Employer's city, state, and zip code here

Employer's social security number here

Employer's name here

Employer sign here

Write date here

## Hawaii Participant Direction Program Employer Agreement Form

The participant, or authorized representative, elects and accepts the responsibility for self directing or managing those supports and services as outlined in the Support Plan. The participant, or authorized representative, is therefore recognized as the "Employer."

**As the Employer, you are responsible to:**

1. Enroll with Acumen and complete all state, federal and program-required paperwork found in the Acumen start-up packet.
2. Recruit, interview, hire and train employees and vendors.
3. Hire only qualified employees and/or vendors to provide approved services.
4. Pay at least minimum wage.
5. Review, approve and sign timesheets, vendor requests and requests for reimbursement to ensure accuracy.
6. Only allow employee(s) to begin performing work after Acumen has notified you that employee(s) is active in their system.
7. Develop a back up plan should the primary employee not be available to provide care.
8. Notify your Coach immediately of significant changes in circumstances that may affect the Support Plan and/or your safety.
9. Report all employee workplace injuries immediately to Acumen at 866-759-9498.
10. Report to Acumen any **non**-work related injury or illness of your employee(s) so that your employee can receive the forms to apply for temporary disability insurance if needed.
11. Notify your Coach should you need to work a single employee more than 19 hours in a work week.
12. Receive orientation and training regarding self directing your supports.
13. Ensure that all goods purchased through this program are used for their intended purpose.
14. Attest that you will submit and/or approve all payment requests in accordance with the Program regulations. You understand that payment and satisfaction of your claims may be from Federal and State funds, and that you may be prosecuted under applicable Federal or State laws, for any false claims, statements or documents or concealment of a material fact. Any misuse of funds may result in being fined or penalized, including but not limited to your repayment of claim.

**General Understanding:**

1. Payments will be directly issued to the employee or vendor of services provided in accordance to the funding limits for approved services in the Support Plan. All required supporting documentation (timesheets, receipts, invoices, etc.) must accompany all requests for payment.
2. Employees can not work more than 19 hrs in one work week.
3. A work week is from Sunday to Saturday.
4. Employees must be at least 18 years of age.
5. All employees must clear a criminal history background check and the Medicaid List of Excluded Individuals and Entities (LEIE) and Medicare Exclusion Database (MED) prior to working.

I have read and understand the Roles and Responsibilities sheet given to me in the Acumen start-up packet. I understand that I am responsible to comply with paying all of my employees in accordance with the Department of Labor Regulations including the Fair Labor Standards Act and the Final Rule effective January 1, 2015. Furthermore, I understand that this employer responsibility may extend beyond what the program funds may pay my employee and I accept full responsibility for all debts owed.

Participant Name: \_\_\_\_\_

Authorized Rep Name (if different): \_\_\_\_\_

Employer Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**FORM N-848**  
(REV. 2014)

STATE OF HAWAII - DEPARTMENT OF TAXATION  
**POWER OF ATTORNEY**

(NOTE: References to "married", "unmarried", and "spouse" also means "in a civil union", "not in a civil union", and "civil union partner", respectively.)

**PART I POWER OF ATTORNEY (Please type or print.)**

**1 Taxpayer Information.** Taxpayer(s) must sign and date this form on page 2, line 6.

Taxpayer name(s) and address (Please type or print.)

Employer name and address here

Social security number(s)

Federal employer identification number

Employer social security number here

Employer phone number here

Daytime telephone number ( )

Fax number ( )

Employer e-mail address here

E-mail address

hereby appoint(s) the following representative(s) as attorney(s)-in-fact:

**2 Representative(s)** must be an individual and must sign and date this form on page 2, Part II.

Individual name and address

CRYSTAL KENNEDY  
4542 E INVERNESS AVE STE 210  
MESA, AZ 85206

Telephone No. (623) 792-6100

Fax No. (480) 371-2241

E-mail address PAYROLL-TAX@ACUMEN2.NET

Check if new: Address  Telephone  Fax  E-mail

Individual name and address

LINDA HERRERA  
4542 E INVERNESS AVE STE 210  
MESA, AZ 85206

Telephone No. (623) 792-6100

Fax No. (480) 371-2241

E-mail address PAYROLL-TAX@ACUMEN2.NET

Check if new: Address  Telephone  Fax  E-mail

Individual name and address

Telephone No. ( )

Fax No. ( )

E-mail address

Check if new: Address  Telephone  Fax  E-mail

Individual name and address

Telephone No. ( )

Fax No. ( )

E-mail address

Check if new: Address  Telephone  Fax  E-mail

to represent the taxpayer(s) before the Department of Taxation, State of Hawaii, for the following acts:

**3 Acts authorized (you are required to complete this line 3).** (Stating "All Taxes", "All Forms", or "All Periods" on line 3 is not acceptable.) With the exception of the acts described in line 4b, I (we) authorize my (our) representative(s) to receive and inspect my (our) confidential tax information and to perform acts that I (we) can perform with respect to the tax matters described below. For example, my (our) representative(s) shall have the authority to sign any agreements, consents, tax clearance applications, or similar documents (but see instructions for authorizing a representative to sign a return).

Hawaii Tax I.D. Number	Type of Tax (Income, General Excise, etc.)	Tax Form Number (N-11, N-13, G-49, etc.)	Year(s) or Period(s)
W _____	SWH-UI-E&T TAX	HW-2/HW-3/HW-14/BB-1	2011-2020
W _____			
W _____			
W _____			

**4a Additional acts authorized.** In addition to the acts listed on line 3 above, I (we) authorize my (our) representative(s) to perform the following acts (see instructions):

- Authorize disclosure to third parties;  Substitute or add representative(s);  Sign a return; \_\_\_\_\_  
 Other acts authorized: \_\_\_\_\_

**4b Specific acts not authorized.** My (our) representative(s) is (are) not authorized to endorse or otherwise negotiate any check (including directing or accepting payment by any means, electronic or otherwise, into an account owned or controlled by the representative(s) or any firm or other entity with whom the representative(s) is (are) associated) issued by the government in respect of a Hawaii tax liability.

List any specific deletions to the acts otherwise authorized in this power of attorney (see instructions): \_\_\_\_\_

FORM N-848  
(REV. 2014)

Page 2

5 **Retention/Revocation of Prior Power(s) of Attorney.** The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the State of Hawaii for the **same** tax matters and years or periods covered by this document. If you do not want to revoke a prior power of attorney, check here.....

**YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.**

6 **Signature of Taxpayer(s).** If a tax matter concerns a year in which a joint return was filed, **both** spouses must sign if joint representation is requested. If signed by a corporate officer, partner, guardian, tax matters partner/person, executor, receiver, administrator, or trustee on behalf of the taxpayer, I certify that I have the authority to execute this form on behalf of the taxpayer.

➤ **IF NOT SIGNED AND DATED, THIS POWER OF ATTORNEY WILL BE RETURNED TO THE TAXPAYER.**

Write date here

Employer sign name here

Employer print name here

Signature	Date	Title (if applicable)
Print Name	Print name of taxpayer from line 1 if other than individual	
Signature	Date	Title (if applicable)
Print Name		

**PART II SIGNATURE OF REPRESENTATIVE(S)**

Social Security Number (Last 4 numbers)	Type or Print Name	Signature	Date
1407	CRYSTAL KENNEDY		
1437	LINDA HERRERA		

**Filing the Power of Attorney**

File the original, photocopy, or facsimile transmission (fax) with each letter, request, form, or other document for which the power of attorney is required. For example, if you wish to designate an individual to represent you in obtaining tax clearance certificates, a copy of Form N-848 must be filed each time you submit Tax Clearance Applications. The Department does not maintain a permanent, centralized file of powers of attorney.

**Hawaii Participant Direction Program  
Roles and Responsibilities**

There are 4 major players, each with distinct roles within a self-directed program. Knowing the differences between them can be hard. Please refer to the table below when trying to decide who does what.

EOA/Coach	Employer/Participant	Acumen Fiscal Agent	Employee
<ul style="list-style-type: none"> <li>Assist the participant to determine services</li> <li>Explain services available to the participant</li> <li>Assist in developing the support plan</li> <li>Monitor and follow up on services received by the individual</li> <li>Trigger reassessments by AAA based on needs</li> <li>Sign off on vendor requests</li> <li>Sign off on requests for reimbursement</li> </ul>	<ul style="list-style-type: none"> <li>Meet with coach to determine support needs</li> <li>Hire and fire workers</li> <li>Set wage for employees</li> <li>Schedule, train and supervise employees to provide approved services</li> <li>Provide a safe work environment</li> <li>Complete all necessary forms for enrollment</li> <li>Ensure all timesheets are complete, accurate and signed by both the employee and the employer</li> <li>Send timesheets, vendor requests and/or requests for reimbursement to Acumen Fiscal Agent</li> <li>Keep important records on each employee and keep them confidential</li> <li>Review account statements from Acumen Fiscal Agent and ensure they are accurate and complete</li> <li>Follow all relevant laws and rules on employment</li> <li>Manage the support plan</li> <li>Notify coach if you need to work a single employee more than 19 hours in a work week</li> <li>Notify Acumen of any non-work related injury or illness of your employee</li> </ul>	<ul style="list-style-type: none"> <li>Set up participant in the payroll system</li> <li>Process all employee paperwork</li> <li>Set up all employees in the payroll system</li> <li>Conduct criminal background checks</li> <li>Process timesheets</li> <li>Pay employees, vendors and requests for reimbursement according to the approved support plan</li> <li>Withhold and pay all necessary taxes</li> <li>Arrange for Workers' Compensation and other benefits</li> <li>Provide reports to the employer</li> <li>Provide reports to the state/coach</li> <li>Answer questions about enrollment and payroll</li> <li>Ensure compliance with other program requirements</li> </ul>	<ul style="list-style-type: none"> <li>Complete all employee paperwork</li> <li>Arrive to work site on time and perform duties as assigned by employer</li> <li>Communicate to Acumen should there be an address change, or if change in method of receiving pay is desired</li> <li>Review and abide by confidentiality policy</li> <li>Review and follow grievance procedure if/w/when disputes arise</li> <li>Notify your employer of any non-work related injury or illness</li> </ul>



**CHANGE INFORMATION FORM: PARTICIPANT or EMPLOYER**



Please complete this form and return to Acumen by one of the following methods:

**Mail:** 4542 E. Inverness Avenue, Suite 210, Mesa, AZ 85206  
**Fax:** (866) 240-2386  
**Email:** [enrollment@acumen2.net](mailto:enrollment@acumen2.net)

Change PARTICIPANT Information	
Complete this section when there is a change in participant information. The participant is the individual receiving services. If the participant is also the employer, please complete this section <b>only</b> . For a name change, please provide the current and new name. For all other changes, <u>only the new information is required</u> .	
Change In (select all that apply):    Name <input type="checkbox"/> Address <input type="checkbox"/> Phone Number <input type="checkbox"/> E-mail Address <input type="checkbox"/>	
Current/Previous Name:	New Name (if changed):
Street Address:	
City/State/Zip:	
Phone Number:	
E-mail Address:	
Client ID Number:	
Signature (Employer or Authorized Rep):	
Date:	

Change EMPLOYER Information	
Complete this section when there is a change in employer information. The employer is the individual who hires, trains, and manages staff. If the participant is also the employer, please complete the participant section <b>only</b> . For a name change, provide the current and new name and please fax or mail a copy of a legal document for name change. For all other changes, <u>only the new information is required</u> .	
Change In (select all that apply):    Name <input type="checkbox"/> Address <input type="checkbox"/> Phone Number <input type="checkbox"/> E-mail Address <input type="checkbox"/>	
Current/Previous Name:	New Name (if changed):
Street Address (if changed):	
City/State/Zip (if changed):	
Phone Number (if changed):	
E-mail Address:	
Client ID Number:	
Signature (Employer or Authorized Rep):	
Date:	

HI CLP-PD  
REV 01-16-14



## **Worker's Compensation Claim Reporting Guidelines for Employees**

**If there has been a workplace injury or accident,  
please take the following action:**

- 1. If it is a life-threatening emergency, seek medical attention immediately and inform the hospital that it is a workplace injury.**
- 2. Inform your employer of the injury.**
- 3. Call our Worker's Compensation Hotline at 866-472-2297 within 24 hours of the injury to report the claim and begin the process to receive benefits.**

Timely reporting of accidents is important because:

- ❖ Early access to medical care may decrease recovery time!
- ❖ The claims adjuster will need ample time to investigate incidents and make the appropriate decision about your benefits.
- ❖ In most states, there is a waiting period of 7 days before compensation is dispersed. The sooner you report the claim to Acumen, the sooner the clock starts on this waiting period.



## Looking For Caregivers In All The Wrong Places? HireMyCare.org Can Help



HireMyCare.org is the nation's premiere directory of in-home caregivers, designed for people who manage their own care.



**Find The Care You Need.  
Hire Who Want.**

support@hiremycare.org / 1-855-285-HIRE (4473)

Acumen Fiscal Agent Proudly Supports HireMyCare.org

### 10 Reasons to Use HireMyCare.org

1. Connects Caregivers with Care Seekers
2. In-site messaging system for safe communications
3. Quick and easy to locate nearby caregivers
4. Available 24/7 from any web-connected device
5. Post a job and have caregivers apply or search our database of caregivers yourself
6. Saved searches and "favorites" make it easy to fill recurring needs
7. Sort caregivers on 20 different skills and qualifications based on your requirements
8. Rate the service of caregivers and vendors
9. Caregivers can list their certifications and qualifications and search for jobs
10. Find businesses, services and home care supplies in your area





NOW/SDS - IFD Service Code										
a	b	c =d*b	d	e	f =d*e	g =d-e	h	i =c+h	j =g*i	k =f+j
Average Hours DSW Works	Max Rate	Max Pay at Max Rate	Recommended Pay Rate	Straight Time Hours	Straight Time Pay	OT Hours	Extra \$ Available per Hour of OT	\$ Available per Hour of OT	OT Pay	Total Pay
25	\$12.72	\$318.00	\$12.72	25	\$318.00					\$318.00
30	\$12.72	\$381.60	\$12.72	30	\$381.60					\$381.60
35	\$12.72	\$445.20	\$12.72	35	\$445.20					\$445.20
40	\$12.72	\$508.80	\$12.72	40	\$508.80					\$508.80
45	\$12.72	\$572.40	\$12.05	40	\$482.02	5	\$5.36	\$18.08	\$90.38	\$572.40
50	\$12.72	\$636.00	\$11.56	40	\$462.55	10	\$4.63	\$17.35	\$173.45	\$636.00
55	\$12.72	\$699.60	\$11.19	40	\$447.74	15	\$4.07	\$16.79	\$251.86	\$699.60
60	\$12.72	\$763.20	\$10.90	40	\$436.11	20	\$3.63	\$16.35	\$327.09	\$763.20
65	\$12.72	\$826.80	\$10.67	40	\$426.74	25	\$3.28	\$16.00	\$400.06	\$826.80

Acumen has derived a pay rate that we recommend an employer pay an employee for 40 hours of straight time. This pay rate would allow the employer to also pay overtime at the program max pay rate plus an additional hourly amount per hour. The additional hourly amount comes from the difference between the Max Pay Rate and the Recommended Pay Rate for the 40 hours of straight time. The additional hourly amount is then added to the max pay rate to be used to pay overtime.

Example: The employee works on average 50 hours per week. Acumen recommends that the employee be paid \$11.56 per hour for 40 hours. By paying this rate, the employer has \$1.16 per hour (for the first 40 hours) to use for overtime, which is \$46.40. The employee has 10 hours of overtime which is equivalent to \$4.63 of additional pay for those 10 hours. Adding this \$4.63 to the max pay rate allows the employer to pay the employee \$17.35 per hour of overtime.

If the employer chooses to pay higher than the recommended pay rate, the employer may have out-of-pocket costs. See selected information in the following table.

Additionally, a web-based tool to help calculate wage and out of pocket costs is available on our website at: [https://www.acumenfiscalagent.com/states/StateForms/LA/la\\_pay\\_matrix\\_calc.html](https://www.acumenfiscalagent.com/states/StateForms/LA/la_pay_matrix_calc.html)



## D. SAMPLE EMPLOYEE ENROLLMENT PACKET



### Employee Packet (keep this folder for your records)

**You will need to complete the following steps in order to hire an employee:**

- Interview applicants and decide who you think would be the best fit for your particular needs.
- Have the person you decide to hire complete and send the following to Acumen:

- Employment Application (optional)
- I-9 Employment Eligibility Verification
  - Your employee fills out **Section I**.
  - As the Employer, you fill out **Section II**. Employers must enter the date the employee began or will begin work for pay on the I-9. If the actual date of hire (first date of providing services for pay) for the employee changes from the date entered, it is the employer's responsibility to correct and re-submit the form to Acumen within three days of the actual date of hire.
  - To review Frequently Asked Questions about Form I-9, please visit [www.acumenfiscalagent.com](http://www.acumenfiscalagent.com). Click on "Forms," select Hawaii, then find your program.
- W-4 Employee's Withholding Allowance Certificate
- HW-4 Employee's State of Hawaii Withholding Allowance Certificate
- Direct Deposit Form (optional)
- Employee Agreement

Fax or mail completed forms to Acumen. Acumen will notify you when your employee can begin working. Do **not** allow any work to be performed prior to this notification. It will take approximately 3-4 business days before an applicant is clear for hire. However, it could take longer due to the background check process. Please allow two weeks before scheduling your employee's first day of work to be sure all federal and state clearances have been received.

Although you may photocopy blank forms for future employees, Acumen recommends that you download the forms from our website to ensure that you have the most current versions. You may contact our Customer Service Center to be sure you have the most up-to-date forms or to request copies be sent to you.

HI CLP-PD  
REV 06 30 15



***For your records (keep a copy of each item for each employee):***

Employee Name \_\_\_\_\_ Date Hired \_\_\_\_\_  
Phone # \_\_\_\_\_ Address \_\_\_\_\_

W-4                       I-9                       HW-4  
 Direct Deposit (if applicable)                       Employee Agreement

Comments \_\_\_\_\_

Date Terminated \_\_\_\_\_

Employee Name \_\_\_\_\_ Date Hired \_\_\_\_\_  
Phone # \_\_\_\_\_ Address \_\_\_\_\_

W-4                       I-9                       HW-4  
 Direct Deposit (if applicable)                       Employee Agreement

Comments \_\_\_\_\_

Date Terminated \_\_\_\_\_

Employee Name \_\_\_\_\_ Date Hired \_\_\_\_\_  
Phone # \_\_\_\_\_ Address \_\_\_\_\_

W-4                       I-9                       HW-4  
 Direct Deposit (if applicable)                       Employee Agreement

Comments \_\_\_\_\_

Date Terminated \_\_\_\_\_

If you have questions, please e-mail [customerservice@acumen2.net](mailto:customerservice@acumen2.net) or call (866) 759-9498 to speak with a representative.





### **Employee Changes and Termination**

Complete the Employee Change Form if an employee changes his or her name or address. Complete the Termination Form when an employee no longer works for you. These changes should be reported to Acumen as soon as possible. Fax or mail completed forms to Acumen.

### **Employee Files**

Acumen recommends that you always make a copy of any forms you submit and that you keep these copies in a safe place, as they contain sensitive and personal information. We recommend that you also maintain a current and accurate file on each employee hired. This file should contain all employee documentation, including but not limited to the following: W-4, HW-4, I-9, employee agreement, copies of completed timesheets, background check information, and reference checks.

### **Confidentiality and Protection of Records**

Employees must not disclose or knowingly permit the disclosure of any information concerning the participant, the employer, or his/her family to any unauthorized person.

### **Earned Income Credit**

Some employees are eligible for Earned Income Tax Credit (EITC). EITC is a refundable federal income tax credit for low to moderate income working individuals and families. To qualify, taxpayers must meet certain requirements and file a tax return, even if they do not have a filing requirement. To learn more about the rules and income limits to qualify for EITC, contact the IRS at [www.irs.gov/eitc](http://www.irs.gov/eitc) or call 1-800-829-1040.

### **Background Checks**

A criminal background check is required for all potential employees. The cost of the background check is \$5.00, and this will be deducted from the participant's budget in the month that the prospective employee's completed paperwork is sent to Acumen for processing. If the background check finds a conviction, the cost of a certified record from the Hawaii Criminal Justice Data Center is an additional \$10, which will also be deducted from the participant's budget.

Below is a list of prohibitive offenses that bar employment. That means if any of the below items come back as a felony on the criminal background check, the person cannot be a paid employee in this program. If an item comes back that is not on the below list and you still want to hire that individual, Acumen will send you a form requesting your signature. Acumen cannot allow payment for any work performed by the employee until this form is returned to Acumen with your signature.

### **List of Prohibitive Offenses**

- Murder
- Manslaughter
- Assault
- Sex offenses
- Domestic violence
- Possession, use, sale, manufacture, distribution, prescription, or dispensing of dangerous drugs or controlled substance
- Conviction related to delivery of Medicare, Medicaid or any state health care program
- Theft or forgery
- Arson
- Kidnapping
- Healthcare fraud
- Patient abuse or neglect



Acumen  
4542 E. Inverness Avenue  
Suite 210  
Mesa, AZ 85206  
Toll-Free Phone: (866) 759-9498  
Toll-Free Fax: (866) 240-2386  
TTY: (888) 853-0010  
[customerservice@acumen2.net](mailto:customerservice@acumen2.net)  
[www.acumenfiscalagent.com](http://www.acumenfiscalagent.com)



## EMPLOYMENT APPLICATION

PARTICIPANT'S NAME: \_\_\_\_\_

---

### PERSONAL INFORMATION:

APPLICANT'S NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_  
STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_  
HOME PHONE NUMBER: \_\_\_\_\_ OTHER: \_\_\_\_\_  
E-MAIL ADDRESS: \_\_\_\_\_

---

### EMPLOYMENT ELIGIBILITY:

Are you interested in serving as a (check all that apply):

\_\_\_\_ Full-time employee? \_\_\_\_ Part-time employee? \_\_\_\_ Backup employee?

Are you currently employed: \_\_\_\_ YES \_\_\_\_ NO

Date available for employment: \_\_\_\_\_ How many hours a week can you work? \_\_\_\_\_

Are you 18 years of age or older? \_\_\_\_ YES \_\_\_\_ NO

---

### LICENSES AND CERTIFICATIONS:

Do you have a valid driver's license? \_\_\_\_ YES \_\_\_\_ NO

Do you have current First Aid Certification? \_\_\_\_ YES \_\_\_\_ NO if yes, expiration date: \_\_\_\_\_

Do you have current CPR Certification? \_\_\_\_ YES \_\_\_\_ NO if yes, expiration date: \_\_\_\_\_

Please list any other professional certifications: \_\_\_\_\_

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### LIST THREE PERSONAL REFERENCES:

(Name)	(Address)	(Phone Number)
(Name)	(Address)	(Phone Number)
(Name)	(Address)	(Phone Number)

---

**LIST PREVIOUS JOBS YOU HAVE HAD (BEGINNING WITH MOST RECENT):**

EMPLOYER'S NAME: \_\_\_\_\_  
 DATES OF EMPLOYMENT: \_\_\_\_\_  
 EMPLOYER'S ADDRESS: \_\_\_\_\_  
 SUPERVISOR'S NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_  
 LIST OF JOB DUTIES: \_\_\_\_\_  
 REASON FOR LEAVING: \_\_\_\_\_

---

EMPLOYER'S NAME: \_\_\_\_\_  
 DATES OF EMPLOYMENT: \_\_\_\_\_  
 EMPLOYER'S ADDRESS: \_\_\_\_\_  
 SUPERVISOR'S NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_  
 LIST OF JOB DUTIES: \_\_\_\_\_  
 REASON FOR LEAVING: \_\_\_\_\_

---

EMPLOYER'S NAME: \_\_\_\_\_  
 DATES OF EMPLOYMENT: \_\_\_\_\_  
 EMPLOYER'S ADDRESS: \_\_\_\_\_  
 SUPERVISOR'S NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_  
 LIST OF JOB DUTIES: \_\_\_\_\_  
 REASON FOR LEAVING: \_\_\_\_\_

---

**BRIEFLY LIST REASONS YOU SHOULD BE CONSIDERED FOR THIS JOB:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

---

**APPLICANT ACKNOWLEDGEMENT**

You \_\_\_ may \_\_\_ may not contact my current employer. If not, reason: \_\_\_\_\_

If offered a position, will you be able to be at work on time and according to the schedule discussed? \_\_\_ Yes \_\_\_ No

Comments: \_\_\_\_\_

I, \_\_\_\_\_ (print name), the applicant, certify that the *information provided is true and correct* to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if employer has employed me, no matter when discovered by employer. I also acknowledge that **a background check is required** and that some convictions prevent employment.

I authorize this potential employer to investigate all statements contained in this application, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation, without giving me prior notice of such disclosure.

I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or this employer. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon this employer unless made in writing.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_





## Instructions for Form I-9, Employment Eligibility Verification

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-9  
OMB No. 1615-0047  
Expires 08/31/2019

**Anti-Discrimination Notice.** It is illegal to discriminate against work-authorized individuals in hiring, firing, recruitment or referral for a fee, or in the employment eligibility verification (Form I-9 and E-Verify) process based on that individual's citizenship status, immigration status or national origin. Employers **CANNOT** specify which document(s) the employee may present to establish employment authorization and identity. The employer must allow the employee to choose the documents to be presented from the Lists of Acceptable Documents, found on the last page of Form I-9. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination. For more information, call the Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSC) at 1-800-255-7688 (employees), 1-800-255-8155 (employers), or 1-800-237-2515 (TTY), or visit [www.justice.gov/crt/about/osc](http://www.justice.gov/crt/about/osc).

### What is the Purpose of This Form?

Employers must complete Form I-9 to document verification of the identity and employment authorization of each new employee (both citizen and noncitizen) hired after November 6, 1986, to work in the United States. In the Commonwealth of the Northern Mariana Islands (CNMI), employers must complete Form I-9 to document verification of the identity and employment authorization of each new employee (both citizen and noncitizen) hired after November 27, 2011.

### General Instructions

Both employers and employees are responsible for completing their respective sections of Form I-9. For the purpose of completing this form, the term "employer" means all employers, including those recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors, as defined in section 3 of the Migrant and Seasonal Agricultural Worker Protection Act, Public Law 97-470 (29 U.S.C. 1802). An "employee" is a person who performs labor or services in the United States for an employer in return for wages or other remuneration. The term "Employee" does not include those who do not receive any form of remuneration (volunteers), independent contractors or those engaged in certain casual domestic employment. Form I-9 has three sections. Employees complete Section 1. Employers complete Section 2 and, when applicable, Section 3. Employers may be fined if the form is not properly completed. See 8 USC § 1324a and 8 CFR § 274a.10. Individuals may be prosecuted for knowingly and willfully entering false information on the form. Employers are responsible for retaining completed forms. **Do not mail completed forms to U.S. Citizenship and Immigration Services (USCIS) or Immigration and Customs Enforcement (ICE).**

These instructions will assist you in properly completing Form I-9. The employer must ensure that all pages of the instructions and Lists of Acceptable Documents are available, either in print or electronically, to all employees completing this form. When completing the form on a computer, the English version of the form includes specific instructions for each field and drop-down lists for universally used abbreviations and acceptable documents. To access these instructions, move the cursor over each field or click on the question mark symbol ( ? ) within the field. Employers and employees can also access this full set of instructions at any time by clicking the Instructions button at the top of each page when completing the form on a computer that is connected to the Internet.

Employers and employees may choose to complete any or all sections of the form on paper or using a computer, or a combination of both. Forms I-9 obtained from the USCIS website are not considered electronic Forms I-9 under DHS regulations and, therefore, cannot be electronically signed. Therefore, regardless of the method you used to enter information into each field, you must print a hard copy of the form, then sign and date the hard copy by hand where required.

Employers can obtain a blank copy of Form I-9 from the USCIS website at <https://www.uscis.gov/sites/default/files/files/form/i-9.pdf>. This form is in portable document format (.pdf) that is fillable and savable. That means that you may download it, or simply print out a blank copy to enter information by hand. You may also request paper Forms I-9 from USCIS.

Certain features of Form I-9 that allow for data entry on personal computers may make the form appear to be more than two pages. When using a computer, Form I-9 has been designed to print as two pages. Using more than one preparer and/or translator will add an additional page to the form, regardless of your method of completion. You are not required to print, retain or store the page containing the Lists of Acceptable Documents.

The form will also populate certain fields with N/A when certain user choices ensure that particular fields will not be completed. The Print button located at the top of each page that will print any number of pages the user selects. Also, the Start Over button located at the top of each page will clear all the fields on the form.

The Spanish version of Form I-9 does not include the additional instructions and drop-down lists described above. Employers in Puerto Rico may use either the Spanish or English version of the form. Employers outside of Puerto Rico must retain the English version of the form for their records, but may use the Spanish form as a translation tool. Additional guidance to complete the form may be found in the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](#) and on USCIS' Form I-9 website, [I-9 Central](#).

### Completing Section I: Employee Information and Attestation

You, the employee, must complete each field in Section 1 as described below. Newly hired employees must complete and sign Section 1 no later than the first day of employment. Section 1 should never be completed before you have accepted a job offer.

#### Entering Your Employee Information

**Last Name (Family Name):** Enter your full legal last name. Your last name is your family name or surname. If you have two last names or a hyphenated last name, include both names in the Last Name field. *Examples of correctly entered last names include De La Cruz, O'Neill, Garcia Lopez, Smith-Johnson, Nguyen.* If you only have one name, enter it in this field, then enter "Unknown" in the First Name field. You may not enter "Unknown" in both the Last Name field and the First Name field.

**First Name (Given Name):** Enter your full legal first name. Your first name is your given name. *Some examples of correctly entered first names include Jessica, John-Paul, Tae Young, D'Shaun, Mai.* If you only have one name, enter it in the Last Name field, then enter "Unknown" in this field. You may not enter "Unknown" in both the First Name field and the Last Name field.

**Middle Initial:** Your middle initial is the first letter of your second given name, or the first letter of your middle name, if any. If you have more than one middle name, enter the first letter of your first middle name. If you do not have a middle name, enter N/A in this field.

**Other Last Names Used:** Provide all other last names used, if any (e.g., maiden name). Enter N/A if you have not used other last names. For example, if you legally changed your last name from Smith to Jones, you should enter the name Smith in this field.

**Address (Street Name and Number):** Enter the street name and number of the current address of your residence. If you are a border commuter from Canada or Mexico, you may enter your Canada or Mexico address in this field. If your residence does not have a physical address, enter a description of the location of your residence, such as "3 miles southwest of Anytown post office near water tower."

**Apartment:** Enter the number(s) or letter(s) that identify(ies) your apartment. If you do not live in an apartment, enter N/A.

**City or Town:** Enter your city, town or village in this field. If your residence is not located in a city, town or village, enter your county, township, reservation, etc., in this field. If you are a border commuter from Canada, enter your city and province in this field. If you are a border commuter from Mexico, enter your city and state in this field.

**State:** Enter the abbreviation of your state or territory in this field. If you are a border commuter from Canada or Mexico, enter your country abbreviation in this field.

**ZIP Code:** Enter your 5-digit ZIP code. If you are a border commuter from Canada or Mexico, enter your 5- or 6-digit postal code in this field.

**Date of Birth:** Enter your date of birth as a 2-digit month, 2-digit day, and 4-digit year (mm/dd/yyyy). For example, enter January 8, 1980 as 01/08/1980.

**U.S. Social Security Number:** Providing your 9-digit Social Security number is voluntary on Form I-9 unless your employer participates in E-Verify. If your employer participates in E-Verify and:

1. You have been issued a Social Security number, you must provide it in this field; or
2. You have applied for, but have not yet received a Social Security number, leave this field blank until you receive a Social Security number.

**Employee's E-mail Address (Optional):** Providing your e-mail address is optional on Form I-9, but the field cannot be left blank. To enter your e-mail address, use this format: name@site .domain. One reason Department of Homeland Security (DHS) may e-mail you is if your employer uses E-Verify and DHS learns of a potential mismatch between the information provided and the information in government records. This e-mail would contain information on how to begin to resolve the potential mismatch. You may use either your personal or work e-mail address in this field. Enter N/A if you do not enter your e-mail address.

**Employee's Telephone Number (Optional):** Providing your telephone number is optional on Form I-9, but the field cannot be left blank. If you enter your area code and telephone number, use this format: 000-000-0000. Enter N/A if you do not enter your telephone number.

#### ***Attesting to Your Citizenship or Immigration Status***

You must select one box to attest to your citizenship or immigration status.

1. **A citizen of the United States.**
2. **A noncitizen national of the United States:** An individual born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad.
3. **A lawful permanent resident:** An individual who is not a U.S. citizen and who resides in the United States under legally recognized and lawfully recorded permanent residence as an immigrant. This term includes conditional residents. Asylees and refugees should not select this status, but should instead select "An Alien authorized to work" below.

If you select "lawful permanent resident," enter your 7- to 9-digit Alien Registration Number (A-Number), including the "A," or USCIS Number in the space provided. When completing this field using a computer, use the dropdown provided to indicate whether you have entered an Alien Number or a USCIS Number. At this time, the USCIS Number is the same as the A-Number without the "A" prefix.

4. **An alien authorized to work:** An individual who is not a citizen or national of the United States, or a lawful permanent resident, but is authorized to work in the United States.

If you select this box, enter the date that your employment authorization expires, if any, in the space provided. In most cases, your employment authorization expiration date is found on the document(s) evidencing your employment authorization. Refugees, asylees and certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau, and other aliens whose employment authorization does not have an expiration date should enter N/A in the Expiration Date field. In some cases, such as if you have Temporary Protected Status, your employment authorization may have been automatically extended; in these cases, you should enter the expiration date of the automatic extension in this space.

Aliens authorized to work must enter one of the following to complete Section 1:

1. Alien Registration Number (A-Number)/USCIS Number; or
2. Form I-94 Admission Number; or
3. Foreign Passport Number and the Country of Issuance

Your employer may not ask you to present the document from which you supplied this information.

**Alien Registration Number/USCIS Number:** Enter your 7- to 9-digit Alien Registration Number (A-Number), including the "A," or your USCIS Number in this field. At this time, the USCIS Number is the same as your A-Number without the "A" prefix. When completing this field using a computer, use the dropdown provided to indicate whether you have entered an Alien Number or a USCIS Number. If you do not provide an A-Number or USCIS Number, enter N/A in this field then enter either a Form I-94 Admission Number, or a Foreign Passport and Country of Issuance in the fields provided.

**Form I-94 Admission Number:** Enter your 11-digit I-94 Admission Number in this field. If you do not provide an I-94 Admission Number, enter N/A in this field, then enter either an Alien Registration Number/USCIS Number or a Foreign Passport Number and Country of Issuance in the fields provided.

**Foreign Passport Number:** Enter your Foreign Passport Number in this field. If you do not provide a Foreign Passport Number, enter N/A in this field, then enter either an Alien Number/USCIS Number or a I-94 Admission Number in the fields provided.

**Country of Issuance:** If you entered your Foreign Passport Number, enter your Foreign Passport's Country of Issuance. If you did not enter your Foreign Passport Number, enter N/A.



**Signature of Employee:** After completing Section 1, sign your name in this field. If you used a form obtained from the USCIS website, you must print the form to sign your name in this field. By signing this form, you attest under penalty of perjury (28 U.S.C. § 1746) that the information you provided, along with the citizenship or immigration status you selected, and all information and documentation you provide to your employer, is complete, true and correct, and you are aware that you may face severe penalties provided by law and may be subject to criminal prosecution for knowingly and willfully making false statements or using false documentation when completing this form. Further, falsely attesting to U.S. citizenship may subject employees to penalties, removal proceedings and may adversely affect an employee's ability to seek future immigration benefits. If you cannot sign your name, you may place a mark in this field to indicate your signature. Employees who use a preparer or translator to help them complete the form must still sign or place a mark in the Signature of Employee field on the printed form.

If you used a preparer, translator, and other individual to assist you in completing Form I-9:

- Both you and your preparer(s) and/or translator(s) must complete the appropriate areas of Section 1, and then sign Section 1. If Section 1 was completed on a form obtained from the USCIS website, the form must be printed to sign these fields. You and your preparer(s) and/or translator(s) also should review the instructions for **Completing the Preparer and/or Translator Certification** below.
- If the employee is a minor (individual under 18) who cannot present an identity document, the employee's parent or legal guardian can complete Section 1 for the employee and enter "minor under age 18" in the signature field. If Section 1 was completed on a form obtained from the USCIS website, the form must be printed to enter this information. The minor's parent or legal guardian should review the instructions for **Completing the Preparer and/or Translator Certification** below. Refer to the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](#) for more guidance on completion of Form I-9 for minors. If the minor's employer participates in E-Verify, the employee must present a list B identity document with a photograph to complete Form I-9
- If the employee is a person with a disability (who is placed in employment by a nonprofit organization, association or as part of a rehabilitation program) who cannot present an identity document, the employee's parent, legal guardian or a representative of the nonprofit organization, association or rehabilitation program can complete Section 1 for the employee and enter "Special Placement" in this field. If Section 1 was completed on a form obtained from the USCIS website, the form must be printed to enter this information. The parent, legal guardian or representative of the nonprofit organization, association or rehabilitation program completing Section 1 for the employee should review the instructions for **Completing the Preparer and/or Translator Certification** below. Refer to the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](#) for more guidance on completion of Form I-9 for certain employees with disabilities.

**Today's Date:** Enter the date you signed Section 1 in this field. Do not backdate this field. Enter the date as a 2-digit month, 2-digit day and 4-digit year (mm/dd/yyyy). For example, enter January 8, 2014 as 01/08/2014. A preparer or translator who assists the employee in completing Section 1 may enter the date the employee signed or made a mark to sign Section 1 in this field. Parents or legal guardians assisting minors (individuals under age 18) and parents, legal guardians or representatives of a nonprofit organization, association or rehabilitation program assisting certain employees with disabilities must enter the date they completed Section 1 for the employee.

#### ***Completing the Preparer and/or Translator Certification***

If you did not use a preparer or translator to assist you in completing Section 1, you, the employee, must check the box marked **I did not use a Preparer or Translator**. If you check this box, leave the rest of the fields in this area blank.

If one or more preparers and/or translators assist the employee in completing the form using a computer, the preparer and/or translator must check the box marked **"A preparer(s) and/or translator(s) assisted the employee in completing Section 1"**, then select the number of Certification areas needed from the dropdown provided. Any additional Certification areas generated will result in an additional page. [Form I-9 Supplement](#), Section 1 Preparer and/or Translator Certification can be separately downloaded from the USCIS Form I-9 webpage, which provides additional Certification areas for those completing Form I-9 using a computer who need more Certification areas than the 5 provided or those who are completing Form I-9 on paper. The first preparer and/or translator must complete all the fields in the Certification area on the same page the employee has signed. There is no limit to the number of preparers and/or translators an employee can use, but each additional preparer and/or translator must complete and sign a separate Certification area. Ensure the employee's last name, first name and middle initial are entered at the top of any additional pages. The employer must ensure that any additional pages are retained with the employee's completed Form I-9.

**Signature of Preparer or Translator:** Any person who helped to prepare or translate Section 1 of Form I-9 must sign his or her name in this field. If you used a form obtained from the USCIS website, you must print the form to sign your name in this field. The Preparer and/or Translator Certification must also be completed if “Individual under Age 18” or “Special Placement” is entered in lieu of the employee’s signature in Section 1.

**Today’s Date:** The person who signs the Preparer and/or Translator Certification must enter the date he or she signs in this field on the printed form. Do not backdate this field. Enter the date as a 2-digit month, 2-digit day, and 4-digit year (mm/dd/yyyy). For example, enter January 8, 2014 as 01/08/2014.

**Last Name (Family Name):** Enter the full legal last name of the person who helped the employee in preparing or translating Section 1 in this field. The last name is also the family name or surname. If the preparer or translator has two last names or a hyphenated last name, include both names in this field.

**First Name (Given Name):** Enter the full legal first name of the person who helped the employee in preparing or translating Section 1 in this field. The first name is also the given name.

**Address (Street Name and Number):** Enter the street name and number of the current address of the residence of the person who helped the employee in preparing or translating Section 1 in this field. Addresses for residences in Canada or Mexico may be entered in this field. If the residence does not have a physical address, enter a description of the location of the residence, such as “3 miles southwest of Anytown post office near water tower.” If the residence is an apartment, enter the apartment number in this field.

**City or Town:** Enter the city, town or village of the residence of the person who helped the employee in preparing or translating Section 1 in this field. If the residence is not located in a city, town or village, enter the name of the county, township, reservation, etc., in this field. If the residence is in Canada, enter the city and province in this field. If the residence is in Mexico, enter the city and state in this field.

**State:** Enter the abbreviation of the state, territory or country of the preparer or translator’s residence in this field.

**ZIP Code:** Enter the 5-digit ZIP code of the residence of the person who helped the employee in preparing or translating Section 1 in this field. If the preparer or translator’s residence is in Canada or Mexico, enter the 5- or 6-digit postal code.

#### ***Presenting Form I-9 Documents***

Within 3 business days of starting work for pay, you must present to your employer documentation that establishes your identity and employment authorization. For example, if you begin employment on Monday, you must present documentation on or before Thursday of that week. However, if you were hired to work for less than 3 business days, you must present documentation no later than the end of the first day of employment.

Choose which unexpired document(s) to present to your employer from the Lists of Acceptable Documents. An employer cannot specify which document(s) you may present from the Lists of Acceptable Documents. You may present either one selection from List A or a combination of one selection from List B and one selection from List C. Some List A documents, which show both identity and employment authorization, are combination documents that must be presented together to be considered a List A document: for example, the foreign passport together with a Form I-94 containing an endorsement of the alien’s nonimmigrant status and employment authorization with a specific employer incident to such status. List B documents show identity only and List C documents show employment authorization only. If your employer participates in E-Verify and you present a List B document, the document must contain a photograph. If you present acceptable List A documentation, you should not be asked to present, nor should you provide, List B and List C documentation. If you present acceptable List B and List C documentation, you should not be asked to present, nor should you provide, List A documentation. If you are unable to present a document(s) from these lists, you may be able to present an acceptable receipt. Refer to the Receipts section below.

Your employer must review the document(s) you present to complete Form I-9. If your document(s) reasonably appears to be genuine and to relate to you, your employer must accept the documents. If your document(s) does not reasonably appear to be genuine or to relate to you, your employer must reject it and provide you with an opportunity to present other documents from the Lists of Acceptable Documents. Your employer may choose to make copies of your document(s), but must return the original(s) to you. Your employer must review your documents in your physical presence.

Your employer will complete the other parts of this form, as well as review your entries in Section 1. Your employer may ask you to correct any errors found. Your employer is responsible for ensuring all parts of Form I-9 are properly completed and is subject to penalties under federal law if the form is not completed correctly.

Minors (individuals under age 18) and certain employees with disabilities whose parent, legal guardian or representative completed Section 1 for the employee are only required to present an employment authorization document from List C. Refer to the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](#) for more guidance on minors and certain individuals with disabilities.

### *Receipts*

If you do not have unexpired documentation from the Lists of Acceptable Documents, you may be able to present a receipt(s) in lieu of an acceptable document(s). New employees who choose to present a receipt(s) must do so within three business days of their first day of employment. If your employer is reverifying your employment authorization, and you choose to present a receipt for reverification, you must present the receipt by the date your employment authorization expires. Receipts are not acceptable if employment lasts fewer than three business days.

There are three types of acceptable receipts:

1. A receipt showing that you have applied to replace a document that was lost, stolen or damaged. You must present the actual document within 90 days from the date of hire or, in the case of reverification, within 90 days from the date your original employment authorization expires.
2. The arrival portion of Form I-94/I-94A containing a temporary I-551 stamp and a photograph of the individual. You must present the actual Permanent Resident Card (Form I-551) by the expiration date of the temporary I-551 stamp, or, if there is no expiration date, within 1 year from the date of admission.
3. The departure portion of Form I-94/I-94A with a refugee admission stamp. You must present an unexpired Employment Authorization Document (Form I-766) or a combination of a List B document and an unrestricted Social Security Card within 90 days from the date of hire or, in the case of reverification, within 90 days from the date your original employment authorization expires.

Receipts showing that you have applied for an initial grant of employment authorization, or for renewal of your expiring or expired employment authorization, are not acceptable.

## **Completing Section 2: Employer or Authorized Representative Review and Verification**

You, the employer, must ensure that all parts of Form I-9 are properly completed and may be subject to penalties under federal law if the form is not completed correctly. Section 1 must be completed no later than the end of the employee's first day of employment. You may not ask an individual to complete Section 1 before he or she has accepted a job offer. Before completing Section 2, you should review Section 1 to ensure the employee completed it properly. If you find any errors in Section 1, have the employee make corrections, as necessary and initial and date any corrections made.

You or your authorized representative must complete Section 2 by examining evidence of identity and employment authorization within 3 business days of the employee's first day of employment. For example, if an employee begins employment on Monday, you must review the employee's documentation and complete Section 2 on or before Thursday of that week. However, if you hire an individual for less than 3 business days, Section 2 must be completed no later than the end of the first day of employment.

## **Entering Employee Information from Section 1**

This area, titled, "Employee Info from Section 1" contains fields to enter the employee's last name, first name, middle initial exactly as he or she entered them in Section 1. This area also includes a Citizenship/Immigration Status field to enter the number of the citizenship or immigration status checkbox the employee selected in Section 1. These fields help to ensure that the two pages of an employee's Form I-9 remain together. When completing Section 2 using a computer, the number entered in the Citizenship/Immigration Status field provides drop-downs that directly relate to the employee's selected citizenship or immigration status.



### *Entering Documents the Employee Presents*

You, the employer or authorized representative, must physically examine, in the employee's physical presence, the unexpired document(s) the employee presents from the Lists of Acceptable Documents to complete the Document fields in Section 2.

You cannot specify which document(s) an employee may present from these lists. If you discriminate in the Form I-9 process based on an individual's citizenship status, immigration status, or national origin, you may be in violation of the law and subject to sanctions such as civil penalties and be required to pay back pay to discrimination victims. A document is acceptable as long as it reasonably appears to be genuine and to relate to the person presenting it. Employees must present one selection from List A or a combination of one selection from List B and one selection from List C.

List A documents show both identity and employment authorization. Some List A documents are combination documents that must be presented together to be considered a List A document, such as a foreign passport together with a Form I-94 containing an endorsement of the alien's nonimmigrant status.

List B documents show identity only, and List C documents show employment authorization only. If an employee presents a List A document, do not ask or require the employee to present List B and List C documents, and vice versa. If an employer participates in E-Verify and the employee presents a List B document, the List B document must include a photograph.

If an employee presents a receipt for the application to replace a lost, stolen or damaged document, the employee must present the replacement document to you within 90 days of the first day of work for pay, or in the case of reverification, within 90 days of the date the employee's employment authorization expired. Enter the word "Receipt" followed by the title of the receipt in Section 2 under the list that relates to the receipt.

When your employee presents the replacement document, draw a line through the receipt, then enter the information from the new document into Section 2. Other receipts may be valid for longer or shorter periods, such as the arrival portion of Form I-94/I-94A containing a temporary I-551 stamp and a photograph of the individual, which is valid until the expiration date of the temporary I-551 stamp or, if there is no expiration date, valid for one year from the date of admission.

Ensure that each document is an unexpired, original (no photocopies, except for certified copies of birth certificates) document. Certain employees may present an expired employment authorization document, which may be considered unexpired, if the employee's employment authorization has been extended by regulation or a Federal Register Notice. Refer to the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](#) or I-9 Central for more guidance on these special situations.

Refer to the M-274 for guidance on how to handle special situations, such as students (who may present additional documents not specified on the Lists) and H-1B and H-2A nonimmigrants changing employers.

Minors (individuals under age 18) and certain employees with disabilities whose parent, legal guardian or representative completed Section 1 for the employee are only required to present an employment authorization document from List C. Refer to the M-274 for more guidance on minors and certain persons with disabilities. If the minor's employer participates in E-Verify, the minor employee also must present a List B identity document with a photograph to complete Form I-9.

You must return original document(s) to the employee, but may make photocopies of the document(s) reviewed. Photocopying documents is voluntary unless you participate in E-Verify. E-Verify employers are only required to photocopy certain documents. If you are an E-Verify employer who chooses to photocopy documents other than those you are required to photocopy, you should apply this policy consistently with respect to Form I-9 completion for all employees. For more information on the types of documents that an employer must photocopy if the employer uses E-Verify, visit E-Verify's website at [www.dhs.gov/e-verify](http://www.dhs.gov/e-verify). For non-E-Verify employers, if photocopies are made, they should be made consistently for ALL new hires and reverified employees.

Photocopies must be retained and presented with Form I-9 in case of an inspection by DHS or another federal government agency. You must always complete Section 2 by reviewing original documentation, even if you photocopy an employee's document(s) after reviewing the documentation. Making photocopies of an employee's document(s) cannot take the place of completing Form I-9. You are still responsible for completing and retaining Form I-9.

**List A - Identity and Employment Authorization:** If the employee presented an acceptable document(s) from List A or an acceptable receipt for a List A document, enter the document(s) information in this column. If the employee presented a List A document that consists of a combination of documents, enter information from each document in that combination in a separate area under List A as described below. All documents must be unexpired. If you enter document information in the List A column, you should not enter document information in the List B or List C columns. If you complete Section 2 using a computer, a selection in List A will fill all the fields in the Lists B and C columns with N/A.

**Document Title:** If the employee presented a document from List A, enter the title of the List A document or receipt in this field. The abbreviations provided are available in the dropdown when the form is completed on a computer. When completing the form on paper, you may choose to use these abbreviations or any other common abbreviation to enter the document title or issuing authority. If the employee presented a combination of documents, use the second and third Document Title fields as necessary.

Full name of List A Document	Abbreviations
U.S. Passport	U.S. Passport
U.S. Passport Card	U.S. Passport Card
Permanent Resident Card (Form I-551)	Perm. Resident Card (Form I-551)
Alien Registration Receipt Card (Form I-551)	Alien Reg. Receipt Card (Form I-551)
Foreign passport containing a temporary I-551 stamp	1. Foreign Passport 2. Temporary I-551 Stamp
Foreign passport containing a temporary I-551 printed notation on a machine-readable immigrant visa (MRIV)	1. Foreign Passport 2. Machine-readable immigrant visa (MRIV)
Employment Authorization Document (Form I-766)	Employment Auth. Document (Form I-766)
For a nonimmigrant alien authorized to work for a specific employer because of his or her status, a foreign passport with Form I-94/I-94A that contains an endorsement of the alien's nonimmigrant status	1. Foreign Passport, work-authorized non-immigrant 2. Form I-94/I94A 3. "Form I-20" or "Form DS-2019"  Note: In limited circumstances, certain J-1 students may be required to present a letter from their Responsible Officer in order to work. Enter the document title, issuing authority, document number and expiration date from this document in the Additional Information field.
Passport from the Federated States of Micronesia (FSM) with Form I-94/I-94A	1. FSM Passport with Form I-94 2. Form I-94/I94A
Passport from the Republic of the Marshall Islands (RMI) with Form I-94/I94A	1. RMI Passport with Form I-94 2. Form I-94/I94A
Receipt: The arrival portion of Form I-94/I-94A containing a temporary I-551 stamp and photograph	Receipt: Form I-94/I-94A w/I-551 stamp, photo
Receipt: The departure portion of Form I-94/I-94A with an unexpired refugee admission stamp	Receipt: Form I-94/I-94A w/refugee stamp
Receipt for an application to replace a lost, stolen or damaged Permanent Resident Card (Form I-551)	Receipt replacement Perm. Res. Card (Form I-551)
Receipt for an application to replace a lost, stolen or damaged Employment Authorization Document (Form I-766)	Receipt replacement EAD (Form I-766)
Receipt for an application to replace a lost, stolen or damaged foreign passport with Form I-94/I-94A that contains an endorsement of the alien's nonimmigrant status	1. Receipt: Replacement Foreign Passport, work-authorized nonimmigrant 2. Receipt: Replacement Form I-94/I-94A 3. Form I-20 or Form DS-2019, if presented
Receipt for an application to replace a lost, stolen or damaged passport from the Federated States of Micronesia with Form I-94/I-94A	1. Receipt: Replacement FSM Passport with Form I-94 2. Receipt: Replacement Form I-94/I-94A
Receipt for an application to replace a lost, stolen or damaged passport from the Republic of the Marshall Islands with Form I-94/I-94A	1. Receipt: Replacement RMI Passport with Form I-94 2. Receipt: Replacement Form I-94/I-94A

**Issuing Authority:** Enter the issuing authority of the List A document or receipt. The issuing authority is the specific entity that issued the document. If the employee presented a combination of documents, use the second and third Issuing Authority fields as necessary.



**Document Number:** Enter the document number, if any, of the List A document or receipt presented. If the document does not contain a number, enter N/A in this field. If the employee presented a combination of documents, use the second and third Document Number fields as necessary. If the document presented was a Form I-20 or DS-2019, enter the Student and Exchange Visitor Information System (SEVIS) number in the third Document Number field exactly as it appears on the Form I-20 or the DS-2019.

**Expiration Date (if any) (mm/dd/yyyy):** Enter the expiration date, if any, of the List A document. The document is not acceptable if it has already expired. If the document does not contain an expiration date, enter N/A in this field. If the document uses text rather than a date to indicate when it expires, enter the text as shown on the document, such as "D/S"(which means, "duration of status"). For a receipt, enter the expiration date of the receipt validity period as described above. If the employee presented a combination of documents, use the second and third Expiration Date fields as necessary. If the document presented was a Form I-20 or DS-2019, enter the program end date here.

**List B - Identity:** If the employee presented an acceptable document from List B or an acceptable receipt for the application to replace a lost, stolen, or destroyed List B document, enter the document information in this column. If a parent or legal guardian attested to the identity of an employee who is an [individual under age 18](#) or certain [employees with disabilities](#) in Section 1, enter either "Individual under age 18" or "Special Placement" in this field. Refer to the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](#) for more guidance on individuals under age 18 and certain person with disabilities.

If you enter document information in the List B column, you must also enter document information in the List C column. If an employee presents acceptable List B and List C documents, do not ask the employees to present a List A document. No entries should be made in the List A column. If you complete Section 2 using a computer, a selection in List B will fill all the fields in the List A column with N/A.

**Document Title:** If the employee presented a document from List B, enter the title of the List B document or receipt in this field. The abbreviations provided are available in the dropdown when the form is completed on a computer. When completing the form on paper, you may choose to use these abbreviations or any other common abbreviations to document the document title or issuing authority.

Full name of List B Document	Abbreviations
Driver's license issued by a State or outlying possession of the United States	Driver's license issued by state/territory
ID card issued by a State or outlying possession of the United States	ID card issued by state/territory
ID card issued by federal, state, or local government agencies or entities	Government ID
School ID card with photograph	School ID
Voter's registration card	Voter registration card
U.S. Military card	U.S. Military card
U.S. Military draft record	U.S. Military draft record
Military dependent's ID card	Military dependent's ID card
U.S. Coast Guard Merchant Mariner Card	USCG Merchant Mariner card
Native American tribal document	Native American tribal document
Driver's license issued by a Canadian government authority	Canadian driver's license
School record (for persons under age 18 who are unable to present a document listed above)	School record (under age 18)
Report card (for persons under age 18 who are unable to present a document listed above)	Report Card (under age 18)
Clinic record (for persons under age 18 who are unable to present a document listed above)	Clinic record (under age 18)
Doctor record (for persons under age 18 who are unable to present a document listed above)	Doctor record (under age 18)
Hospital record (for persons under age 18 who are unable to present a document listed above)	Hospital record (under age 18)
Day-care record (for persons under age 18 who are unable to present a document listed above)	Day-care record (under age 18)
Nursery school record (for persons under age 18 who are unable to present a document listed above)	Nursery school record (under age 18)

Full name of List B Document	Abbreviations
Individual under age 18 endorsement by parent or guardian	Individual under Age 18
Special placement endorsement for persons with disabilities	Special Placement
Receipt for the application to replace a lost, stolen or damaged Driver's License issued by a State or outlying possession of the United States	Receipt: Replacement driver's license
Receipt for the application to replace a lost, stolen or damaged ID card issued by a State or outlying possession of the United States	Receipt: Replacement ID card
Receipt for the application to replace a lost, stolen or damaged ID card issued by federal, state, or local government agencies or entities	Receipt: Replacement Gov't ID
Receipt for the application to replace a lost, stolen or damaged School ID card with photograph	Receipt: Replacement School ID
Receipt for the application to replace a lost, stolen or damaged Voter's registration card	Receipt: Replacement Voter reg. card
Receipt for the application to replace a lost, stolen or damaged U.S. Military card	Receipt: Replacement U.S. Military card
Receipt for the application to replace a lost, stolen or damaged Military dependent's ID card	Receipt: Replacement U.S. Military dep. card
Receipt for the application to replace a lost, stolen or damaged U.S. Military draft record	Receipt: Replacement Military draft record
Receipt for the application to replace a lost, stolen or damaged U.S. Coast Guard Merchant Mariner Card	Receipt: Replacement Merchant Mariner card
Receipt for the application to replace a lost, stolen or damaged Driver's license issued by a Canadian government authority	Receipt: Replacement Canadian DL
Receipt for the application to replace a lost, stolen or damaged Native American tribal document	Receipt: Replacement Native American tribal doc
Receipt for the application to replace a lost, stolen or damaged School record (for persons under age 18 who are unable to present a document listed above)	Receipt: Replacement School record (under age 18)
Receipt for the application to replace a lost, stolen or damaged Report card (for persons under age 18 who are unable to present a document listed above)	Receipt: Replacement Report card (under age 18)
Receipt for the application to replace a lost, stolen or damaged Clinic record (for persons under age 18 who are unable to present a document listed above)	Receipt: Replacement Clinic record (under age 18)
Receipt for the application to replace a lost, stolen or damaged Doctor record (for persons under age 18 who are unable to present a document listed above)	Receipt: Replacement Doctor record (under age 18)
Receipt for the application to replace a lost, stolen or damaged Hospital record (for persons under age 18 who are unable to present a document listed above)	Receipt: Replacement Hospital record (under age 18)
Receipt for the application to replace a lost, stolen or damaged Day-care record (for persons under age 18 who are unable to present a document listed above)	Receipt: Replacement Day-care record (under age 18)
Receipt for the application to replace a lost, stolen or damaged Nursery school record (for persons under age 18 who are unable to present a document listed above)	Receipt: Replacement Nursery school record (under age 18)

**Issuing Authority:** Enter the issuing authority of the List B document or receipt. The issuing authority is the entity that issued the document. If the employee presented a document that is issued by a state agency, include the state as part of the issuing authority.

**Document Number:** Enter the document number, if any, of the List B document or receipt exactly as it appears on the document. If the document does not contain a number, enter N/A in this field.

**Expiration Date (if any) (mm/dd/yyyy):** Enter the expiration date, if any, of the List B document. The document is not acceptable if it has already expired. If the document does not contain an expiration date, enter N/A in this field. For a receipt, enter the expiration date of the receipt validity period as described in the Receipt section above.

**List C - Employment Authorization:** If the employee presented an acceptable document from List C, or an acceptable receipt for the application to replace a lost, stolen, or destroyed List C document, enter the document information in this column. If you enter document information in the List C column, you must also enter document information in the List B column. If an employee presents acceptable List B and List C documents, do not ask the employee to present a list A document. No entries should be made in the List A column.

**Document Title:** If the employee presented a document from List C, enter the title of the List C document or receipt in this field. The abbreviations provided are available in the dropdown when the form is completed on a computer. When completing the form on paper, you may choose to use these abbreviations or any other common abbreviations to document the document title or issuing authority. If you are completing the form on a computer, and you select an Employment authorization document issued by DHS, the field will populate with List C#8 and provide a space for you to enter a description of the documentation the employee presented. Refer to the M-274 for guidance on entering List C #8 documentation.

Full name of List C Document	Abbreviations
Social Security Account Number card without restrictions	(Unrestricted) Social Security Card
Certification of Birth Abroad (Form FS-545)	Form FS-545
Certification of Report of Birth (Form DS-1350)	Form DS-1350
Original or certified copy of a U.S. birth certificate bearing an official seal	Birth Certificate
Native American tribal document	Native American tribal document
U.S. Citizen ID Card (Form I-197)	Form I-197
Identification Card for use of Resident Citizen in the United States (Form I-179)	Form I-179
<a href="#">Employment authorization document issued by DHS (List C #8)</a>	Employment Auth. document (DHS) List C #8
Receipt for the application to replace a lost, stolen or damaged Social Security Account Number Card without restrictions	Receipt: Replacement Unrestricted SS Card
Receipt for the application to replace a lost, stolen or damaged Original or certified copy of a U.S. birth certificate bearing an official seal	Receipt: Replacement Birth Certificate
Receipt for the application to replace a lost, stolen or damaged Native American Tribal Document	Receipt: Replacement Native American Tribal Doc.
Receipt for the application to replace a lost, stolen or damaged Employment Authorization Document issued by DHS	Receipt: Replacement Employment Auth. Doc. (DHS)

**Issuing Authority:** Enter the issuing authority of the List C document or receipt. The issuing authority is the entity that issued the document.

**Document Number:** Enter the document number, if any, of the List C document or receipt exactly as it appears on the document. If the document does not contain a number, enter N/A in this field.

**Expiration Date (if any) (mm/dd/yyyy):** Enter the expiration date, if any, of the List C document. The document is not acceptable if it has already expired, unless USCIS has extended the expiration date on the document. For instance, if a conditional resident presents a Form I-797 extending his or her conditional resident status with the employee's expired Form I-551, enter the future expiration date as indicated on the Form I-797. If the document has no expiration date, enter N/A in this field. For a receipt, enter the expiration date of the receipt validity period as described in the Receipt section above.

**Additional Information:** Use this space to notate any additional information required for Form I-9 such as:

- Employment authorization extensions for Temporary Protected Status beneficiaries, F-1 OPT STEM students, CAP-GAP, H-1B and H-2A employees continuing employment with the same employer or changing employers, and other nonimmigrant categories that may receive extensions of stay
- Additional document(s) that certain nonimmigrant employees may present
- Discrepancies that E-Verify employers must notate when participating in the IMAGE program
- Employee termination dates and form retention dates
- E-Verify case number, which may also be entered in the margin or attached as a separate sheet per E-Verify requirements and your chosen business process.
- Any other comments or notations necessary for the employer's business process

You may leave this field blank if the employee's circumstances do not require additional notations.



### Entering Information in the Employer Certification

**Employee's First Day of Employment:** Enter the employee's first day of employment as a 2-digit month, 2-digit day and 4-digit year (mm/dd/yyyy).

**Signature of Employer or Authorized Representative:** Review the form for accuracy and completeness. The person who physically examines the employee's original document(s) and completes Section 2 must sign his or her name in this field. If you used a form obtained from the USCIS website, you must print the form to sign your name in this field. By signing Section 2, you attest under penalty of perjury (28 U.S.C. § 1746) that you have physically examined the documents presented by the employee, the document(s) reasonably appear to be genuine and to relate to the employee named, that to the best of your knowledge the employee is authorized to work in the United States, that the information you entered in Section 2 is complete, true and correct to the best of your knowledge, and that you are aware that you may face severe penalties provided by law and may be subject to criminal prosecution for knowingly and willfully making false statements or knowingly accepting false documentation when completing this form.

**Today's Date:** The person who signs Section 2 must enter the date he or she signed Section 2 in this field. Do not backdate this field. If you used a form obtained from the USCIS website, you must print the form to write the date in this field. Enter the date as a 2-digit month, 2-digit day and 4-digit year (mm/dd/yyyy). For example, enter January 8, 2014 as 01/08/2014.

**Title of Employer or Authorized Representative:** Enter the title, position or role of the person who physically examines the employee's original document(s), completes and signs Section 2.

**Last Name of the Employer or Authorized Representative:** Enter the full legal last name of the person who physically examines the employee's original documents, completes and signs Section 2. Last name refers to family name or surname. If the person has two last names or a hyphenated last name, include both names in this field.

**First Name of the Employer or Authorized Representative:** Enter the full legal first name of the person who physically examines the employee's original documents, completes, and signs Section 2. First name refers to the given name.

**Employer's Business or Organization Name:** Enter the name of the employer's business or organization in this field.

**Employer's Business or Organization Address (Street Name and Number):** Enter an actual, physical address of the employer. If your company has multiple locations, use the most appropriate address that identifies the location of the employer. Do not provide a P.O. Box address.

**City or Town:** Enter the city or town for the employer's business or organization address. If the location is not a city or town, you may enter the name of the village, county, township, reservation, etc. that applies.

**State:** Enter the two-character abbreviation of the state for the employer's business or organization address.

**ZIP Code:** Enter the 5-digit ZIP code for the employer's business or organization address.

### Completing Section 3: Reverification and Rehires

Section 3 applies to both reverification and rehires. When completing this section, you must also complete the Last Name, First Name and Middle Initial fields in the Employee Info from Section 1 area at the top of Section 2, leaving the Citizenship/Immigration Status field blank. When completing Section 3 in either a reverification or rehire situation, if the employee's name has changed, record the new name in Block A.

#### Reverification

Reverification in Section 3 must be completed prior to the earlier of:

- The expiration date, if any, of the employment authorization stated in Section 1, or
- The expiration date, if any, of the List A or List C employment authorization document recorded in Section 2 (with some exceptions listed below).

Some employees may have entered "N/A" in the expiration date field in Section 1 if they are aliens whose employment authorization does not expire, e.g. asylees, refugees, certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau. Reverification does not apply for such employees unless they choose to present evidence of employment authorization in Section 2 that contains an expiration date and requires reverification, such as Form I-766, Employment Authorization Document.

You should not reverify U.S. citizens and noncitizen nationals, or lawful permanent residents (including conditional residents) who presented a Permanent Resident Card (Form I-551). Reverification does not apply to List B documents.

For reverification, an employee must present an unexpired document(s) (or a receipt) from either List A or List C showing he or she is still authorized to work. You CANNOT require the employee to present a particular document from List A or List C. The employee is also not required to show the same type of document that he or she presented previously. See specific instructions on how to complete Section 3 below.

### Rehires

If you rehire an employee within three years from the date that the Form I-9 was previously executed, you may either rely on the employee's previously executed Form I-9 or complete a new Form I-9.

If you choose to rely on a previously completed Form I-9, follow these guidelines.

- If the employee remains employment authorized as indicated on the previously executed Form I-9, the employee does not need to provide any additional documentation. Provide in Section 3 the employee's rehire date, any name changes if applicable, and sign and date the form.
- If the previously executed Form I-9 indicates that the employee's employment authorization from Section 1 or employment authorization documentation from Section 2 that is subject to reverification has expired, then reverification of employment authorization is required in Section 3 in addition to providing the rehire date. If the previously executed Form I-9 is not the current version of the form, you must complete Section 3 on the current version of the form.
- If you already used Section 3 of the employee's previously executed Form I-9, but are rehiring the employee within three years of the original execution of Form I-9, you may complete Section 3 on a new Form I-9 and attach it to the previously executed form.

Employees rehired after three years of original execution of the Form I-9 must complete a new Form I-9.

Complete each block in Section 3 as follows:

**Block A - New Name:** If an employee who is being reverified or rehired has also changed his or her name since originally completing Section 1 of this form, complete this block with the employee's new name. Enter only the part of the name that has changed, for example: if the employee changed only his or her last name, enter the last name in the Last Name field in this Block, then enter N/A in the First Name and Middle Initial fields. If the employee has not changed his or her name, enter N/A in each field of Block A.

**Block B - Date of Rehire:** Complete this block if you are rehiring an employee within three years of the date Form I-9 was originally executed. Enter the date of rehire in this field. Enter N/A in this field if the employee is not being rehired.

**Block C -** Complete this block if you are reverifying expiring or expired employment authorization or employment authorization documentation of a current or rehired employee. Enter the information from the List A or List C document(s) (or receipt) that the employee presented to verify his or her employment authorization. All documents must be unexpired.

**Document Title:** Enter the title of the List A or C document (or receipt) the employee has presented to show continuing employment authorization in this field.

**Document Number:** Enter the document number, if any, of the document you entered in the Document Title field exactly as it appears on the document. Enter N/A if the document does not have a number.

**Expiration Date (if any) (mm/dd/yyyy):** Enter the expiration date, if any, of the document you entered in the Document Title field as a 2-digit month, 2-digit day, and 4-digit year (mm/dd/yyyy). If the document does not contain an expiration date, enter N/A in this field.

**Signature of Employer or Authorized Representative:** The person who completes Section 3 must sign in this field. If you used a form obtained from the USCIS website, you must print Section 3 of the form to sign your name in this field. By signing Section 3, you attest under penalty of perjury (28 U.S.C. §1746) that you have examined the documents presented by the employee, that the document(s) reasonably appear to be genuine and to relate to the employee named, that to the best of your knowledge the employee is authorized to work in the United States, that the information you entered in Section 3 is complete, true and correct to the best of your knowledge, and that you are aware that you may face severe penalties provided by law and may be subject to criminal prosecution for knowingly and willfully making false statements or knowingly accepting false documentation when completing this form.

**Today's Date:** The person who completes Section 3 must enter the date Section 3 was completed and signed in this field. Do not backdate this field. If you used a form obtained from the USCIS website, you must print Section 3 of the form to enter the date in this field. Enter the date as a 2-digit month, 2-digit day, and 4-digit year (mm/dd/yyyy). For example, enter January 8, 2014 as 01/08/2014.

**Name of Employer or Authorized Representative:** The person who completed, signed and dated Section 3 must enter his or her name in this field.

#### What is the Filing Fee?

There is no fee for completing Form I-9. This form is not filed with USCIS or any government agency. Form I-9 must be retained by the employer and made available for inspection by U.S. Government officials as specified in the "USCIS Privacy Act Statement" below.

#### USCIS Forms and Information

For additional guidance about Form I-9, employers and employees should refer to the *Handbook for Employers: Guidance for Completing Form I-9 (M-274)* or USCIS' Form I-9 website at [www.uscis.gov/I-9Central](http://www.uscis.gov/I-9Central).

You can also obtain information about Form I-9 by e-mailing USCIS at [I-9Central@dhs.gov](mailto:I-9Central@dhs.gov), or by calling 1-888-464-4218 or 1-877-875-6028 (TTY).

You may download and obtain the English and Spanish versions of Form I-9, the *Handbook for Employers*, or the instructions to Form I-9 from the USCIS website at <https://www.uscis.gov/i-9>. To complete Form I-9 on a computer, you will need the latest version of Adobe Reader, which can be downloaded for free at <http://get.adobe.com/reader/>. You may order USCIS forms by calling our toll-free number at 1-800-870-3676. You may also obtain forms and information by contacting the USCIS National Customer Service Center at 1-800-375-5283 or 1-800-767-1833 (TTY).

Information about E-Verify, a fast, free, internet-based system that allows businesses to determine the eligibility of their employees to work in the United States, can be obtained from the USCIS website at <http://www.uscis.gov/e-verify>, by e-mailing USCIS at [E-Verify@dhs.gov](mailto:E-Verify@dhs.gov) or by calling 1-888-464-4218 or 1-877-875-6028 (TTY).

Employees with questions about Form I-9 and/or E-Verify can reach the USCIS employee hotline by calling 1-888-897-7781 or 1-877-875-6028 (TTY).

#### Photocopying Blank and Completed Forms I-9 and Retaining Completed Forms I-9

Employers may photocopy or print blank Forms I-9 for future use. All pages of the instructions and Lists of Acceptable Documents must be available, either in print or electronically, to all employees completing this form. Employers must retain each employee's completed Form I-9 for as long as the individual works for the employer and for a specified period after employment has ended. Employers are required to retain the pages of the form on which the employee and employer entered data. If copies of documentation presented by the employee are made, those copies must also be retained. Once the individual's employment ends, the employer must retain this form and attachments for either 3 years after the date of hire (i.e., first day of work for pay) or 1 year after the date employment ended, whichever is later. In the case of recruiters or referrers for a fee (only applicable to those that are agricultural associations, agricultural employers, or farm labor contractors), the retention period is 3 years after the date of hire (i.e., first day of work for pay).

Forms I-9 obtained from the USCIS website that are not printed and signed manually (by hand) are not considered complete. In the event of an inspection, retaining incomplete forms may make you subject to fines and penalties associated with incomplete forms.

Employers should ensure that information employees provide on Form I-9 is used only for Form I-9 purposes. Completed Forms I-9 and all accompanying documents should be stored in a safe, secure location.

Form I-9 may be generated, signed, and retained electronically, in compliance with Department of Homeland Security regulations at 8 CFR 274a.2.



#### USCIS Privacy Act Statement

**AUTHORITIES:** The authority for collecting this information is the Immigration Reform and Control Act of 1986, Public Law 99-603 (8 USC § 1324a).

**PURPOSE:** This information is collected by employers to comply with the requirements of the Immigration Reform and Control Act of 1986. This law requires that employers verify the identity and employment authorization of individuals they hire for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

**DISCLOSURE:** Providing the information collected by this form is voluntary. However an employer should not continue to employ an individual without a completed form. Failure of the employer to prepare and/or ensure proper completion of this form for each employee hired in the United States after November 6, 1986 or in the Commonwealth of the Mariana Islands after November 27, 2011, may subject the employer to civil and/or criminal penalties. In addition, employing individuals knowing that they are unauthorized to work in the United States may subject the employer to civil and/or criminal penalties.

**ROUTINE USES:** This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The employer must retain this form for the required period and make it available for inspection by authorized officials of the Department of Homeland Security, Department of Labor and Office of Special Counsel for Immigration-Related Unfair Employment Practices.

#### Paperwork Reduction Act

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 35 minutes per response, when completing the form manually, and 26 minutes per response when using a computer to aid in completion of the form, including the time for reviewing instructions and completing and retaining the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Coordination Division, Office of Policy and Strategy, 20 Massachusetts Avenue NW, Washington, DC 20529-2140; OMB No. 1615-0047. **Do not mail your completed Form I-9 to this address.**





**Employment Eligibility Verification**  
**Department of Homeland Security**  
**U.S. Citizenship and Immigration Services**

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 08/31/2019

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Attestation** *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [ ][ ] - [ ][ ] - [ ][ ][ ][ ]		Employee's E-mail Address		Employee's Telephone Number	

**I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.**

**I attest, under penalty of perjury, that I am (check one of the following boxes):**

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:          An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____  <b>OR</b>          2. Form I-94 Admission Number: _____  <b>OR</b>          3. Foreign Passport Number: _____          Country of Issuance: _____</p>	
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">           QR Code - Section 1            Do Not Write in This Space         </div>	
Signature of Employee	Today's Date (mm/dd/yyyy)

**Preparer and/or Translator Certification (check one):**  
 I did not use a preparer or translator.     A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
*(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)*

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code

Employer Completes Next Page



**Employment Eligibility Verification**  
**Department of Homeland Security**  
**U.S. Citizenship and Immigration Services**

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 08/31/2019

**Section 2. Employer or Authorized Representative Review and Verification**  
*(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")*

<b>Employee Info from Section 1</b>	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

**Certification:** I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

**The employee's first day of employment (mm/dd/yyyy):** \_\_\_\_\_ *(See instructions for exemptions)*

Signature of Employer or Authorized Representative		Today's Date(mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative		First Name of Employer or Authorized Representative	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

**Section 3. Reverification and Rehires** *(To be completed and signed by employer or authorized representative.)*

<b>A. New Name (if applicable)</b>			<b>B. Date of Rehire (if applicable)</b>	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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**LISTS OF ACCEPTABLE DOCUMENTS**  
**All documents must be UNEXPIRED**

Employees may present one selection from List A  
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record		5. Native American tribal document
		6. Military dependent's ID card		6. U.S. Citizen ID Card (Form I-197)
		7. U.S. Coast Guard Merchant Mariner Card		7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		8. Native American tribal document		8. Employment authorization document issued by the Department of Homeland Security
		9. Driver's license issued by a Canadian government authority		
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		<b>For persons under age 18 who are unable to present a document listed above:</b>		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
	12. Day-care or nursery school record			

Examples of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

**The EMPLOYEE completes this form.**

**Form W-4 (2017)**

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2017 expires February 15, 2018. See Pub. 505, Tax Withholding and Estimated Tax.

**Note:** If another person can claim you as a dependent on his or her tax return, you can't claim exemption from withholding if your total income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

**Exceptions.** An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions don't apply to supplemental wages greater than \$1,000,000.

**Basic instructions.** If you aren't exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

**Head of household.** Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

**Nonresident alien.** If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2017. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

**Future developments.** Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at [www.irs.gov/w4](http://www.irs.gov/w4).

**Personal Allowances Worksheet (Keep for your records.)**

<b>A</b>	Enter "1" for yourself if no one else can claim you as a dependent . . . . .	<b>A</b>	
<b>B</b>	Enter "1" if: <ul style="list-style-type: none"> <li>• You're single and have only one job; or</li> <li>• You're married, have only one job, and your spouse doesn't work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul>	<b>B</b>	
<b>C</b>	Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . .	<b>C</b>	
<b>D</b>	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b>	
<b>E</b>	Enter "1" if you will file as head of household on your tax return (see conditions under <b>Head of household</b> above) . . . . .	<b>E</b>	
<b>F</b>	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit . . . . .	<b>F</b>	
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child.	<b>G</b>	
<b>H</b>	Add lines A through G and enter total here. ( <b>Note:</b> This may be different from the number of exemptions you claim on your tax return.) ▶	<b>H</b>	

For accuracy, complete all worksheets that apply.

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are **single and have more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

Add lines A-G. Write the number here.

Write your full name here.

Separate here and give Form W-4 to your employer. Keep the top part for your records.

Write your SSN here.

<b>Form W-4</b> Department of the Treasury Internal Revenue Service	<b>Employee's Withholding Allowance Certificate</b> <small>Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</small>	OMB No. 1545-0074 <b>2017</b>
1 Your first name and middle initial	Last name	2 Your social security number

Provide your physical address here.

Home address (number and street or rural route)	3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate.
City or town, state, and ZIP code	<b>Note:</b> If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. <input type="checkbox"/>	

Check a box here.

5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	5
6 Additional amount, if any, you want withheld from each paycheck	6 \$
7 I claim exemption from withholding for 2017, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here. ▶	

Sign here.

Write your answer from Line H here.

Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.

Employee's signature (This form is not valid unless you sign it.) ▶	Date ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	9 Office code (optional) 10 Employer identification number (EIN)

Date here.



**Deductions and Adjustments Worksheet**

**Note:** Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

1 Enter an estimate of your 2017 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% of your income, and miscellaneous deductions. For 2017, you may have to reduce your itemized deductions if your income is over \$313,800 and you're married filing jointly or you're a qualifying widow(er); \$287,650 if you're head of household; \$261,500 if you're single, not head of household and not a qualifying widow(er); or \$156,900 if you're married filing separately. See Pub. 505 for details. 1 \$ \_\_\_\_\_

2 Enter:  $\left\{ \begin{array}{l} \$12,700 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,350 \text{ if head of household} \\ \$6,350 \text{ if single or married filing separately} \end{array} \right\}$  2 \$ \_\_\_\_\_

3 Subtract line 2 from line 1. If zero or less, enter "-0-" 3 \$ \_\_\_\_\_

4 Enter an estimate of your 2017 adjustments to income and any additional standard deduction (see Pub. 505) 4 \$ \_\_\_\_\_

5 Add lines 3 and 4 and enter the total. (Include any amount for credits from the *Converting Credits to Withholding Allowances for 2017 Form W-4* worksheet in Pub. 505.) 5 \$ \_\_\_\_\_

6 Enter an estimate of your 2017 nonwage income (such as dividends or interest) 6 \$ \_\_\_\_\_

7 Subtract line 6 from line 5. If zero or less, enter "-0-" 7 \$ \_\_\_\_\_

8 Divide the amount on line 7 by \$4,050 and enter the result here. Drop any fraction 8 \_\_\_\_\_

9 Enter the number from the **Personal Allowances Worksheet**, line H, page 1 9 \_\_\_\_\_

10 Add lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1 10 \_\_\_\_\_

**Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)**

**Note:** Use this worksheet *only* if the instructions under line H on page 1 direct you here.

1 Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) 1 \_\_\_\_\_

2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. However, if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3" 2 \_\_\_\_\_

3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. Do not use the rest of this worksheet 3 \_\_\_\_\_

**Note:** If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

4 Enter the number from line 2 of this worksheet 4 \_\_\_\_\_

5 Enter the number from line 1 of this worksheet 5 \_\_\_\_\_

6 Subtract line 5 from line 4 6 \_\_\_\_\_

7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here 7 \$ \_\_\_\_\_

8 Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed 8 \$ \_\_\_\_\_

9 Divide line 8 by the number of pay periods remaining in 2017. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2017. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck 9 \$ \_\_\_\_\_

Table 1				Table 2			
Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above
\$0 - \$7,000	0	\$0 - \$8,000	0	\$0 - \$75,000	\$610	\$0 - \$38,000	\$610
7,001 - 14,000	1	8,001 - 16,000	1	75,001 - 135,000	1,010	38,001 - 85,000	1,010
14,001 - 22,000	2	16,001 - 26,000	2	135,001 - 205,000	1,130	85,001 - 185,000	1,130
22,001 - 27,000	3	26,001 - 34,000	3	205,001 - 360,000	1,340	185,001 - 400,000	1,340
27,001 - 35,000	4	34,001 - 44,000	4	360,001 - 405,000	1,420	400,001 and over	1,600
35,001 - 44,000	5	44,001 - 70,000	5	405,001 and over	1,600		
44,001 - 55,000	6	70,001 - 85,000	6				
55,001 - 85,000	7	85,001 - 110,000	7				
85,001 - 75,000	8	110,001 - 125,000	8				
75,001 - 80,000	9	125,001 - 140,000	9				
80,001 - 95,000	10	140,001 and over	10				
95,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 and over	15						

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.



FORM HW-4  
(REV. 2016)

STATE OF HAWAII — DEPARTMENT OF TAXATION  
**EMPLOYEE'S WITHHOLDING ALLOWANCE AND STATUS CERTIFICATE**  
INSTRUCTIONS

(NOTE: References to "married" and "spouse" are also references to "in a civil union" and "civil union partner," respectively.)

**MARITAL STATUS**—If you are legally separated from your spouse under a decree of divorce or separate maintenance, check the Single box.

If you file as **head of household** on your tax return, you are treated as Single for withholding tax purposes. However, an additional withholding allowance may be claimed for this filing status.

**NUMBER OF WITHHOLDING ALLOWANCES**—Do not claim more than the correct number of withholding allowances. However, if by claiming the correct number of withholding allowances you still expect to owe more income tax for the year than will be withheld, you may increase the amount withheld either by claiming fewer withholding allowances or by entering into an agreement with your employer to withhold an additional dollar amount.

**Note:** *Hawaii law does NOT allow "exempt" status for withholding purposes.*

**NONWAGE INCOME**—If you have a large amount of nonwage income, from sources such as interest or dividends, you should consider making estimated tax payments using Form N-1 or you may find that you owe additional tax at the end of the year.

**TWO-EARNER/TWO JOBS**—If you have a working spouse or more than 1 job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only 1 Form HW-4. This total should be divided among all jobs. Your withholding will usually be most accurate when all allowances are claimed on the HW-4 filed for the highest paying job and zero allowances are claimed for the others.

**FILING THE CERTIFICATE**—You must file this form with your employer or your employer must withhold tax from your wages as if you were single and claimed no withholding allowances.

**FILING A NEW CERTIFICATE**—You SHOULD file a new certificate if you get married or are entitled to claim more withholding allowances. You MUST file a new certificate within 10 days if ANY of the following occurs:

- (a) If you are divorced or legally separated.
- (b) If your spouse, for whom you have been claiming a withholding allowance, commences claiming his or her own withholding allowance on a separate certificate.
- (c) If a dependent for whom you claimed a withholding allowance no longer qualifies as a dependent.

You MUST file a new certificate on or before December 1 in case of the death of your spouse or the death of a dependent, unless such event occurs in December.

**WITHHOLDING ALLOWANCE FOR AGE**—You may claim an additional withholding allowance for age if you are at least 65 years old and no one can claim you as a dependent. If you are married and filing a joint return, you may also claim an additional withholding allowance if your spouse is at least 65 years old, no one else can claim your spouse as a dependent, and your spouse is not already claiming such withholding allowance for himself / herself on a Form HW-4.

**HEAD OF HOUSEHOLD**—Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your qualifying child or any other person who is your dependent.

**PENALTIES**—Penalties are imposed for willfully supplying false or fraudulent information or for willfully failing to supply information.

**CERTIFIED DISABLED PERSON**—See the section, "What Is Not Subject to Withholding" in *Booklet A, Employer's Tax Guide*.

**NONRESIDENT MILITARY SPOUSE**—Under federal law, the State is prohibited from subjecting the income received by a service member's nonresident spouse for services performed (i.e., wages) in Hawaii to Hawaii's income tax beginning tax year 2009 if certain conditions are met. See Tax Information Release No. 2010-01 for further details.

**FOR FURTHER INFORMATION**—Contact your employer or the Department of Taxation at 808-587-4242 (toll-free at 1-800-222-3229).

----- Cut here and give the certificate to your employer. Keep the top portion and a copy of page 2 for your records. -----

FORM HW-4  
(REV. 2016)

STATE OF HAWAII — DEPARTMENT OF TAXATION  
**EMPLOYEE'S WITHHOLDING ALLOWANCE AND STATUS CERTIFICATE**

**Section A** (to be completed by the employee)

1 Type or print your full name	2 Your Social Security Number
Home address (number and street or rural route)	3 Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate <input type="checkbox"/> Certified Disabled Person (not subject to withholding) <input type="checkbox"/> Nonresident Military Spouse (not subject to withholding)
City or town, State, and Postal/ZIP code	
4 Total number of allowances you are claiming (from line 1 of the worksheet on page 2). <b>(Note: Hawaii law does NOT allow "EXEMPT" status for withholding purposes.)</b> .....	4
5 Additional amount, if any, you want deducted each pay period.....	5 \$

I declare, under the penalties set forth in section 231-36, HRS, that I have correctly indicated my marital status and that the number of withholding allowances claimed on this certificate does not exceed the number to which I am entitled.

(Date) \_\_\_\_\_, \_\_\_\_\_ (Signed) \_\_\_\_\_

**Section B** (to be completed by the employer)

1 Employer's name	2 Hawaii tax identification number W _____
Employer's address	City or town, State, and Postal/ZIP code

**EMPLOYER:** Keep this certificate with your records. If you believe that an employee has claimed excess allowances for the employee's situation (generally more than 10) or misstated the employee's marital status, you must send a copy of the Form HW-4 for that employee to the Hawaii Department of Taxation, P. O. Box 3827, Honolulu, Hawaii 96812-3827.







**DIRECT DEPOSIT FOR EMPLOYEES**

As an employee in this program, your paycheck will be automatically deposited into your bank account on payday. There is no charge from Acumen to receive your pay via direct deposit. You won't have to wait for the mail or make a trip to the bank. Paystubs will be sent to you by email on payday. You can have your paycheck deposited into one or two accounts, and you may change your account information at any time. Please note: if you choose to have your check deposited into two accounts, you must indicate the percentage to be deposited to each. The percentage total must be 100%. If no amounts are indicated, 100% will be deposited into the primary account. To enroll, fill out the information on the Direct Deposit form below and return it, along with the additional requested items, to Acumen. You will receive paper checks by mail until your bank information is verified – usually within two pay periods. Please provide the information requested below and **return this completed form to Acumen**. You may send by fax to (866) 240-2386 or mail to Acumen, 4542 E. Inverness Ave., Suite 210, Mesa, AZ 85206.

**AUTHORIZATION FOR DIRECT DEPOSIT**

Please attach a voided check for checking account(s). For savings accounts, please send a printout from your bank that provides the routing number and account information. Submit any changes to your account(s) immediately!

**Primary Account**

Account Type:  checking (attach voided check)  
 savings (attach routing and account information printout)

\_\_\_\_\_  
 Financial Institution Name

\_\_\_\_\_  
 Financial Institution Address

\_\_\_\_\_  
 Routing Number

\_\_\_\_\_  
 Account Number

\_\_\_\_\_  
 % of check to be deposited

**Secondary Account (optional)**

Account Type:  checking (attach voided check)  
 savings (attach routing and account information printout)

\_\_\_\_\_  
 Financial Institution Name

\_\_\_\_\_  
 Financial Institution Address

\_\_\_\_\_  
 Routing Number

\_\_\_\_\_  
 Account Number

\_\_\_\_\_  
 % of check to be deposited

I hereby authorize Acumen Fiscal Agent, LLC, hereinafter called Company, to initiate credit entries and, if necessary, debit entries for the purpose of correcting an erroneous credit previously initiated to my account indicated above. I further authorize the Financial Institution named above to accept such entries and to credit or debit the amount thereof to such account. This authority is to remain in full force and effect until Company and Financial Institution have received written notification from me of its termination in such time and manner as to afford Company and Financial Institution a reasonable opportunity to act upon it.

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Social Security Number

\_\_\_\_\_  
 Phone Number

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Email Address for Paystub Delivery

## Hawaii Participant Direction Program Employee Agreement

**Name of Participant** (please print) \_\_\_\_\_

**Name of Employee** (please print) \_\_\_\_\_

**Employee Address** \_\_\_\_\_

**Employee Gender** \_\_\_\_\_ **Employee Phone** \_\_\_\_\_  
Male/Female

**Employee Email** \_\_\_\_\_

The below questions are asked to verify that the Hawaii Participant Direction Program funds can be used to pay the employee. They also help to determine eligibility for temporary disability insurance and to determine which tax laws and/or exemptions apply to the employee wages.

- Y N** Are you the spouse of the employer?
- Y N** Are you the child of the employer and under the age of 21?
- Y\* N** Are you the parent of the employer?

\*if this option is marked, please read below for more information

- Check here if **both** of the following conditions also apply.
  - o The person you provide service for is either under the age of 18 or has a physical or mental condition that requires the personal care of an adult for at least 4 continuous weeks in the calendar quarter services are performed. –AND–
  - o The employer (person you are working for) is divorced, a widow or widower, or is living with a spouse whose physical or mental condition prevents him or her from caring for the person for at least 4 continuous weeks in the calendar quarter services are performed.

The employee agrees to accept payment for services provided for individuals served through the Hawaii Participant Direction Program. Fiscal management services are provided by Acumen Fiscal Agent, LLC, which is not a Hawaii government agency. Acceptance and endorsement of payment will signify that the employee agrees to the following terms and conditions:

1. I understand and acknowledge that the participant or their representative is my employer. My employer is not Acumen, the Hawaii Participant Direction Program or any other entity involved with this self-directed program.
2. I accept payment from Acumen as payment in full for the services provided. I cannot accept any additional compensation for the hours I have worked.
3. I will provide only the services that have been approved by my employer and authorized in the participant's Spending Plan.
4. I will provide the State Executive Office on Aging or its designee information regarding the service(s) provided for which payment was made, upon request.
5. I recognize that employment is dependent on the employer's participation in the self-directed program.
6. I will immediately notify a person designated by the employer of any participant medical emergency, illness, or visit to a physician.
7. I will take part in any meetings if requested by and/or regarding the participant.



8. I understand and consent to having a Hawaii Criminal Justice Data Center background check completed on me. I understand that my employment is contingent on the results of this check in accordance to all applicable laws, rules and policies.
9. I understand and agree to disclose any criminal conviction that may occur during the time of employment in this program.
10. I understand and consent to having a Medicaid List of Excluded Individuals and Entities (LEIE) and Medicare Exclusion Database (MED) background check completed on me. I understand that my employment is contingent on the results of this check in accordance to all applicable laws, rules and policies.
11. I agree to complete all required paperwork and be approved prior to providing any services under this self-directed program.
12. I understand that I may have access to confidential information about the participant and that I am not to repeat this information to anyone other than the participant or their designee.
13. I understand and acknowledge that any untruthful submission of services provided in an attempt to obtain improper payment is subject to investigation as fraud.
14. I understand that I will not be paid for hours in excess of 19 in a work week which is Sunday through Saturday.
15. I understand that I am a mandatory reporter and I am required to report the abuse or neglect of any individual participating in the Hawaii Participant Direction Program to Adult Protective Services, the ADRC in my county and/or the Participant Direction Program Manager.
16. I understand and will follow the below grievance procedure for disputes between myself and the participant or their representative
  - a. I will first try to resolve the dispute with the participant or authorized representative
  - b. If the grievance is not resolved, I will contact the participant's coach to explain the issue and request assistance in resolving the issue
  - c. If the grievance is still not resolved, I will contact the ADRC in my county to explain the issue and to request assistance in resolving the issue
  - d. If the grievance is still not resolved, I will contact the Participant Direction Program Manager
17. I have received a copy of and understand the Hawaii Participant Direction Program's roles and responsibilities.
18. I acknowledge that I have the necessary skills, knowledge and experience; and have received sufficient training and orientation to meet the support needs of the participant.
19. I understand that I must notify my employer of any non-work related injury or illness and request that they provide me with a Form TDI-45 to submit a claim for benefits from temporary disability insurance. My employer will contact Acumen for the form. An Acumen representative will contact me to go over the form. Once I receive this form, I understand that I must file the form within 90 days after the start of the disability period or I may not be covered.

By signing below, I acknowledge that I have read this employee agreement in its entirety (2 pages). I understand that I must sign and return both pages as a condition of employment in this program and that I cannot begin working in this Participant Direction Program until this form is completed and returned to Acumen Fiscal Agent. I further acknowledge by signing below, that I understand what is being required of me, and agree to abide by its terms and conditions. I further understand and agree that violation of any of the terms and/or conditions of this agreement may result in termination of this agreement and payment for employment to any recipient of this program.

\_\_\_\_\_  
Employee Signature Date

\_\_\_\_\_  
Employer Signature Date

### Hawaii Participant Direction Program Roles and Responsibilities

There are 4 major players, each with distinct roles within a self-directed program. Knowing the differences between them can be hard. Please refer to the table below when trying to decide who does what.

EOA/Coach	Employer/Participant	Acumen Fiscal Agent	Employee
<ul style="list-style-type: none"> <li>Assist the participant to determine services</li> <li>Explain services available to the participant</li> <li>Assist in developing the support plan</li> <li>Monitor and follow up on services received by the individual</li> <li>Trigger reassessments by AAA based on needs</li> <li>Sign off on vendor requests</li> <li>Sign off on requests for reimbursement</li> </ul>	<ul style="list-style-type: none"> <li>Meet with coach to determine support needs</li> <li>Hire and fire workers</li> <li>Set wage for employees</li> <li>Schedule, train and supervise employees to provide approved services</li> <li>Provide a safe work environment</li> <li>Complete all necessary forms for enrollment</li> <li>Ensure all timesheets are complete, accurate and signed by both the employee and the employer</li> <li>Send timesheets, vendor requests and/or requests for reimbursement to Acumen Fiscal Agent</li> <li>Keep important records on each employee and keep them confidential</li> <li>Review account statements from Acumen Fiscal Agent and ensure they are accurate and complete</li> <li>Follow all relevant laws and rules on employment</li> <li>Manage the support plan</li> <li>Notify coach if you need to work a single employee more than 19 hours in a work week</li> <li>Notify Acumen of any non-work related injury or illness of your employee</li> </ul>	<ul style="list-style-type: none"> <li>Set up participant in the payroll system</li> <li>Process all employee paperwork</li> <li>Set up all employees in the payroll system</li> <li>Conduct criminal background checks</li> <li>Process timesheets</li> <li>Pay employees, vendors and requests for reimbursement according to the approved support plan</li> <li>Withhold and pay all necessary taxes</li> <li>Arrange for Workers' Compensation and other benefits</li> <li>Provide reports to the employer</li> <li>Provide reports to the state/coach</li> <li>Answer questions about enrollment and payroll</li> <li>Ensure compliance with other program requirements</li> </ul>	<ul style="list-style-type: none"> <li>Complete all employee paperwork</li> <li>Arrive to work site on time and perform duties as assigned by employer</li> <li>Communicate to Acumen should there be an address change, or if change in method of receiving pay is desired</li> <li>Review and abide by confidentiality policy</li> <li>Review and follow grievance procedure if/when disputes arise</li> <li>Notify your employer of any non-work related injury or illness</li> </ul>



## CHANGE INFORMATION FORM: EMPLOYEE



Please complete this form and return to Acumen by one of the following methods:

**Mail:** 4542 E. Inverness Avenue, Suite 210, Mesa, AZ 85206  
**Fax:** (866) 240-2386  
**Email:** [enrollment@acumen2.net](mailto:enrollment@acumen2.net)

Change Employee Information	
<p>Complete this section when there is a change in employee information. The employee is the person providing service.</p> <p>For a change in name, fax or mail this form, a copy of the new Social Security card, and the employee's original I-9 form with Section 3 completed.</p> <p>For a name change, please provide the previous and new name. For all other changes, <u>only the new information</u> is required.</p>	
Change In (select all that apply): Name <input type="checkbox"/> Address <input type="checkbox"/> Phone Number <input type="checkbox"/> E-mail Address <input type="checkbox"/>	
Current/Previous Name:	New Name:
Street Address (if changed):	
City/State/Zip (if changed):	
Phone Number (if changed):	
E-mail Address:	
Client Name and ID Number:	
Employee ID Number:	
Signature (Employer or Authorized Rep):	
Date:	

HI CLP-PD  
REV 01-16-14

## EMPLOYEE TERMINATION FORM

Employers must complete the following information when an employee stops working for them. Please complete this form and return it to Acumen in one of the following ways:

Mail: 4542 E. Inverness Avenue, Suite 210, Mesa, AZ 85206  
 Fax: (866) 240-2386  
 E-mail: Payroll-HI@acumen2.net

Your state has laws regarding how quickly an employee's final paycheck must be issued. Please make sure the final hours owed to your employee have been approved and submitted so Acumen can help you comply with the final paycheck laws in your state.

EMPLOYEE NAME:	
EMPLOYEE ID #:	
LAST DATE OF EMPLOYMENT:	CHECK ONE
	VOLUNTARY <input type="checkbox"/> INVOLUNTARY <input type="checkbox"/>
REASON FOR ENDING EMPLOYMENT:	
IF YOUR EMPLOYEE RECEIVES PAYCHECKS IN THE MAIL, THE FINAL PAYCHECK WILL BE SENT TO THE ADDRESS ON FILE. IF THE CHECK NEEDS TO BE SENT TO A DIFFERENT ADDRESS, PLEASE PROVIDE THAT ADDRESS BELOW:	
IF YOUR EMPLOYEE RECEIVES PAYCHECKS ELECTRONICALLY (DIRECT DEPOSIT OR PAYCARD), THE FINAL PAYCHECK WILL BE DELIVERED ELECTRONICALLY. IF A PAPER CHECK IS NEEDED INSTEAD, PLEASE PROVIDE THE ADDRESS WHERE THAT CHECK SHOULD BE SENT BELOW:	
PARTICIPANT NAME AND ID #:	
EMPLOYER NAME:	
EMPLOYER SIGNATURE:	DATE:

HI CLP-PD  
REV 01-16-14



## Paying For Your Supports

### **Payment Schedule**

A Payment Schedule has been provided in this folder. Please remember to follow this schedule so your employees and vendors/reimbursements get paid on time. Late submissions will be processed in the next pay cycle according to the schedule. Paychecks will be mailed directly to your employee(s). Vendor checks will be mailed to the employer unless you instruct Acumen otherwise.

### **Reporting Employees' Time**

Anytime your employee performs work, you and the employee need to report that work to Acumen. There are two ways you can report work performed to Acumen, Web Time Entry and Employee Timesheets.

### **Web Time Entry**

Acumen and the Participant Direction Program encourages you to use Web Time Entry (WTE) for reporting and payroll submission. WTE is an Internet-based application that allows you to submit your employee hours online and provides real-time account statements, service authorization information, and employee enrollment status details. Choosing WTE eliminates the need for paper timesheets, and provides additional safeguards against incomplete and/or incorrect submissions.

WTE also gives you an added layer of fraud protection. As an employer, it is your responsibility to ensure the accuracy of all timesheets prior to approval and submission. The WTE site is password protected, which means that no information can be modified without your password entered as authorization. It is your responsibility as the employer to keep this password confidential. Available reports will show you hours paid out, allowing you to keep a close eye on your account. You can compare these reports with your personal records to verify that there have been no unauthorized payment requests. If you are interested in using WTE or would like more information, visit [www.acumenfiscalagent.com](http://www.acumenfiscalagent.com) and click the Web Time Entry star or ask your Coach for assistance.

### **Employee Timesheets**

You can send a paper timesheet by fax or mail. You should review it for accuracy, sign and fax or mail it to Acumen. If you are faxing the timesheet, please fax to 866-240-2386 according to the Payment Schedule. Feel free to photocopy the timesheets you receive from Acumen so you have extras for future use. White paper is acceptable for copies. On the inside of this folder and on the back of the timesheet you will find instructions on how to correctly fill out a timesheet. A sample timesheet has been provided in the back of this packet.

### **Employee Pay Rates**

If you want to establish or change an employee's hourly wage, contact your Coach to update your Spending Plan. Make sure you refer to the Show Me the Money chart so you can see the "cost to you" column and stay within your monthly budget.

### **Show Me the Money**

Included in this packet is a Show Me the Money chart so you can see the total cost of wages and stay within your budget limits. In this program employees are not able to be paid for hours in excess of 19 in a work week. Refer to your Spending Plan to ensure you are not going over your budget limits or ask your coach regarding any spending limitations.

## Paying Vendors

### Vendor Payments

Acumen can make vendor or reimbursement payments on your behalf. Your Coach must approve these before they are faxed or mailed with a copy of the receipt of payment or a copy of the invoice you wish to be paid along with a completed Request for Vendor Payment form to Acumen. Your Coach can also upload these for you after signing.

### Form W-9

A completed Form W-9 must be submitted to Acumen prior to any vendor or non-employee payments. Non-employee payments include payments to a vendor, a reimbursement to the employer or authorized representative, and all other third party payments. Please consult with your vendor to have them fill this form out. The form can be found on the Acumen website with your other program forms at [www.acumen.net](http://www.acumen.net), click on Forms, then select your state and program. The form can also be found at [www.irs.gov/pub/irs-pdf/fw9.pdf](http://www.irs.gov/pub/irs-pdf/fw9.pdf).

In addition, all vendor and non-employee payments are subject to 1099 tax reporting. For more information regarding Form W-9 or Form 1099-MISC, please see Acumen's Form 1099-MISC FAQs found at [www.acumen.net](http://www.acumen.net), click on Forms, then select your state and program. Information can be found under the Resources section.

### Timeline for Vendor Payments

Completed Request for Vendor Payment Forms will be paid according to the Payment Schedule included in this packet.

### Electronic Funds Transfer (EFT)/Direct Deposit option

Acumen offers an Electronic Funds Transfer (EFT) or Direct Deposit option for vendor or non-employee payments. Funds can be deposited electronically into the vendor's account on pay day according to the Payment Schedule. If the vendor would like to participate, please have them fill out the Electronic Funds Transfer Form. This form can be found on our website at [www.acumen.net](http://www.acumen.net), click on Forms, then select your state and program. You can also contact our Customer Service Center to request this form.

All Vendors must also submit screening information to the Program Manager prior to being listed on your Spending Plan. Please contact your Coach to add a vendor and to submit copies of the screening forms.

**ALL VENDORS and NON-EMPLOYEES MUST SUBMIT A FORM W-9 AND BE APPROVED BY THE PROGRAM TO RECEIVE PAYMENT.**





Acumen  
4542 E Inverness Ave, Suite 210  
Mesa, AZ 85206  
Toll Free: (866) 759-9498  
Fax: (866) 240-2386  
customerservice@acumen2.net  
[www.Acumenfiscalagent.com](http://www.Acumenfiscalagent.com)



### HI CLP-PD/Veterans Payment Schedule Effective July 1, 2016

Please share this schedule with your employees, and keep a copy in a safe place for easy reference.

To ensure that your employees and/or vendors are always paid on time, please approve and submit all time sheets and vendor/reimbursement requests by 9pm HST of the due date, **even if it falls on a weekend or holiday**. These dates are strictly enforced and time sheets or vendor/reimbursement requests received after 9pm HST of that date will be processed in the following payment period.

To help ensure that your submission gets to our offices by the due date, please use our Web Time Entry (WTE) system. Be sure to have all hours entered and approved by the "Submissions Due NO Later Than" date. To access WTE, go to:

[www.acumenfiscalagent.com/Hlweb](http://www.acumenfiscalagent.com/Hlweb)

If you prefer, you may fax your submissions to 866-240-2386. Acumen's fax machines can receive faxes 24 hours a day, 7 days a week. Please be sure to get verification from the fax machine that your fax was successfully sent, or contact Acumen and use our automated Timesheet Verification feature to ensure your time sheet has been received - available 24/7. If you have any questions or concerns, contact our Customer Call Center at 866-759-9498.

MONTH	Payment Period End Date	Submissions Due NO Later Than	Direct Deposit/Check Date
JULY	07/15/16	Sat, 07/16/16	Fri, 07/22/16
	07/31/16	Mon, 08/01/16	Fri, 08/05/16
AUGUST	08/15/16	Tue, 08/16/16	Mon, 08/22/16
	08/31/16	Thu, 09/01/16	Wed, 09/07/16
SEPTEMBER	09/15/16	Fri, 09/16/16	Thu, 09/22/16
	09/30/16	Sat, 10/01/16	Fri, 10/07/16
OCTOBER	10/15/16	Sun, 10/16/16	Fri, 10/21/16
	10/31/16	Tue, 11/01/16	Mon, 11/07/16
NOVEMBER	11/15/16	Wed, 11/16/16	Mon, 11/21/16
	11/30/16	Thu, 12/01/16	Wed, 12/07/16
DECEMBER	12/15/16	Fri, 12/16/16	Thu, 12/22/16
	12/31/16	Sun, 01/01/17	Fri, 01/06/17
JANUARY	01/15/17	Mon, 01/16/17	Fri, 01/20/17
	01/31/17	Wed, 02/01/17	Mon, 02/06/17
FEBRUARY	02/15/17	Thu, 02/16/17	Wed, 02/22/17
	02/28/17	Wed, 03/01/17	Tue, 03/07/17
MARCH	03/15/17	Thu, 03/16/17	Wed, 03/22/17
	03/31/17	Sat, 04/01/17	Fri, 04/07/17
APRIL	04/15/17	Sun, 04/16/17	Fri, 04/21/17
	04/30/17	Mon, 05/01/17	Fri, 05/05/17
MAY	05/15/17	Tue, 05/16/17	Fri, 05/19/17
	05/31/17	Thu, 06/01/17	Wed, 06/07/17
JUNE	06/15/17	Fri, 06/16/17	Thu, 06/22/17
	06/30/17	Sat, 07/01/17	Fri, 07/07/17

"MONTH" refers to the month that services were provided.

"Payment Period End Date" is the last day of services in the pay period.

"Direct Deposit/Check Date" shows the date that payment will be issued. For those payees that have selected direct deposit, this is also the date that funds will be available in their accounts.

"Submissions Due NO Later Than" is the last date that your time sheets or vendor/reimbursement requests can be received, or that your WTE approvals can be entered, for the pay period. Be sure to submit no later than 9pm HST of this date.



## Show Me the Money

It costs you, the employer, more to employ someone than just their wages. By law, employers must pay a portion of an employee's Social Security and Medicare taxes, as well as Federal and State unemployment taxes. Workers' Compensation Insurance is part of your program, and is also an employer-related cost. Acumen calls these employer-related costs the "Cost to You."

What this means is that for every \$1.00 you pay in wages, you must add approximately 16 cents to pay for taxes and Workers' Compensation. The "Cost to You" is simply the employee's wage multiplied by 1.1535 (the 16 cents per dollar mentioned above). Acumen calculates and pays the taxes and Workers' Compensation on your behalf. It is important for you to understand how this impacts your Spending Plan/budget. This Show Me the Money form is a tool you can use to calculate the "Cost to You."

**Simply fill in the blanks below to determine the "Cost to You."**

	X	<b>1.1535</b>	=	
Employee Wage		Taxes & Workers' Comp		Cost to You (always round up)

The tables below are provided so you can estimate your cost to employ someone. The examples show a variety of wage amounts. The "Cost to You" column shows the wage multiplied by 1.1535. You can pay your employee an amount other than one listed – just multiply the amount you want to pay by 1.1535, round up to the nearest penny, and you'll have the Cost to You. You may also call Acumen's customer service team, and they will help you calculate your cost.

	Hourly Wage	Cost to You
<i>min wage</i>	<b>\$8.50</b>	\$9.81
	\$8.75	\$10.10
	\$9.00	\$10.39
	\$ 9.25	\$10.67
	\$ 9.50	\$10.96
	\$ 9.75	\$11.25
	\$ 10.00	\$11.54
	\$ 10.25	\$11.83
	\$ 10.50	\$12.12
	\$10.75	\$12.41
	\$11.00	\$12.69
	\$11.25	\$12.98

	Hourly Wage	Cost to You
	\$11.50	\$13.27
	\$12.00	\$13.85
	\$12.50	\$14.42
	\$12.75	\$14.71
	\$13.00	\$15.00
	\$13.50	\$15.58
	\$13.75	\$15.87
	\$14.00	\$16.15
	\$14.50	\$16.73
	\$15.00	\$17.31
	\$15.50	\$17.88

	Hourly Wage	Cost to You
	\$15.75	\$18.17
	\$16.00	\$18.46
	\$16.50	\$19.04
	\$16.75	\$19.33
	\$17.00	\$19.61
	\$17.50	\$20.19
	\$18.00	\$20.77
	\$18.50	\$21.34
	\$18.75	\$21.63
	\$19.00	\$21.92
	\$19.50	\$22.50
	<b>\$20.00</b>	<b>\$23.07</b>

\*Max wage limit applies to all non-professional employees

## Request for Vendor Payment/Reimbursement Form



Participant Name	Participant Acumen ID #
Employer Name	Month/Year

**Payment Instructions**

Make Check Payable To:	
Vendor FEIN or SS#	Vendor Name
Vendor Address	Vendor City/State/Zip

Invoice/ Service Date	Service Code	Description	Total Amount
<b>Total Check Amount</b>			
<b>Invoice Number</b>			

**REMINDER:** Please attach a copy of the voided receipt or invoice.

By signing this form, I attest that services were delivered and received consistent with the Spending Plan and I have rendered and/or approved the above payment request in accordance with the Program regulations. I understand that payment and satisfaction of this claim may be from Federal and State funds, and that I may be prosecuted under applicable Federal or State laws, for any false claims, statements or documents or concealment of a material fact. Any misuse of funds may result in being fined or penalized including but not limited to the repayment of claim. Collection costs or legal fees will be my responsibility.

\_\_\_\_\_  
Participant or Representative's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Coach's Signature

\_\_\_\_\_  
Date

\*Coach's signature indicates that item purchased is consistent with and is intended to be purchased through the spending plan.

HI  
REV 02-24-13





## Authorization Form

Complete each item and mail original 4542 E. Inverness Ave., Suite 210, Mesa, AZ 85206 to Acumen. Please call (866) 759-9498 if you have any questions.

**I hereby authorize Acumen Fiscal Agent (Acumen) to:**

1. File Form SS-4 on my behalf to obtain an Employer Identification Number (EIN), if I do not already have one, and allow the IRS to mail EIN information to Acumen once obtained. **Note: If you currently have or have had an EIN, please contact the above phone number before proceeding with the employer enrollment paperwork.**
2. Represent me as an employer for employer-related tax reporting purposes, by signing Form 2678.
3. Handle all correspondence regarding employer tax reporting issues.
4. Serve as my Full Service Agent for unemployment and withholding tax purposes. As such, Acumen shall provide all services for me, the employer, (tax, benefits, and appeals) and shall receive all documents related to my, the employer's, Hawaii unemployment and withholding tax account that would otherwise have been sent to me.
5. Receive confidential information and perform any and all acts the employer can perform relating to matters pertaining to Hawaii's unemployment compensation law and state tax withholding regulations effective signature date forward; subject to revocation.
6. Electronically send me (e.g. e-mail) information including, but not limited to: employer and/or employee enrollment information, account statement reports, good-to-go information, and new products or services.

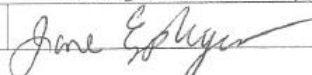
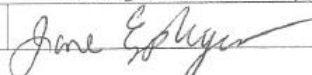
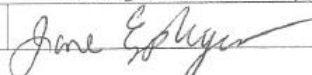
Any limitations to this authorization must be specifically stated and attached. This authorization revokes all earlier authorizations and powers of attorney on file, and shall remain in effect until receipt of a written notice of revocation or a subsequent authorization or power of attorney by the Hawaii Department of Labor and Industrial Relations and/or Hawaii Department of Taxation.

**What am I really authorizing?**

- Your appointment grants Acumen Fiscal Agent a limited power of attorney to act as your agent for acts required under Section 3504 and Chapters 21, 22, 24, and/or 25 of Subchapter C of the Internal Revenue Code, and for taxes required under 3301.
- You are appointing Acumen Fiscal Agent to act as your agent for the Hawaii Department of Labor and Industrial Relations and Hawaii Department of Taxation in the fulfilling of domestic employer responsibilities relative to the employing of persons through initiatives funded by the State of Hawaii, Department of Health, Executive Office on Aging.

Employer	Participant																																		
The person who hires, fires, trains and manages staff.	The individual receiving services.																																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20%;">Name:</td><td>Jane Employer</td></tr> <tr><td>Social Security Number:</td><td>111-22-1111</td></tr> <tr><td>Street Address:</td><td>205. 8th St.</td></tr> <tr><td>City/State/Zip:</td><td>Honolulu, HI 96813</td></tr> <tr><td>Mailing Address (if different):</td><td></td></tr> <tr><td>City/State/Zip (if different):</td><td></td></tr> <tr><td>County of Residence:</td><td>Honolulu</td></tr> <tr><td>Phone Number:</td><td>808-531-1111</td></tr> <tr><td>E-mail Address:</td><td>employer@mail.com</td></tr> </table>	Name:	Jane Employer	Social Security Number:	111-22-1111	Street Address:	205. 8th St.	City/State/Zip:	Honolulu, HI 96813	Mailing Address (if different):		City/State/Zip (if different):		County of Residence:	Honolulu	Phone Number:	808-531-1111	E-mail Address:	employer@mail.com	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20%;">Name:</td><td>John Participant</td></tr> <tr><td>Date of Birth:</td><td>03/21/1931</td></tr> <tr><td>Physical Address (if different):</td><td></td></tr> <tr><td>City/State/Zip (if different):</td><td></td></tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: center;">Coach</th> </tr> </thead> <tbody> <tr><td style="width: 20%;">Name:</td><td>Ima Coach</td></tr> <tr><td>E-mail Address:</td><td>coach@mail.com</td></tr> <tr><td>Phone Number:</td><td>808-212-0000</td></tr> </tbody> </table>	Name:	John Participant	Date of Birth:	03/21/1931	Physical Address (if different):		City/State/Zip (if different):		Coach		Name:	Ima Coach	E-mail Address:	coach@mail.com	Phone Number:	808-212-0000
Name:	Jane Employer																																		
Social Security Number:	111-22-1111																																		
Street Address:	205. 8th St.																																		
City/State/Zip:	Honolulu, HI 96813																																		
Mailing Address (if different):																																			
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Phone Number:	808-531-1111																																		
E-mail Address:	employer@mail.com																																		
Name:	John Participant																																		
Date of Birth:	03/21/1931																																		
Physical Address (if different):																																			
City/State/Zip (if different):																																			
Coach																																			
Name:	Ima Coach																																		
E-mail Address:	coach@mail.com																																		
Phone Number:	808-212-0000																																		

Your signature means that you have read and understand the above information.

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20%;">Signature:</td><td></td></tr> </table>	Signature:		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20%;">Date:</td><td>05/16/2014</td></tr> </table>	Date:	05/16/2014
Signature:					
Date:	05/16/2014				

Form **2678** Employer/Payer Appointment of Agent

(Rev. August 2014) Department of the Treasury— Internal Revenue Service

OMB No. 1545-0748

Use this form if you want to request approval to have an agent file returns and make deposits or payments of employment or other withholding taxes or if you want to revoke an existing appointment.

**For IRS use:**

- If you are an employer or payer who wants to request approval, complete Parts 1 and 2 and sign Part 2. Then give it to the agent. Have the agent complete Part 3 and sign it.

**Note.** This appointment is not effective until we approve your request. See the instructions for filing Form 2678 on page 3.

- If you are an employer, payer, or agent who wants to revoke an existing appointment, complete all three parts. In this case, only one signature is required.

**Part 1: Why you are filing this form...**

(Check one)

- You want to **appoint** an agent for tax reporting, depositing, and paying.
- You want to **revoke** an existing appointment.

**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)  -

2 Employer's or payer's name (not your trade name)

3 Trade name (if any)

4 Address      
Number Street City State ZIP code  
    
Foreign country name Foreign province/country Foreign postal code

You must list a physical address. A P.O. Box will not be accepted.

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"/>

\*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.

- 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.

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.

X Sign your name here   
 Date

Print your name here   
 Print your title here   
 Best daytime phone

Now give this form to the agent to complete.

**Employer to complete this form**

Form **8821**

(Rev. October 2012)  
Department of the Treasury  
Internal Revenue Service

**Tax Information Authorization**

▶ Information about Form 8821 and its instructions is at [www.irs.gov/form8821](http://www.irs.gov/form8821).  
▶ Do not sign this form unless all applicable lines have been completed.  
▶ To request a copy or transcript of your tax return, use Form 4506, 4506-T, or 4506T-EZ.

OMB No. 1545-1182  
**For IRS Use Only**  
Received by:  
Name \_\_\_\_\_  
Telephone \_\_\_\_\_  
Function \_\_\_\_\_  
Date \_\_\_\_\_

Employer fill  
in your name  
and address  
here

**1 Taxpayer information.** Taxpayer must sign and date this form on line 7.

Taxpayer name and address (type or print) Ima Employer 123 Any St. Anytown, AZ 00000	You must list a physical address, PO Boxes not accepted	Taxpayer identification number(s)  Daytime telephone number (123) 456-7890
---	---	---

Employer fill  
in your phone  
number here

**2 Appointee.** If you wish to name more than one appointee, attach a list to this form.

Name and address Acumen Fiscal Agent, LLC 4542E Inverness Ave. Suite 210 Mesa, AZ 85206	CAF No. 0305-91433R PTIN _____ Telephone No. 480-295-3300 Fax No. 480-371-2241 Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
--	---

**3 Tax matters.** The appointee is authorized to inspect and/or receive confidential tax information for the tax matters listed on this line. Do not use Form 8821 to request copies of tax returns.

(a) Type of Tax (Income, Employment, Payroll, Excise, Estate, Gift, Civil Penalty, etc.) (see instructions)	(b) Tax Form Number (1040, 941, 720, etc.)	(c) Year(s) or Period(s) (see the instructions for line 3)	(d) Specific Tax Matters (see instr.)
Employment, Income Tax W/H	941,940	2009-2015	Tax Liability & EIN Verify

**4 Specific use not recorded on Centralized Authorization File (CAF).** If the tax information authorization is for a specific use not recorded on CAF, check this box. See the instructions. If you check this box, skip lines 5 and 6

**5 Disclosure of tax information** (you must check a box on line 5a or 5b unless the box on line 4 is checked):

**a** If you want copies of tax information, notices, and other written communications sent to the appointee on an ongoing basis, check this box

**Note.** Appointees will no longer receive forms, publications and other related materials with the notices.

**b** If you do not want any copies of notices or communications sent to your appointee, check this box

**6 Retention/revocation of tax information authorizations.** This tax information authorization automatically revokes all prior authorizations for the same tax matters you listed on line 3 above unless you checked the box on line 4. If you do not want to revoke a prior tax information authorization, you must attach a copy of any authorizations you want to remain in effect and check this box

To revoke this tax information authorization, see the instructions.

**7 Signature of taxpayer.** If signed by a corporate officer, partner, guardian, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute this form with respect to the tax matters and tax periods shown on line 3 above.

▶ IF NOT SIGNED AND DATED, THIS TAX INFORMATION AUTHORIZATION WILL BE RETURNED.

▶ DO NOT SIGN THIS FORM IF IT IS BLANK OR INCOMPLETE.

Employer sign  
your name here

Signature Ima Employer

Date 1-16-13

Add date here

Employer print  
your name here

Print Name Ima Employer

Title (if applicable) HHCSR

PIN number for electronic signature



Per IRM: 21.7.13.5.14

Form **SS-4**

(Rev. January 2010)

Department of the Treasury  
Internal Revenue Service

**Application for Employer Identification Number**

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

OMB No. 1545-0003

EIN

Employer's name here	1	Legal name of entity (or individual) for whom the EIN is being requested <b>Ima Employer</b>		HHCSR	Employer's street address here
	2	Trade name of business (if different from name on line 1)		3	
Employer's county and state here	4a	Mailing address (room, apt., suite no. and street, or P.O. box) <b>4542 E Inverness Ave. Ste 210</b>		5a	Street address (if different) (Do not enter a P.O. box.) <b>123 Pine Street</b>
	4b	City, state, and ZIP code (if foreign, see instructions) <b>Mesa, AZ 85206</b>		5b	City, state, and ZIP code (if foreign, see instructions) <b>Anywhere, HI 12345</b>
Employer's name here	6	County and state where principal business is located <b>Any County, HI</b>		7a	Name of responsible party <b>Ima Employer</b>
	7b	SSN, ITIN, or EIN <b>999-89-8989</b>		Employer's social security number here	
8a	Is this application for a limited liability company (LLC) (or a foreign equivalent)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8b		If 8a is "Yes," enter the number of LLC members <b>0</b>
8c If 8a is "Yes," was the LLC organized in the United States? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
9a Type of entity (check only one box). Caution: If 8a is "Yes," see the instructions for the correct box to check.					
<input type="checkbox"/> Sole proprietor (SSN) _____ <input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Partnership _____ <input type="checkbox"/> Plan administrator (TIN) _____ <input type="checkbox"/> Corporation (enter form number to be filed) ▶ _____ <input type="checkbox"/> Trust (TIN of grantor) _____ <input type="checkbox"/> Personal service corporation _____ <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government _____ <input type="checkbox"/> Church or church-controlled organization _____ <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military _____ <input type="checkbox"/> Other nonprofit organization (specify) ▶ _____ <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises _____ <input checked="" type="checkbox"/> Other (specify) ▶ <b>HHCSR</b> <input type="checkbox"/> Group Exemption Number (GEN) if any ▶ _____					
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"/> Hired employees (Check the box and see line 13.) <input type="checkbox"/> Changed type of organization (specify new type) ▶ _____ <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Purchased going business _____ <input checked="" type="checkbox"/> Other (specify) ▶ <b>HHCSR</b> <input type="checkbox"/> Created a trust (specify type) ▶ _____ <input type="checkbox"/> Created a pension plan (specify type) ▶ _____					
11			12		
Date business started or acquired (month, day, year). See instructions.			Closing month of accounting year <b>December</b>		
13 Highest number of employees expected in the next 12 months (enter -0- if none). If no employees expected, skip line 14.					
Agricultural		Household		Other	
0		0		0	
14 If you expect your employment tax liability to be \$1,000 or less in a full calendar year and want to file Form 944 annually instead of Forms 941 quarterly, check here. (Your employment tax liability generally will be \$1,000 or less if you expect to pay \$4,000 or less in total wages.) If you do not check this box, you must file Form 941 for every quarter. <input type="checkbox"/>					
15 First date wages or annuities were paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year) ▶ _____					
16 Check one box that best describes the principal activity of your business.					
<input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & Insurance <input checked="" type="checkbox"/> Other (specify) <b>HHCSR</b> <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail					
17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided. <b>HHCSR</b>					
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 ▶ _____					
Print employer's name 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:		Write date here
	Designee's name <b>Rebecca Forestell/Candice Peterson</b>		Designee's telephone number (include area code) ( 480 ) 347-1418		
Employer sign here	Address and ZIP code <b>4542 E Inverness Ave. Ste 210 Mesa, AZ 85206</b>		Designee's fax number (include area code) ( 480 ) 371-2241		Applicant's telephone number (include area code) ( )
	Signature ▶ <b>Ima Employer</b>		Applicant's fax number (include area code) ( )		
Date ▶ <b>6-12-12</b>		HHCSR			

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 16055N

Form **SS-4** (Rev. 1-30-10)

FORM  
**N-848**  
(REV. 2010)

STATE OF HAWAII - DEPARTMENT OF TAXATION  
**POWER OF ATTORNEY**

**PART I POWER OF ATTORNEY (Please type or print.)**

**1 Taxpayer Information.** Taxpayer(s) must sign and date this form on page 2, line 6.

Taxpayer name(s) and address (Please type or print.)

Employer name and address here

Ima Employer  
123 Pine Street  
Anywhere, HI 12345

Social security number(s)

99918918989

Federal employer identification number

Daytime telephone number

(123) 456-7890

Fax Number

E-mail address

employer@company.com

Employer social security number here

Employer phone number here

Employer e-mail address here (optional)

heresby appoint(s) the following representative(s) as attorney(s)-in-fact:

**2 Representative(s) must sign and date this form on page 2, Part II.**

Individual name and address

COURTNEY SOUTARDS  
4542 E INVERNESS AVE SUITE 210  
MESA, AZ 85206

Telephone No. (480) 347-1415

Fax No. (480) 371-2241

E-mail address COURTNEYS@ACUMEN2.NET

Check if new: Address  Telephone  Fax  E-mail

Individual name and address

REBECCA FORESTELL  
4542 E INVERNESS AVE SUITE 210  
MESA, AZ 85206

Telephone No. (480) 347-1418

Fax No. (480) 371-2241

E-mail address REBECCA@ACUMEN2.NET

Check if new: Address  Telephone  Fax  E-mail

Individual name and address

Telephone No. ( )

Fax No. ( )

E-mail address

Check if new: Address  Telephone  Fax  E-mail

Individual name and address

Telephone No. ( )

Fax No. ( )

E-mail address

Check if new: Address  Telephone  Fax  E-mail

to represent the taxpayer(s) before the Department of Taxation, State of Hawaii, for the following tax matters:

**3 Tax Matters**

Hawaii Tax I.D. Number	Type of Tax (Income, General Excise, etc.)	Tax Form Number (N-11, N-13, G-49, etc.)	Year(s) or Period(s)
W	SWH-UI-E&T TAX	HW-2/HW-3/HW-14/BB-1	2011 - 2015
W			
W			
W			

**4 Acts Authorized.**—The representatives are authorized to receive and inspect confidential tax information and to perform any and all acts that I (we) can perform with respect to the tax matters described on line 3, for example, the authority to sign any agreements, consents, tax clearance applications, or other documents. The authority does not include the power to receive refund checks, the power to substitute another representative, the power to sign certain returns, or the power to execute a request for disclosure of tax returns or return information to a third party.  
List any specific additions or deletions to the acts otherwise authorized in this power of attorney:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

FORM N-848  
(REV. 2010)

Page 2

**5 Retention/Revocation of Prior Power(s) of Attorney.**—The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the State of Hawaii for the **same** tax matters and years or periods covered by this document. If you do not want to revoke a prior power of attorney, check here

**YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.**

**6 Signature of Taxpayer(s).**—If a tax matter concerns a joint return, **both** husband and wife must sign if joint representation is requested. If signed by a corporate officer, partner, guardian, tax matters partner/person, executor, receiver, administrator, or trustee on behalf of the taxpayer, I certify that I have the authority to execute this form on behalf of the taxpayer.

▶ **IF THIS POWER OF ATTORNEY IS NOT SIGNED, IT WILL BE RETURNED.**

Employer sign name here → Ima Employer Signature 1/1/12 Date DOMESTIC EMPLOYER Title (if applicable) Write date here

Employer print name here → Ima Employer Print Name \_\_\_\_\_ Print name of taxpayer from line 1 if other than individual

\_\_\_\_\_  
Signature Date Title (if applicable)

\_\_\_\_\_  
Print Name

**PART II SIGNATURE OF REPRESENTATIVE(S)**

Social Security Number (Last 4 numbers)	Type or Print Name	Signature	Date
1415	COURTNEY SOUTARDS		
5590	REBECCA FORESTELL		

**Filing the Power of Attorney**

File the original, photocopy, or facsimile transmission (fax) with each letter, request, form, or other document for which the power of attorney is required. For example, if you wish to designate an individual to represent you in obtaining tax clearance certificates, a copy of Form N-848 must be filed each time you submit Tax Clearance Applications. The Department does not maintain a permanent, centralized file of powers of attorney.





**Employment Eligibility Verification**  
**Department of Homeland Security**  
 U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 08/31/2019

► **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Attestation** (Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.)

Last Name (Family Name) <b>Doe</b>		First Name (Given Name) <b>Jane</b>		Middle Initial <b>A.</b>	Other Last Names Used (if any) <b>N/A</b>
Address (Street Number and Name) <b>123 Main Street</b>			Apt. Number <b>N/A</b>	City or Town <b>Anytown</b>	State <b>State</b> ZIP Code <b>11223</b>
Date of Birth (mm/dd/yyyy) <b>01/02/1975</b>	U.S. Social Security Number <b>111 - 22 - 3333</b>		Employee's E-mail Address <b>(enter email or place "N/A" here)</b>		Employee's Telephone Number <b>(enter # or place "N/A" here)</b>

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input checked="" type="checkbox"/> 1. A citizen of the United States:	QR Code - Section 1 Do Not Write In This Space
<input type="checkbox"/> 2. A noncitizen national of the United States (See instructions)	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. (See instructions)  Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.  1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____  Country of Issuance: _____	

Signature of Employee <i>Jane A. Doe</i>	Today's Date (mm/dd/yyyy) <b>02/01/2017</b>
---	--

**Preparer and/or Translator Certification (check one):**  
 I did not use a preparer or translator.  A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
 (Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code

STOP! Employer Completes Next Page STOP!



**Employment Eligibility Verification**  
**Department of Homeland Security**  
 U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 08/31/2019

**Section 2. Employer or Authorized Representative Review and Verification**

*(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")*

<b>Employee Info from Section 1</b>	Last Name (Family Name) <b>Doe</b>	First Name (Given Name) <b>Jane</b>	M.I. <b>A.</b>	Citizenship/Immigration Status <b>1</b>
-------------------------------------	---------------------------------------	--	-------------------	--

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title <b>Driver's License</b>		Document Title <b>Social Security Card (SSC)</b>
Issuing Authority		Issuing Authority <b>GA DMV</b>		Issuing Authority <b>Social Security Administration (SSC)</b>
Document Number		Document Number <b>A111222333</b>		Document Number <b>111 - 22 - 3333</b>
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy) <b>01/02/2020</b>		Expiration Date (if any)(mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

**Certification:** I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): 02/15/2017 (See instructions for exemptions)

Signature of Employer or Authorized Representative <i>Alice Smith</i>		Today's Date (mm/dd/yyyy) <b>02/01/2017</b>	Title of Employer or Authorized Representative <b>DOMESTIC EMPLOYER</b>	
Last Name of Employer or Authorized Representative <b>Smith</b>	First Name of Employer or Authorized Representative <b>Alice</b>	Employer's Business or Organization Name <b>Alice Smith</b>		
Employer's Business or Organization Address (Street Number and Name) <b>456 Main Street</b>		City or Town <b>Anytown</b>	State <b>State</b>	ZIP Code <b>11223</b>

**Section 3. Reverification and Rehires** (To be completed and signed by employer or authorized representative.)

<b>A. New Name (if applicable)</b>			<b>B. Date of Rehire (if applicable)</b>	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

**C.** If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
--	---------------------------	---



The **EMPLOYEE** completes this form.

### Form W-4 (2015)

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2015 expires February 16, 2016. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

**Exceptions.** An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

**Basic instructions.** If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

**Head of household.** Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

**Nonresident alien.** If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2015. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

**Future developments.** Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at [www.irs.gov/w4](http://www.irs.gov/w4).

#### Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	_____
B	Enter "1" if: <ul style="list-style-type: none"> <li>- You are single and have only one job; or</li> <li>- You are married, have only one job, and your spouse does not work; or</li> <li>- Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul>	B	_____
C	Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	_____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	_____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	_____
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F	_____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> <li>- If your total income will be less than \$65,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children.</li> <li>- If your total income will be between \$65,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child.</li> </ul>	G	_____
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.)	H	_____

For accuracy, complete all worksheets that apply.

- If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.
- If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.
- If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

Write your first and last name here.

Add lines A-G. Write the number here.

Separate here and give Form W-4 to your employer. Keep the top part for your records.

<b>W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b> OMB No. 1545-0074 <b>2015</b>	
1 Your first name and middle initial <b>IMA A.</b>		2 Your social security number <b>123-45-6789</b>	
Home address (number and street or rural route) <b>123 EAST STREET</b>		3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.	
City or town, state, and ZIP code <b>ANYTOWN, HI 12345</b>		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. <input type="checkbox"/>	
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) <b>0</b>		6 Additional amount, if any, you want withheld from each paycheck <b>\$</b>	
7 I claim exemption from withholding for 2015, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> <li>- Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and</li> <li>- This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.</li> </ul> If you meet both conditions, write "Exempt" here. <b>7</b>		Write your answer here from Line H (above).	
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.		Date here. <b>1/1/2015</b>	
Employee's signature (This form is not valid unless you sign it.) <b>Ima A. Employee</b>		Date here.	
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)	
10 Employer identification number (EIN)			

FORM HW-4  
(REV. 2012)

STATE OF HAWAII — DEPARTMENT OF TAXATION

**EMPLOYEE'S WITHHOLDING ALLOWANCE AND STATUS CERTIFICATE  
INSTRUCTIONS**

(NOTE: References to "married", "unmarried", and "spouse" also means "in a civil union", "not in a civil union", and "civil union partner", respectively.)

**MARITAL STATUS**—If you are legally separated from your spouse under a decree of divorce or separate maintenance, check the Single box.

If you file as **head of household** on your tax return, you are treated as Single for withholding tax purposes. However, an additional withholding allowance may be claimed for this filing status.

**NUMBER OF WITHHOLDING ALLOWANCES**—Do not claim more than the correct number of withholding allowances. However, if by claiming the correct number of withholding allowances you still expect to owe more income tax for the year than will be withheld, you may increase the amount withheld either by claiming fewer withholding allowances or by entering into an agreement with your employer to withhold an additional dollar amount.

**Note:** *Hawaii law does NOT allow "exempt" status for withholding purposes.*

**NONWAGE INCOME**—If you have a large amount of nonwage income, from sources such as interest or dividends, you should consider making estimated tax payments using Form N-1 or you may find that you owe additional tax at the end of the year.

**TWO-EARNER/TWO JOBS**—If you have a working spouse or more than 1 job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only 1 Form HW-4. This total should be divided among all jobs. Your withholding will usually be most accurate when all allowances are claimed on the HW-4 filed for the highest paying job and zero allowances are claimed for the others.

**FILING THE CERTIFICATE**—You must file this form with your employer or your employer must withhold tax from your wages as if you were single and claimed no withholding allowances.

**FILING A NEW CERTIFICATE**—You SHOULD file a new certificate if you get married or are entitled to claim more withholding allowances. You MUST file a new certificate within 10 days if ANY of the following occurs:

- (a) If you are divorced or legally separated.
- (b) If your spouse, for whom you have been claiming a withholding allowance, commences claiming his or her own withholding allowance on a separate certificate.
- (c) If a dependent for whom you claimed a withholding allowance no longer qualifies as a dependent.

You MUST file a new certificate on or before December 1 in case of the death of your spouse or the death of a dependent, unless such event occurs in December.

**WITHHOLDING ALLOWANCE FOR AGE**—You may claim an additional withholding allowance for age if you are at least 65 years old and no one can claim you as a dependent. If you are married and filing a joint return, you may also claim an additional withholding allowance if your spouse is at least 65 years old, no one else can claim your spouse as a dependent, and your spouse is not already claiming such withholding allowance for himself / herself on a Form HW-4.

**HEAD OF HOUSEHOLD**—Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your qualifying child or any other person who is your dependent.

**PENALTIES**—Penalties are imposed for willfully supplying false or fraudulent information or for willfully failing to supply information.

**CERTIFIED DISABLED PERSON**—See the section, "What Is Not Subject to Withholding" in *Booklet A, Employer's Tax Guide*.

**NONRESIDENT MILITARY SPOUSE**—Under federal law, the State is prohibited from subjecting the income received by a service member's nonresident spouse for services performed (i.e., wages) in Hawaii to Hawaii's income tax beginning tax year 2009.

**FOR FURTHER INFORMATION**—Contact your employer or the Department of Taxation at 808-587-4242 (toll-free at 1-800-222-3229).

----- Cut here and give the certificate to your employer. Keep the top portion and a copy of Page 2 for your records. -----

FORM HW-4  
(REV. 2012)

STATE OF HAWAII — DEPARTMENT OF TAXATION

**EMPLOYEE'S WITHHOLDING ALLOWANCE AND STATUS CERTIFICATE**

**Section A (to be completed by the employee)**

1 Type or print your full name <b>Ima EMPLOYEE</b>		2 Your Social Security Number <b>244-67-1284</b>	
Home address (number and street or rural route) <b>123 Northwest Ave</b>		3 Marital Status <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate <input type="checkbox"/> Certified Disabled Person (not subject to withholding) <input type="checkbox"/> Nonresident Military Spouse (not subject to withholding)	
City or town, State, and Postal/ZIP code <b>ANYWHERE HI 85295</b>			
4 Total number of allowances you are claiming (from Line 1 of the worksheet on Page 2). (Note: <i>Hawaii law does NOT allow "EXEMPT" status for withholding purposes.</i> )		4	1
5 Additional amount, if any, you want deducted each pay period		5	\$

I declare, under the penalties set forth in section 231-36, HRS, that I have correctly indicated my marital status and that the number of withholding allowances claimed on this certificate does not exceed the number to which I am entitled.

(Date) **January 1** 2014 (Signed) *Ima Employee*

**Section B (to be completed by the employer)**

1 Employer's name		2 Hawaii tax identification number W _____	
Employer's address		City or town, State, and Postal/ZIP code	

**EMPLOYER:** Keep this certificate with your records. If you believe that an employee has claimed excess allowances for the employee's situation (generally more than 10) or misstated the employee's marital status, you must send a copy of the Form HW-4 for that employee to the Hawaii Department of Taxation, P. O. Box 3827, Honolulu, Hawaii 96812-3827.





### DIRECT DEPOSIT FOR EMPLOYEES

As an employee in this program, your paycheck will be automatically deposited into your bank account on payday. There is no charge from Acumen to receive your pay via direct deposit. You won't have to wait for the mail or make a trip to the bank. Paystubs will be sent to you by email on payday. You can have your paycheck deposited into one or two accounts, and you may change your account information at any time. Please note: if you choose to have your check deposited into two accounts, you must indicate the percentage to be deposited to each. The percentage total must be 100%. If no amounts are indicated, 100% will be deposited into the primary account. To enroll, fill out the information on the Direct Deposit form below and return it, along with the additional requested items, to Acumen. You will receive paper checks by mail until your bank information is verified – usually within two pay periods. Please provide the information requested below and return this completed form to Acumen. You may send by fax to (866) 240-2386 or mail to Acumen, 4542 E. Inverness Ave., Suite 210, Mesa, AZ 85206.

### AUTHORIZATION FOR DIRECT DEPOSIT

Please attach a voided check for checking account(s). For savings accounts, please send a printout from your bank that provides the routing number and account information. Submit any changes to your account(s) immediately!

#### Primary Account

Account Type:  checking (attach voided check)  
 savings (attach routing and account information printout)

USA Bank

Financial Institution Name

20 Fake St, Anywhere, HI 96813

Financial Institution Address

234567890

Routing Number

123456

Account Number

100

% of check to be deposited

#### Secondary Account (optional)

Account Type:  checking (attach voided check)  
 savings (attach routing and account information printout)

Financial Institution Name

Financial Institution Address

Routing Number

Account Number

% of check to be deposited

I hereby authorize Acumen Fiscal Agent, LLC, hereinafter called Company, to initiate credit entries and, if necessary, debit entries for the purpose of correcting an erroneous credit previously initiated to my account indicated above. I further authorize the Financial Institution named above to accept such entries and to credit or debit the amount thereof to such account. This authority is to remain in full force and effect until Company and Financial Institution have received written notification from me of its termination in such time and manner as to afford Company and Financial Institution a reasonable opportunity to act upon it.

Ima Employee

Print Name

123-45-6789

Social Security Number

808-111-2222

Phone Number

Ima Employee

Signature

5/1/15

Date

iemployee@mail.com

Email Address for Paystub Delivery





### Request for Vendor Payment/Reimbursement Form



Participant Name <i>Ima Participant</i>	Participant Acumen ID # <i>43210</i>
Employer Name <i>Ima Employer</i>	Month/Year <i>Jan. 2014</i>

**Payment Instructions**

Make Check Payable To: <i>ABC Company</i>	
Vendor FEIN or SS# <i>23-1234567</i>	Vendor Name <i>ABC Company</i>
Vendor Address <i>123 W. MAIN ST</i>	Vendor City/State/Zip <i>Any Town, HI 12345</i>

Invoice/ Service Date	Service Code	Description	Total Amount
<i>1/5/14</i>	<i>HSES</i>	<i>Install of ramp</i>	<i>\$200.00</i>
<b>Total Check Amount</b>			<i>\$200.00</i>
<b>Invoice Number</b>			<i># 45678</i>

**REMINDER:** Please attach a copy of the voided receipt or invoice.

By signing this form, I attest that services were delivered and received consistent with the Spending Plan and I have rendered and/or approved the above payment request in accordance with the Program regulations. I understand that payment and satisfaction of this claim may be from Federal and State funds, and that I may be prosecuted under applicable Federal or State laws, for any false claims, statements or documents or concealment of a material fact. Any misuse of funds may result in being fined or penalized including but not limited to the repayment of claim. Collection costs or legal fees will be my responsibility.

*Ima Employer*  
Participant or Representative's Signature

*1/15/14*  
Date

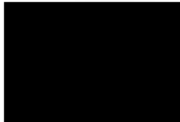
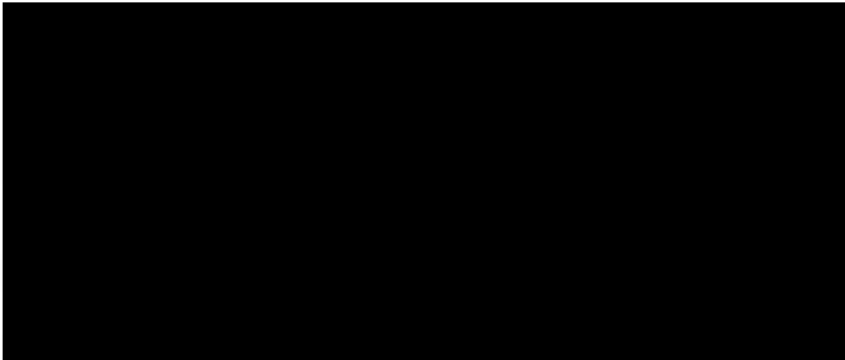
*Coach's Name*  
Coach's Signature

*1/16/14*  
Date

\*Coach's signature indicates that item purchased is consistent with and is intended to be purchased through the spending plan.

HI CLP-PD  
REV 02-24-13

**E. SAMPLE POLICIES AND PROCEDURES MANUAL**













































































































## F. RECORDS RETENTION AND DISPOSAL POLICY

Acumen – Record Retention and Disposal Policy



### ACUMEN RECORD RETENTION AND DISPOSAL POLICY

1. EFFECTIVE DATE:

November 1, 2014

2. PURPOSE:

This policy is to ensure that Acumen complies with federal or state guidelines regarding document preservation and eventual destruction and disposal of such media. Acumen will preserve records to provide adequate and proper documentation of the organization, functions, policy decisions, procedures, and essential transactions; and to protect the legal and financial rights of the organization and of persons directly affected.

3. RECORD RETENTION PROCEDURE:

- 3.1 Document storage and retention is provided by scanning all direct paper to an electronic filing system. Constant backup of the system is used to ensure that the acquisition and use of these systems and equipment is technically feasible, cost-effective and administratively desirable. The backup records are maintained at an alternate location.
- 3.2 Paper files not utilizing the electronic filing system will be retained in a secure storage facility.
- 3.3 General guidelines for record retention are followed. Please reference Record Retention Guidelines listed in 3.1 and 3.2 of this policy.
- 3.4 Document retention will be handled in such a way as to follow all Federal law, State law, and current State contracts.

4. RECORD RETENTION GUIDELINES

It is important that Acumen management and employees understand that document retention and management is a requirement by law. Please refer to the Record Retention Guidelines on the following page.



Acumen – Record Retention and Disposal Policy

4.1 ACUMEN INC. EMPLOYEE RECORD RETENTION GUIDELINES:

<u>Category</u>	<u>Records</u>	<u>Retention Guidelines</u>	<u>Driving Authority</u>	<u>Responsible Party</u>
I-9 Forms	Form I-9, Employment Eligibility Verification	3 years after the date of hire or 1 year after the date employment ends, whichever is later.	Federal guidelines	Human Resources
Personnel Records	Employees' personnel records pertaining to their employment	7 years after date after termination of employment	Federal guidelines	Human Resources
Payroll Records	All payroll related records	10 years	Federal guidelines	Human Resources, Payroll
Timekeeping Records	All records of employee time worked, including timesheets and electronic timekeeping data	4 years after time worked	Federal guidelines	Payroll
Employee Benefit Records	Records pertaining to employee benefit plans	6 years after termination of benefit plan	Federal guidelines	Human Resources
Employee Leave Records	Records pertaining to leave taken by an employee, including insurance premium payments	3 years	Federal guidelines	Human Resources
Workman's Compensation Records	Medical Records and corresponding paperwork for a work-related injury	Some records need to be maintained up to 30 years after employment ends	OSHA Regulation, Standard # 1910.1020	Human Resources
Employment Applications	Applications for employment for individuals not hired	2 years A maximum of 2 years	Federal guidelines State of Utah	Human Resources
Policy Documents	Policy regarding HIPAA Privacy and Security	6 years after the last day in effect	HIPAA	Privacy Officer, Security Officer & Quality & Compliance & HR



Acumen – Record Retention and Disposal Policy

4.2 AFA CLIENT RECORD RETENTION GUIDELINES:

<u>Category</u>	<u>Records</u>	<u>Retention Guidelines</u>	<u>Driving Authority</u>	<u>Responsible Party</u>
AFA Client Records	Records pertaining to individuals in our services	Refer to the google doc. titled " <a href="#">Active AFA Contract Details</a> " for a summary of each program's guidelines or to the individual contracts for "Record Retention Requirements"	Company Contracts and Provider Agreements	Acumen Customer Relations & Operations
Incident Documents	Security incidents, privacy complaints	6 years	HIPAA	Privacy Officer & Acumen Quality & Compliance
Authorization of Release of PHI and Disclosure Log	Authorization and brief accounting of PHI disclosers.	Up to 6 years following the date of disclosure.	HIPAA	Privacy Officer & Acumen Quality & Compliance

5. RECORD DESTRUCTION AND DISPOSAL PROCEDURE:

Destruction/disposal of records shall be carried out in accordance with federal and state law and as defined in this policy. The schedule for destruction/disposal shall be suspended for records involved in any open investigation, audit, or litigation. After the retention requirements have been met, destruction of the record will be carried out by a method that ensures no possibility to reconstruct the contents of the record. Unauthorized destruction, modification, or falsification of documents will be grounds for termination and possible legal action.

- 5.1 All personnel records and confidential Acumen, Inc. employee records maintained by Human Resources will be destroyed by shredding or placed in secure recycle bin after retention dates have passed.
- 5.2 The destruction and disposal of AFA Client Records containing PHI will be carried out in accordance with the Health Insurance Portability and Accountability Act (HIPAA) regulations





Acumen – Record Retention and Disposal Policy

- 5.2.1 No protected health information will be destroyed before the minimum retention period has been met as indicated above.
- 5.2.2 Confidential information includes that which contains PHI of an AFA client, employer or employee of a client. All documentations containing PHI must be destroyed in a manner that prevents reconstruction. Destruction will be in the following manner:
  - 5.2.2.1 Shredding or otherwise destroying PHI in paper records so that the PHI is rendered essentially unreadable, indecipherable, and otherwise cannot be reconstructed prior to it being placed in a dumpster or other trash receptacle.
  - 5.2.2.2 For PHI on electronic media, clearing (using software or hardware products to overwrite media with non-sensitive data), purging (degaussing or exposing the media to a strong magnetic field in order to disrupt the recorded magnetic domains), or destroying the media (disintegration, pulverization, melting, incinerating, or shredding). The IT department will manage the destruction of all electronic media.
- 5.2.3 Any documentation containing PHI must be personally shredded or placed in a secure recycling container. PHI must not be discarded in trash bins, unsecured recycle containers and other publicly accessible locations.
- 5.2.4 Information Technology must be contacted to coordinate the certified, secure destruction of any electronic media upon decommission. See "IT Asset Management Process".
- 5.2.5 Destruction of the legal medical record must be documented and maintained permanently and include the following:
  - 5.2.5.1 Date of destruction;
  - 5.2.5.2 Method of destruction;
  - 5.2.5.3 Description of the destroyed documents or electronic media;
  - 5.2.5.4 Inclusive dates covered;
  - 5.2.5.5 Statement that the records were destroyed in the normal course of business; and
  - 5.2.5.6 Signatures of the individuals supervising and witnessing the destruction.
- 5.2.6 If destruction services are contracted, the contract must meet the requirements of the HIPAA privacy and security rules and a Business



Acumen – Record Retention and Disposal Policy

Associate Agreement must be executed with the contractor. The destruction of PHI by the business associate will be documented in writing and include the information listed above.

Acumen Policies are subject to change at the discretion of Acumen.





**G. SAMPLE REPORTS**

**Worker Training Report**

Client Name	Employee Name	CPRExpire	First Aid Expire	Proof Of Insurance
ALCOA - 0490	JACQUELIN O'BRIEN	02/16/2017	02/16/2017	06/21/2016
ALCOA - 0490	WILLIE JONES	03/01/2016	03/01/2016	09/19/2016
ALCOA - 0490	WILLIE JONES	02/29/2016	02/29/2016	09/19/2016
ALCOA - 0490	CHRISTOPHER GARDNER	05/15/2016	05/15/2016	11/12/2016
ALCOA - 0490	ROBERT WELLS	05/15/2016	05/15/2016	05/18/2016
ALCOA - 0490	ANTHONY WELLS	02/20/2017	02/20/2017	05/30/2016
ALCOA - 0490	CHRISTOPHER GARDNER	03/10/2016	03/10/2016	06/05/2016
ALCOA - 0490	LARRY WELLS	10/17/2016	10/17/2016	Waived
ALCOA - 0490	CHRISTOPHER GARDNER	02/21/2016	02/21/2016	Waived
ALCOA - 0490	WILLIE JONES	12/04/2016	12/04/2016	07/16/2016
ALCOA - 0490	CHRISTOPHER GARDNER	04/14/2016	05/07/2016	05/23/2016
ALCOA - 0490	LARRY WELLS	11/03/2016	11/04/2016	02/14/2017
ALCOA - 0490	CHRISTOPHER GARDNER	11/30/2014	11/30/2014	11/16/2013
ALCOA - 0490	ROBERT WELLS	05/23/2015	05/23/2015	08/25/2013
ALCOA - 0490	ANTHONY WELLS	08/14/2016	09/16/2016	04/25/2016
ALCOA - 0490	CHRISTOPHER GARDNER	03/10/2016	03/10/2016	03/29/2016
ALCOA - 0490	WILLIE JONES	06/30/2017	06/30/2017	04/16/2016
ALCOA - 0490	JACQUELIN O'BRIEN	03/16/2016	03/16/2016	06/18/2016
ALCOA - 0490	CHRISTOPHER GARDNER	02/29/2016	02/29/2016	Waived
ALCOA - 0490	CHRISTOPHER GARDNER	04/30/2016	04/30/2016	03/24/2016
ALCOA - 0490	ANTHONY WELLS	10/01/2016	10/01/2016	Waived

## Payroll Report



### Acumen Fiscal Agent Account Statement

Employer: [REDACTED]  
[REDACTED]  
[REDACTED]

Activity Period: 3/1/2016 to 3/31/2016  
Participant ID: [REDACTED]  
Program: CCW

#### Account Information

	Total Allotments		Period Utilization		Total Utilization		Balance	
	Units	Dollars	Units	Dollars	Units	Dollars	Units	Dollars
PAS 04/01/16 - 06/30/16	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
PAS 01/01/16 - 01/14/16	96.00	\$1,071.36	0.00	\$0.00	88.50	\$980.38	7.50	\$90.98
PAS 02/16/16 - 03/31/16	364.00	\$4,062.24	208.50	\$2,328.57	208.50	\$2,328.57	155.50	\$1,733.67
PAS 10/1/16 - 12/31/16	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
PAS 01/15/16 - 02/15/16	260.00	\$2,901.60	0.00	\$0.00	212.50	\$2,363.74	47.50	\$537.86
PAS 10/01/15 - 12/31/15	672.00	\$7,499.52	0.00	\$0.00	572.00	\$6,269.45	100.00	\$1,230.07
PAS 01/01/17 - 02/15/17	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
PAS 07/01/16 - 09/30/16	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
<b>Totals</b>	<b>1392.00</b>	<b>\$15,534.72</b>	<b>208.50</b>	<b>\$2,328.57</b>	<b>1081.50</b>	<b>\$11,942.14</b>	<b>310.50</b>	<b>\$3,592.58</b>

#### Employee Information

Name	Pay Type	Status	EE Number	Good to Go Date
[REDACTED]	Direct Deposit	Active	[REDACTED]	02/16/2015
[REDACTED]	Direct Deposit	Active	[REDACTED]	02/16/2015

#### Code and Rate Information

Name	Description	Start Date	End Date	Rate
[REDACTED]	PAS	02/16/2015	12/31/2222	\$9.84
[REDACTED]	PAS	02/16/2015	12/31/2222	\$9.84

**Background check results are also available via the FTP site.**

COST CENTER	EMPLOYEE NAME	SSN	EMPLOYER NAME	CLIENT NAME	CLIENT MEDICAID NUMBER	PASS/FAIL	BACKGD DATE	BACKGD EXPIRE	TERM DATE	HIRE DATE	HIRE DATE GTG
SDS Option	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	PASS	2/23/2016			2/16/2016	3/15/2016
SDS Option	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	PASS	12/29/2015			12/22/2015	3/1/2016
OCDD-CCW	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	PASS	2/18/2016			3/1/2016	3/1/2016
SDS Option	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	PASS	3/21/2016	3/22/2016		3/22/2016	3/22/2016
SDS Option	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	PASS	1/22/2016			1/15/2016	3/15/2016
SDS Option	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	PASS	3/21/2016			3/16/2016	3/21/2016
SDS Option	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	PASS	3/9/2016			3/3/2016	3/9/2016

This report is included as a section of the Payroll Reports

**Payroll Check Information**

Check #: [REDACTED]	Medicare: \$9.27	Batch #: 2254
Date: 3/30/2016	FICA: \$39.66	Billing: \$725.95
Payee: [REDACTED]	SUTA: \$11.77	Type: Direct Deposit
Net: \$547.34	FUTA: \$3.84	
Gross: \$639.60	Work Comp: \$21.81	

Code	Work Date	Time In	Time Out	Reg Wage	OT Wage	Reg Hours	OT Hours
PAS	03/01/2016	8:00 AM	9:30 AM	\$9.84	----	3.50	----
PAS	03/02/2016	8:00 AM	9:30 AM	\$9.84	----	3.50	----
PAS	03/03/2016	8:00 AM	9:30 AM	\$9.84	----	3.50	----
PAS	03/04/2016	8:00 AM	9:30 AM	\$9.84	----	3.50	----
PAS	03/05/2016	2:00 PM	5:00 PM	\$9.84	----	3.00	----
PAS	03/05/2016	8:00 AM	9:30 AM	\$9.84	----	3.50	----
PAS	03/06/2016	2:00 PM	5:00 PM	\$9.84	----	3.00	----
PAS	03/06/2016	8:00 AM	9:30 AM	\$9.84	----	3.50	----
PAS	03/07/2016	8:00 AM	9:30 AM	\$9.84	----	3.50	----
PAS	03/08/2016	8:00 AM	9:30 AM	\$9.84	----	3.50	----
PAS	03/09/2016	8:00 AM	9:30 AM	\$9.84	----	3.50	----
PAS	03/10/2016	8:00 AM	9:30 AM	\$9.84	----	3.50	----
PAS	03/11/2016	8:00 AM	9:30 AM	\$9.84	----	3.50	----
PAS	03/12/2016	8:00 AM	9:30 AM	\$9.84	----	3.50	----
PAS	03/12/2016	2:00 PM	5:00 PM	\$9.84	----	3.00	----
PAS	03/13/2016	2:00 PM	5:30 PM	\$9.84	----	3.50	----
PAS	03/13/2016	8:00 AM	9:30 AM	\$9.84	----	3.50	----
PAS	03/14/2016	8:00 AM	9:30 AM	\$9.84	----	3.50	----
PAS	03/15/2016	8:00 AM	9:30 AM	\$9.84	----	3.50	----
						65.00	0.00

**Training & Certification**

Employee Name	Vehicle Insurance Expire Date
[REDACTED]	12/31/2050
[REDACTED]	12/31/2050

## Report is run by client

03/28/2016

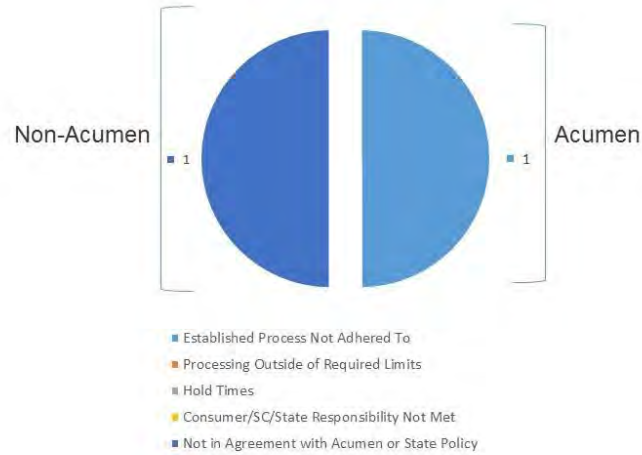
### Louisiana Authorization Utilization for 2016

Allotment #	Quarter	Billing Units	Deposits	Starting Budget	Ending Budget	Amount Spent	% Remaining	Average Pay Rate	Average Quarterly Budget	Average Amount Spent	Region
	<b>1</b>										
	Client Summary	0.00	0.00	416.00	416	0.00	100%				0.00 Reg 3 - Cadence of Acadiana
		0.00	0.00	416.00	416.00	0.00	100%		416.00		
		208.50	0.00	364.00	155.5	208.50	43%	9.84			
		212.50	0.00	260.00	47.5	212.50	18%	9.80			
		88.50	0.00	96.00	7.5	88.50	8%	9.76			
		0.00	0.00	336.00	336	0.00	100%				
	Client Summary	509.50	0.00	1,056.00	546.50	509.50	52%	9.80	264.00		127.38 Reg 3 - Easter Seals of LA
	Quarter Summary	509.50	0.00	1,472.00	962.50	509.50	65%	9.80	294.40		101.90 Reg 3 - Cadence of Acadiana
	<b>2</b>										
	Client Summary	0.00	0.00	96.00	96	0.00	100%				0.00 Reg 3 - Cadence of Acadiana
		0.00	0.00	96.00	96.00	0.00	100%		96.00		
		0.00	0.00	676.00	676	0.00	100%				
	Client Summary	0.00	0.00	676.00	676.00	0.00	100%		676.00		0.00 Reg 3 - Easter Seals of LA
	Quarter Summary	0.00	0.00	772.00	772.00	0.00	100%		386.00		0.00 Reg 3 - Cadence of Acadiana
	<b>3</b>										
	Client Summary	0.00	0.00	728.00	728	0.00	100%				0.00 Reg 3 - Easter Seals of LA
	Quarter Summary	0.00	0.00	728.00	728.00	0.00	100%		728.00		0.00 Reg 3 - Easter Seals of LA
	<b>4</b>										
	Client Summary	0.00	0.00	728.00	728	0.00	100%				0.00 Reg 3 - Easter Seals of LA
	Quarter Summary	0.00	0.00	728.00	728.00	0.00	100%		728.00		0.00 Reg 3 - Easter Seals of LA
	Year Summary	509.50	0.00		3,190.50						

## Complaint Report

### December 2015 Complaint Report

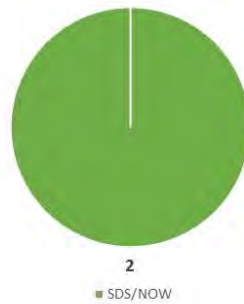
Figures based upon 2 Total Responses/Complaints



### December 2015 Complaint Report (cont'd)

Figures based upon 2 Total Responses/Complaints

Number of Complaints per Program







## Complaint Type 5

### Complaint Type 5—Not in Agreement with Acumen or State Policy

Acumen has determined that all complaints in this category are situations where Acumen followed established policy and procedures put in place either by Acumen or by the State program administrators, yet the complainant is still dissatisfied with the outcome. For example, an employee submitted a timesheet late and is upset that she did not get paid on time, or an employer works their employee over 40 hours and wants their employee to be paid overtime.

*In each case, Acumen will take the time to listen to the concern, explain the program rules or policy, and advise the complainant where this information can be located for future reference. Acumen will also offer any available tips or tools for preventing the issue from happening in the future. When appropriate, Acumen will escalate the issue to the program contacts, especially when the program rules may need to be reconsidered due to recent legislation or other legal reasons.*

Provided below is a snapshot of all scenarios that appropriately fit into the category of “Not in Agreement with Acumen or State Policy.”

Program	Client Name	Complainant	Relationship	Date Received	Date Resolved	Complaint Details (See Complaint #)
SDS-NOW	[Redacted]	[Redacted]	Employer/Parent	12/02/2015	12/03/2015	2

## Complaint Details – Established Process Not Adhered To

### [Redacted] Complaint # 1

The employer’s employee completed his/her CPR and First Aid training courses via the Relias website, on time. Acumen staff did not follow procedures in place for reporting from Relias into Acumen’s payroll software system, causing delayed payment to the employee.

Resolution/Outcome - The Enrollment Manager provided additional training on the existing procedures outlined for the management of CPR and First Aid reporting through the Relias website. The Program Manager reached out to the employer.

## Complaint Details – Not in Agreement with Acumen or State Policy

### [Redacted] Complaint # 2

The employer submitted overlapping hours which triggered the removal of overlapping hours from an employee. While discussing overlapping hours with the employer, it was determined that the employer submitted a check out time of 11:00 am, but she meant for this to be 12:00 am. The employer insisted this was an Acumen error, as Acumen should have known what she meant.

Resolution/Outcome - The Acumen Payroll Manager explained that when time is submitted, we process the time as it is requested, we can not be certain that the employer meant anything different than what was sent to us. Offered to correct the difference in hours on the employee’s next check, but the employer insisted the employee be paid with an out of cycle payroll instead. Acumen explained that hours would be corrected in the next payroll cycle, an out of cycle check was not issued.

## Errors Preventing Payment

### AFA System Notes

**CLIENT PROFILE**

Type: Client  
 Number: [REDACTED]  
 Phone: [REDACTED]  
 Cost Center: CCW

Region: Reg 9 - ABC Case Management  
 County: LIVINGSTON  
 City: DENHAM SPRINGS  
 Fax:

Reference: [REDACTED]  
 State: LA  
 Case Manager: [REDACTED]  
 Email: [REDACTED]

Timestamp	LoginName	Note Type	Note
03/21/2016 09:35 AM	AppSupport	Hours Modification	<p>We've processed the time you submitted for your employee [REDACTED] and have identified an issue with Auto Insurance. We are not able to pay your employee in full because of this issue. The result is that 23.00 hours will be unpaid for this employee.</p> <p>Work Date: 03/02/2016 Code: PAS Unpaid Hours: 11.50 - [REDACTED]            Work Date: 03/06/2016 Code: PAS Unpaid Hours: 2.50 - [REDACTED]            Work Date: 03/07/2016 Code: PAS Unpaid Hours: 9.00 - [REDACTED]</p> <p>Thank you,            Your Acumen Team</p>

## Participant and Worker Listing

Run Date: 03/28/2016

Date Range: 12/1/2015 thru 12/31/2015

Client		Enrollment Date	Termination Date	Hire Date	Good To Go Date	SSN	Phone	Medicare #	Area	Employer
FEDERAL BUREAU OF INVESTIGATION WASHINGTON, DC WASHINGTON, DC 20535		12/01/2015	01/03/2016						Reg 2 - Volunteers of America	FEDERAL BUREAU OF INVESTIGATION WASHINGTON, DC WASHINGTON, DC 20535
	Employees									
	ADRIANO BARRERA	Inactive	01/03/2016	11/12/2015						
	BETH ALTON	Inactive	01/03/2016	11/12/2015						
	DAVID LARSEN	Inactive	01/03/2016							
	LEAH BRIDGES	Inactive	01/03/2016	11/12/2015						
	MICHAEL COOPER	Inactive	01/03/2016	10/24/2015	12/01/2015					
	PATRICIA TREASURE	Inactive	01/03/2016	11/12/2015	12/29/2015					
	THOMAS WONG	Inactive	01/03/2016	11/09/2015	12/01/2015					
	WALTER CHOI	Inactive	01/03/2016	11/12/2015						
	WALTER BRADY	Inactive	01/03/2016	11/12/2015	12/01/2015					
LAUREN CHRISTOPHER WASHINGTON, DC WASHINGTON, DC 20535		12/01/2015							Reg 9 - Easter Seals of LA	LAUREN CHRISTOPHER WASHINGTON, DC WASHINGTON, DC 20535
	Employees									
	WALTER BRADY			07/28/2015	12/01/2015					
FEDERAL BUREAU OF INVESTIGATION WASHINGTON, DC WASHINGTON, DC 20535		12/06/2015	12/17/2015						Reg 9 - Easter Seals of LA	FEDERAL BUREAU OF INVESTIGATION WASHINGTON, DC WASHINGTON, DC 20535
	Employees									
	ANDREW			11/29/2015	12/06/2015					
	PORTER LAUREN	Inactive	12/17/2015	11/28/2015	12/06/2015					
	MICHAEL WONG	Inactive	12/17/2015	11/19/2015	12/06/2015					
YOUNG CAROLINE WASHINGTON, DC WASHINGTON, DC 20535		12/29/2015								YOUNG CAROLINE WASHINGTON, DC WASHINGTON, DC 20535
	Employees									
	MICHAEL WONG			01/05/2016	01/05/2016					
	WALTER BRADY			01/01/2016	01/05/2016					

### Monthly Call Summary Report

LA Call Summary Report				
Feb 2016				
State	Received Calls	Avg Wait Time	Abandoned Calls	Avg Call
LA (47645)	1043	0:00:39	28	0:06:11

## Participant Account Statement



### Acumen Fiscal Agent Account Statement

Employer: [REDACTED]  
[REDACTED]  
[REDACTED]

Activity Period: 3/1/2016 to 3/31/2016  
Participant ID: [REDACTED]  
Program: CCW

#### Account Information

	Total Allotments		Period Utilization		Total Utilization		Balance	
	Units	Dollars	Units	Dollars	Units	Dollars	Units	Dollars
PAS 04/01/16 - 06/30/16	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
PAS 01/01/16 - 01/14/16	96.00	\$1,071.36	0.00	\$0.00	88.50	\$980.38	7.50	\$90.98
PAS 02/16/16 - 03/31/16	364.00	\$4,062.24	208.50	\$2,328.57	208.50	\$2,328.57	155.50	\$1,733.67
PAS 10/1/16 - 12/31/16	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
PAS 01/15/16 - 02/15/16	260.00	\$2,901.60	0.00	\$0.00	212.50	\$2,363.74	47.50	\$537.86
PAS 10/01/15 - 12/31/15	672.00	\$7,499.52	0.00	\$0.00	572.00	\$6,269.45	100.00	\$1,230.07
PAS 01/01/17 - 02/15/17	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
PAS 07/01/16 - 09/30/16	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
<b>Totals</b>	<b>1392.00</b>	<b>\$15,534.72</b>	<b>208.50</b>	<b>\$2,328.57</b>	<b>1081.50</b>	<b>\$11,942.14</b>	<b>310.50</b>	<b>\$3,592.58</b>

#### Employee Information

Name	Pay Type	Status	EE Number	Good to Go Date
[REDACTED]	Direct Deposit	Active	[REDACTED]	02/16/2015
[REDACTED]	Direct Deposit	Active	[REDACTED]	02/16/2015

#### Code and Rate Information

Name	Description	Start Date	End Date	Rate
[REDACTED]	PAS	02/16/2015	12/31/2222	\$9.84
[REDACTED]	PAS	02/16/2015	12/31/2222	\$9.84



**Payroll Check Information**

Check #: [REDACTED]

Medicare: \$5.49

Batch #: 2247

Date: 3/15/2016

FICA: \$23.49

Billing: \$429.98

Payee: [REDACTED]

SUTA: \$6.97

Type: Direct Deposit

Net: \$341.90

FUTA: \$2.27

Gross: \$378.84

Work Comp: \$12.92

Code	Work Date	Time In	Time Out	Reg Wage	OT Wage	Reg Hours	OT Hours
PAS	02/16/2016	1:30 PM	5:00 PM	\$9.84	----	3.50	----
PAS	02/17/2016	1:30 PM	5:00 PM	\$9.84	----	3.50	----
PAS	02/18/2016	1:30 PM	5:00 PM	\$9.84	----	3.50	----
PAS	02/19/2016	1:30 PM	5:00 PM	\$9.84	----	3.50	----
PAS	02/22/2016	12:30 PM	5:00 PM	\$9.84	----	4.50	----
PAS	02/23/2016	1:30 PM	5:00 PM	\$9.84	----	3.50	----
PAS	02/24/2016	1:30 PM	5:00 PM	\$9.84	----	3.50	----
PAS	02/25/2016	11:00 AM	5:00 PM	\$9.84	----	6.00	----
PAS	02/26/2016	1:30 PM	5:00 PM	\$9.84	----	3.50	----
PAS	02/29/2016	1:30 PM	5:00 PM	\$9.84	----	3.50	----
						38.50	0.00

**Payroll Check Information**

Check #: [REDACTED]

Medicare: \$9.49

Batch #: 2247

Date: 3/15/2016

FICA: \$40.57

Billing: \$742.70

Payee: [REDACTED]

SUTA: \$12.04

Type: Direct Deposit

Net: \$558.42

FUTA: \$3.93

Gross: \$654.36

Work Comp: \$22.31

Code	Work Date	Time In	Time Out	Reg Wage	OT Wage	Reg Hours	OT Hours
PAS	02/16/2016	8:00 AM	9:30 AM	\$9.84	---	3.50	---
PAS	02/17/2016	8:00 AM	9:30 AM	\$9.84	---	3.50	---
PAS	02/18/2016	8:00 AM	9:30 AM	\$9.84	---	3.50	---
PAS	02/19/2016	8:00 AM	10:30 AM	\$9.84	---	4.50	---
PAS	02/20/2016	2:00 PM	6:00 PM	\$9.84	---	4.00	---
PAS	02/20/2016	8:00 AM	9:30 AM	\$9.84	---	3.50	---
PAS	02/21/2016	8:00 AM	9:30 AM	\$9.84	---	3.50	---
PAS	02/21/2016	2:00 PM	6:00 PM	\$9.84	---	4.00	---
PAS	02/22/2016	8:00 AM	9:30 AM	\$9.84	---	3.50	---
PAS	02/23/2016	8:00 AM	9:30 AM	\$9.84	---	3.50	---
PAS	02/24/2016	8:00 AM	9:30 AM	\$9.84	---	3.50	---
PAS	02/25/2016	8:00 AM	9:30 AM	\$9.84	---	3.50	---
PAS	02/26/2016	8:00 AM	9:30 AM	\$9.84	---	3.50	---
PAS	02/27/2016	8:00 AM	9:30 AM	\$9.84	---	3.50	---
PAS	02/27/2016	2:30 PM	6:30 PM	\$9.84	---	4.00	---
PAS	02/28/2016	8:00 AM	9:30 AM	\$9.84	---	3.50	---
PAS	02/28/2016	2:00 PM	6:30 PM	\$9.84	---	4.50	---
PAS	02/29/2016	8:00 AM	9:30 AM	\$9.84	---	3.50	---
						66.50	0.00

**Payroll Check Information**

Check #: [REDACTED]

Medicare: \$5.49

Batch #: 2254

Date: 3/30/2016

FICA: \$23.49

Billing: \$429.98

Payee: [REDACTED]

SUTA: \$6.97

Type: Direct Deposit

Net: \$341.90

FUTA: \$2.27

Gross: \$378.84

Work Comp: \$12.92

Code	Work Date	Time In	Time Out	Reg Wage	OT Wage	Reg Hours	OT Hours
PAS	03/01/2016	1:30 PM	5:00 PM	\$9.84	----	3.50	----
PAS	03/02/2016	1:30 PM	5:00 PM	\$9.84	----	3.50	----
PAS	03/03/2016	1:30 PM	5:00 PM	\$9.84	----	3.50	----
PAS	03/04/2016	1:30 PM	5:00 PM	\$9.84	----	3.50	----
PAS	03/07/2016	1:30 PM	5:00 PM	\$9.84	----	3.50	----
PAS	03/08/2016	1:30 PM	5:00 PM	\$9.84	----	3.50	----
PAS	03/09/2016	1:30 PM	5:00 PM	\$9.84	----	3.50	----
PAS	03/10/2016	1:30 PM	5:00 PM	\$9.84	----	3.50	----
PAS	03/11/2016	1:30 PM	5:00 PM	\$9.84	----	3.50	----
PAS	03/14/2016	1:30 PM	5:00 PM	\$9.84	----	3.50	----
PAS	03/15/2016	1:30 PM	5:00 PM	\$9.84	----	3.50	----
						38.50	0.00

**Payroll Check Information**

Check #: [REDACTED]	Medicare: \$9.27	Batch #: 2254
Date: 3/30/2016	FICA: \$39.66	Billing: \$725.95
Payee: [REDACTED]	SUTA: \$11.77	Type: Direct Deposit
Net: \$547.34	FUTA: \$3.84	
Gross: \$639.60	Work Comp: \$21.81	

Code	Work Date	Time In	Time Out	Reg Wage	OT Wage	Reg Hours	OT Hours
PAS	03/01/2016	8:00 AM	9:30 AM	\$9.84	----	3.50	----
PAS	03/02/2016	8:00 AM	9:30 AM	\$9.84	----	3.50	----
PAS	03/03/2016	8:00 AM	9:30 AM	\$9.84	----	3.50	----
PAS	03/04/2016	8:00 AM	9:30 AM	\$9.84	----	3.50	----
PAS	03/05/2016	2:00 PM	5:00 PM	\$9.84	----	3.00	----
PAS	03/05/2016	8:00 AM	9:30 AM	\$9.84	----	3.50	----
PAS	03/06/2016	2:00 PM	5:00 PM	\$9.84	----	3.00	----
PAS	03/06/2016	8:00 AM	9:30 AM	\$9.84	----	3.50	----
PAS	03/07/2016	8:00 AM	9:30 AM	\$9.84	----	3.50	----
PAS	03/08/2016	8:00 AM	9:30 AM	\$9.84	----	3.50	----
PAS	03/09/2016	8:00 AM	9:30 AM	\$9.84	----	3.50	----
PAS	03/10/2016	8:00 AM	9:30 AM	\$9.84	----	3.50	----
PAS	03/11/2016	8:00 AM	9:30 AM	\$9.84	----	3.50	----
PAS	03/12/2016	8:00 AM	9:30 AM	\$9.84	----	3.50	----
PAS	03/12/2016	2:00 PM	5:00 PM	\$9.84	----	3.00	----
PAS	03/13/2016	2:00 PM	5:30 PM	\$9.84	----	3.50	----
PAS	03/13/2016	8:00 AM	9:30 AM	\$9.84	----	3.50	----
PAS	03/14/2016	8:00 AM	9:30 AM	\$9.84	----	3.50	----
PAS	03/15/2016	8:00 AM	9:30 AM	\$9.84	----	3.50	----
						65.00	0.00

**Training & Certification**

Employee Name	Vehicle Insurance Expire Date
[REDACTED]	12/31/2050
[REDACTED]	12/31/2050

## Quarterly Demographic Report

Run Date: 03/28/2016

Date Range: 1/1/2016 thru 3/31/2016

Client	Employer	Area	Age	Gender
BRUNO, ANNE 1000 PINE ST MONROE, LA 70132	BRUNO, ANNE 1000 PINE ST MONROE, LA 70132	Reg 4 - Medical Resources & Guidance		35 Female
BRUNO, ANNE 1000 PINE ST MONROE, LA 70132	BRUNO, ANNE 1000 PINE ST MONROE, LA 70132	Reg 2 - Cadence of Acadiana, Inc		48 Female
BRUNO, ANNE 1000 PINE ST MONROE, LA 70132	BRUNO, ANNE 1000 PINE ST MONROE, LA 70132	Reg 2 - Volunteers of America	24	Female
BRUNO, ANNE 1000 PINE ST MONROE, LA 70132	BRUNO, ANNE 1000 PINE ST MONROE, LA 70132	Reg 9 - Easter Seals of LA		16 Female
BRUNO, ANNE 1000 PINE ST MONROE, LA 70132	BRUNO, ANNE 1000 PINE ST MONROE, LA 70132	Reg 4 - Medical Resources & Guidance		56 Female
BRUNO, ANNE 1000 PINE ST MONROE, LA 70132	BRUNO, ANNE 1000 PINE ST MONROE, LA 70132	Reg 8 - People Unlimited		23 Male
BRUNO, ANNE 1000 PINE ST MONROE, LA 70132	BRUNO, ANNE 1000 PINE ST MONROE, LA 70132	Reg 1 - ABC Case Management		51 Female
BRUNO, ANNE 1000 PINE ST MONROE, LA 70132	BRUNO, ANNE 1000 PINE ST MONROE, LA 70132	Reg 4 - Medical Resources & Guidance		47 Female
BRUNO, ANNE 1000 PINE ST MONROE, LA 70132	BRUNO, ANNE 1000 PINE ST MONROE, LA 70132	Reg 1 - Quality Support Coordination, Inc		48 Male



# Medicaid Billing Report

Batch #: 2255 to 2255  
Cost Center: All

## Billing Register Detail

### OCDD-CCW

Employee	Emp #	DOB	Client Name	Client #	Client Ref	Medicaid #	Batch #	Posting #	Hours	Unit Billing	Units	Unit Rate	Region	Pay Rate	Svc Date	Check #	Check Date	Svc Code	Taxes	Billing
		04/18/2007					2255	2082	4.00	\$66.00	4.00	\$14.00	Reg 5 - Medical F	\$12.3400	03/01/2016	35675031	03/30/2016	S5125	\$6.66	\$56.02
		04/18/2007					2255	2082	4.00	\$66.00	4.00	\$14.00	Reg 5 - Medical F	\$12.3400	03/02/2016	35675031	03/30/2016	S5125	\$6.66	\$56.02
		04/18/2007					2255	2082	1.00	\$14.00	1.00	\$14.00	Reg 5 - Medical F	\$12.3400	03/03/2016	35675031	03/30/2016	S5125	\$1.67	\$14.01
		04/18/2007					2255	2082	1.00	\$14.00	1.00	\$14.00	Reg 5 - Medical F	\$12.3400	03/04/2016	35675031	03/30/2016	S5125	\$1.67	\$14.01
		04/18/2007					2255	2082	4.00	\$66.00	4.00	\$14.00	Reg 5 - Medical F	\$12.3400	03/07/2016	35675031	03/30/2016	S5125	\$6.66	\$56.02
		04/18/2007					2255	2082	4.00	\$66.00	4.00	\$14.00	Reg 5 - Medical F	\$12.3400	03/08/2016	35675031	03/30/2016	S5125	\$6.66	\$56.02
		04/18/2007					2255	2082	4.00	\$66.00	4.00	\$14.00	Reg 5 - Medical F	\$12.3400	03/09/2016	35675031	03/30/2016	S5125	\$6.66	\$56.02
		04/18/2007					2255	2082	1.00	\$14.00	1.00	\$14.00	Reg 5 - Medical F	\$12.3400	03/10/2016	35675031	03/30/2016	S5125	\$1.67	\$14.01
		04/18/2007					2255	2082	3.50	\$49.00	3.50	\$14.00	Reg 5 - Medical F	\$12.3400	03/11/2016	35675031	03/30/2016	S5125	\$5.83	\$49.02
		04/18/2007					2255	2082	5.50	\$77.00	5.50	\$14.00	Reg 5 - Medical F	\$12.3400	03/12/2016	35675031	03/30/2016	S5125	\$9.16	\$77.03
		04/18/2007					2255	2082	4.00	\$66.00	4.00	\$14.00	Reg 5 - Medical F	\$12.3400	03/14/2016	35675031	03/30/2016	S5125	\$6.66	\$56.02
		04/18/2007					2255	2082	4.00	\$66.00	4.00	\$14.00	Reg 5 - Medical F	\$12.3400	03/15/2016	35675031	03/30/2016	S5125	\$6.66	\$56.02
Client Totals									40.00	\$560.00	40.00								\$66.63	\$560.23

Employee	Emp #	DOB	Client Name	Client #	Client Ref	Medicaid #	Batch #	Posting #	Hours	Unit Billing	Units	Unit Rate	Region	Pay Rate	Svc Date	Check #	Check Date	Svc Code	Taxes	Billing
		10/11/2003					2255	2082	7.00	\$88.00	7.00	\$14.00	Reg 0 - Easter Se	\$10.0700	12/16/2015	35674996	03/30/2016	S5125	\$9.48	\$79.53
		10/11/2003					2255	2082	4.25	\$59.50	4.25	\$14.00	Reg 0 - Easter Se	\$10.0700	12/17/2015	35675036	03/30/2016	S5125	\$5.74	\$48.29
		10/11/2003					2255	2082	2.75	\$38.50	2.75	\$14.00	Reg 0 - Easter Se	\$10.0700	12/17/2015	35674996	03/30/2016	S5125	\$3.72	\$31.24
		10/11/2003					2255	2082	1.50	\$21.00	1.50	\$14.00	Reg 0 - Easter Se	\$10.0700	12/18/2015	35674996	03/30/2016	S5125	\$2.03	\$17.04
		10/11/2003					2255	2082	2.75	\$38.50	2.75	\$14.00	Reg 0 - Easter Se	\$10.0700	03/01/2016	35674996	03/30/2016	S5125	\$3.74	\$31.43
		10/11/2003					2255	2082	5.25	\$73.50	5.25	\$14.00	Reg 0 - Easter Se	\$10.0700	03/02/2016	35674996	03/30/2016	S5125	\$7.14	\$60.00
		10/11/2003					2255	2082	2.75	\$38.50	2.75	\$14.00	Reg 0 - Easter Se	\$10.0700	03/03/2016	35674996	03/30/2016	S5125	\$3.74	\$31.43
		10/11/2003					2255	2082	8.00	\$112.00	8.00	\$14.00	Reg 0 - Easter Se	\$10.0700	03/04/2016	35674996	03/30/2016	S5125	\$10.88	\$91.44
		10/11/2003					2255	2082	4.50	\$63.00	4.50	\$14.00	Reg 0 - Easter Se	\$10.0700	03/07/2016	35674996	03/30/2016	S5125	\$6.12	\$51.43
		10/11/2003					2255	2082	2.75	\$38.50	2.75	\$14.00	Reg 0 - Easter Se	\$10.0700	03/08/2016	35674996	03/30/2016	S5125	\$3.74	\$31.43
		10/11/2003					2255	2082	4.50	\$63.00	4.50	\$14.00	Reg 0 - Easter Se	\$10.0700	03/09/2016	35674996	03/30/2016	S5125	\$6.12	\$51.43
		10/11/2003					2255	2082	2.75	\$38.50	2.75	\$14.00	Reg 0 - Easter Se	\$10.0700	03/10/2016	35674996	03/30/2016	S5125	\$3.74	\$31.43
		10/11/2003					2255	2082	8.25	\$115.50	8.25	\$14.00	Reg 0 - Easter Se	\$10.0700	03/14/2016	35674996	03/30/2016	S5125	\$11.22	\$94.29
		10/11/2003					2255	2082	2.75	\$38.50	2.75	\$14.00	Reg 0 - Easter Se	\$10.0700	03/15/2016	35674996	03/30/2016	S5125	\$3.74	\$31.43
Client Totals									59.75	\$836.50	59.75								\$81.10	\$681.86



## Expenditure Report

### Expenditure Report - Jan 2015 to Dec 2015

#### Expenditure by Employee

Participant: Klient, Joe

Employees: 3

Employee Name	Expenditures	Background Checks	Background Check Cost	Service Start Date	Service End Date	Total Units Billed	Total Billed
Werker, Robert	\$ 12,724.13	1	\$ 52.50	1/1/2015	12/31/2015	987	\$ 12,776.63
Trabajador, Linda	\$ 6,484.54	0	\$ -	2/11/2015	11/30/2015	503	\$ 6,484.54
Staffer, Francis	\$ 4,924.64	1	\$ 52.50	1/7/2015	7/27/2015	382	\$ 4,977.14
<b>Totals</b>	<b>\$ 24,133.30</b>	<b>2</b>	<b>\$ 105.00</b>			<b>1872</b>	<b>\$ 24,238.30</b>

#### Expenditure by Employee

Participant: Klient, Janet

Employees: 2

Employee Name	Expenditures	Background Checks	Background Check Cost	Service Start Date	Service End Date	Total Units Billed	Total Billed
Amloy, James	\$ 12,943.29	1	\$ 52.50	2/1/2015	12/31/2015	1004	\$ 12,995.79
Trabajador, Jackson	\$ 5,427.41	0	\$ -	1/16/2015	12/31/2015	421	\$ 5,427.41
<b>Totals</b>	<b>\$ 18,370.70</b>	<b>1</b>	<b>\$ 52.50</b>			<b>1425</b>	<b>\$ 18,423.20</b>

## Trend Analysis Report

<b>Trend Analysis by Program</b>		
<b>Program</b>	<b>% Allotment Utilization</b>	<b>Program Costs</b>
OCDD-CCW	74%	\$ 157,896.32
OAAS-CCW	86%	\$ 250,891.63
ROW	79%	\$ 123,451.92
SDS Option	90%	\$ 450,191.23
<b>Avg. Utilization</b>	<b>82%</b>	
<b>Total Program Costs</b>		<b>\$ 982,431.10</b>

## Participant/Responsible Representative Satisfaction Survey

### 2015 LA Employer Annual Satisfaction Survey

Welcome! Thank you for taking time to participate in our annual survey.

**1. I am an employer in the \_\_\_\_\_ program.**

- NOW  ROW  OAAS-CCW - Community Choices  OCDD-CCW - Children's Choice

**2. Whenever I contact Acumen, I am provided with a timely response to my inquiry.**

- Strongly Agree  Agree  Disagree  Strongly Disagree

**3. The service(s) I receive from Acumen meet or exceed my expectations.**

- Strongly Agree  Agree  Disagree  Strongly Disagree

**4. Whenever I contact Acumen, I am treated respectfully.**

- Strongly Agree  Agree  Disagree  Strongly Disagree

If you responded "Disagree" or "Strongly Disagree," please share any details.

**5. Compared with other customer service experiences, my interactions with Acumen's staff have been \_\_\_\_ my interactions with other companies I have worked with in the past.**

- better than  the same as  worse than

**6. I would recommend Acumen's services to a friend or colleague.**

- Yes  No

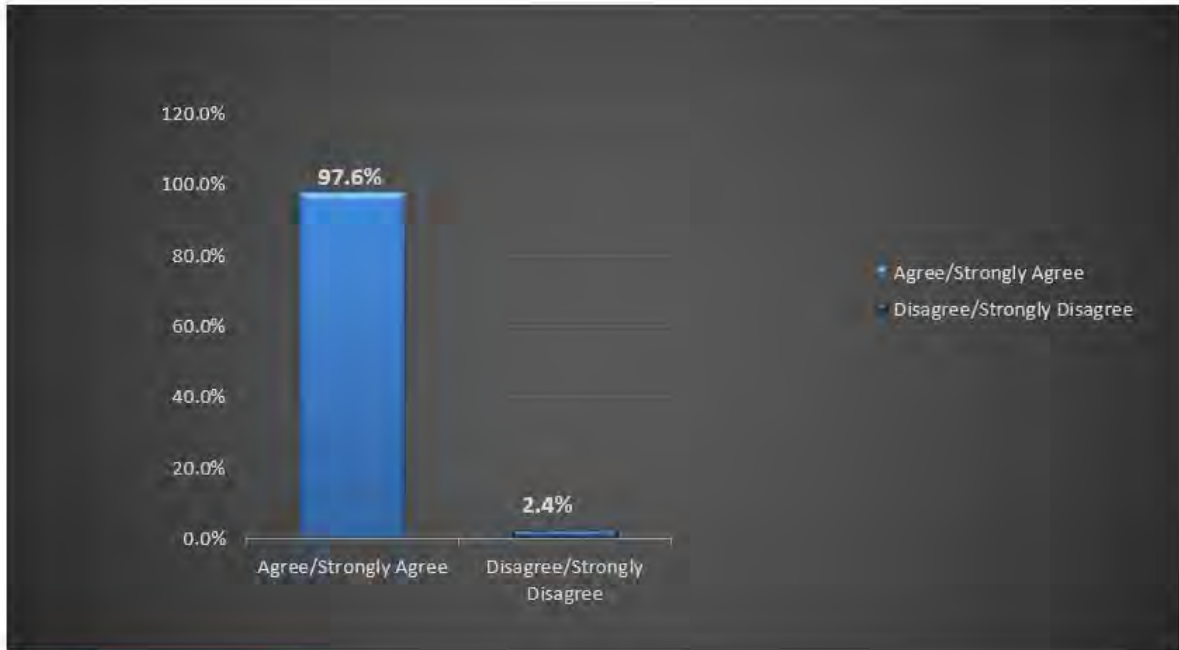
**7. I would like to see Acumen offer these additional services in the future (please list suggestions):**

**8. One reason I am happy to work with Acumen is:**

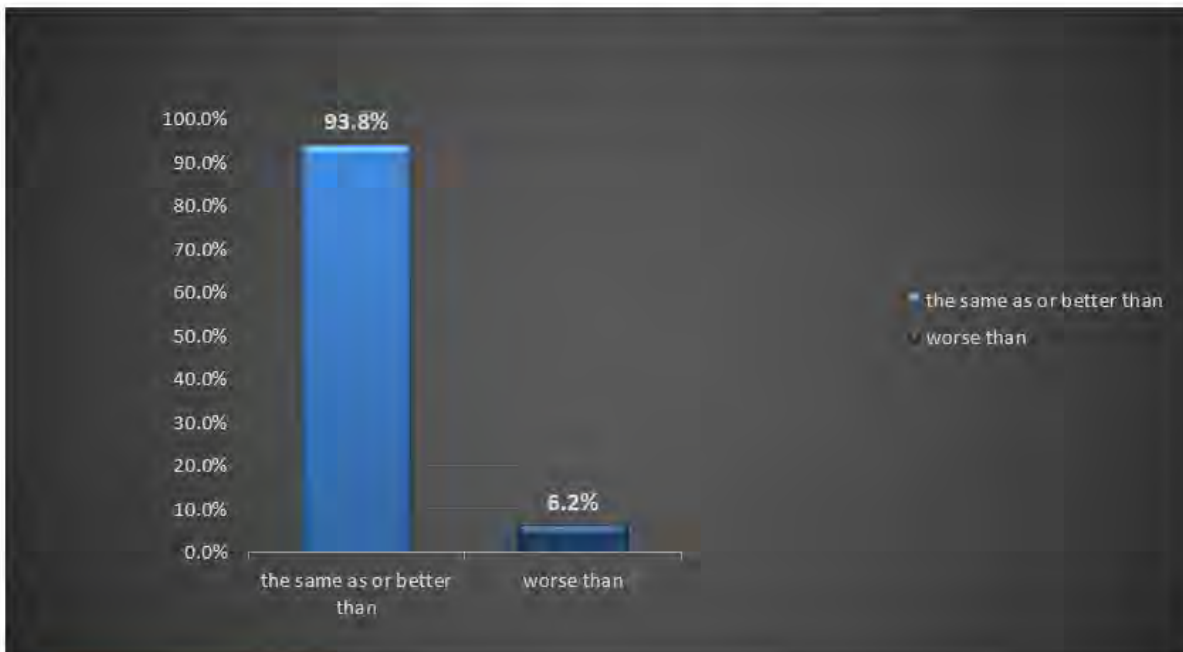
**9. One thing Acumen could do to improve their services is:**

**10. If you would like to add any further information to expand upon your responses or add any additional comments, please enter them here.**

Whenever I contact Acumen I am treated respectfully.



Compared with other customer service experiences, my interactions with Acumen's staff have been \_\_\_my interactions with other companies I have worked with in the past.



## Punch Entries Report

Punch ID	Date of Service	Account Type	Employee Name	Employee Number	Client/Program Name	Account Reference	Cost Center	Service Code	Start Date	End Date	Amount	Client Sign-off	Status
2619	02/11/2016	Hourly	██████	121	██████	ClientNumber 123	EM-200	149 Job Coaching	02/11/2016 10:00:00 AM	02/11/2016 02:00:00 PM	4.00	No	Pending
2597	01/26/2016	Hourly	██████	ATBG	██████	ClientNumber 123	EM-200	054 Discovery COMPLETE	01/26/2016 01:28:00 PM	01/26/2016 01:29:00 PM	0.02		Approved
2596	01/12/2016	Hourly	██████	ATBG	██████	ClientNumber 123	EM-200	Discovery TRACKING	01/12/2016 04:24:00 PM	01/12/2016 06:24:00 PM	2.00		Pending
2594	01/01/2016	Hourly	██████	ATBG	██████	ClientNumber 123	EM-200	149 Job Coaching	01/01/2016 03:00:00 PM	01/01/2016 05:00:00 PM	2.00	No	Approved
2592	01/25/2016	Hourly	██████	ATBG	██████	ClientNumber 123	EM-200	054 Discovery COMPLETE	01/25/2016 10:21:00 AM	01/25/2016 10:22:00 AM	0.02		Approved
2591	01/24/2016	Hourly	██████	ATBG	██████	ClientNumber 123	EM-200	Discovery TRACKING	01/24/2016 02:19:00 PM	01/24/2016 04:19:00 PM	2.00		Pending
1155	11/12/2015	Hourly	██████	124	██████	104	AZ-151	S5125	11/12/2015 12:00:00 AM	11/12/2015 12:10:00 AM	0.17	No	Pending
1154	11/12/2015	Hourly	██████	124	██████	104	AZ-151	S5125	11/12/2015 12:00:00 AM	11/12/2015 12:50:00 AM	0.08	No	Rejected
1110	11/11/2015	Hourly	██████	124	██████	104	AZ-151	S5125	11/11/2015 12:16:00 AM	11/11/2015 01:16:00 AM	1.00	No	Pending
1063	11/09/2015	Hourly	██████	124	██████	104	AZ-151	S5125	11/09/2015 06:20:00 AM	11/09/2015 10:7:00 AM	4.08	No	Pending
1062	11/09/2015	Hourly	██████	124	██████	104	AZ-151	S5125	11/09/2015 06:20:00 AM	11/09/2015 07:8:00 AM	1.10	No	Rejected
1061	11/09/2015	Hourly	██████	124	██████	104	AZ-151	S5151	11/09/2015 11:30:00 AM	11/09/2015 12:00:00 PM	0.50	No	Pending
1060	11/09/2015	Hourly	██████	124	██████	104	AZ-151	S5151	11/09/2015	11/09/2015	1.00	No	Rejected



## Punch Entries Details Report

Punch ID	Reference Punch ID	Date of Service	Account Type	Employee Name	Employee Number	Client/Program Name	Account Reference	Cost Center	Service Code	Start Date	End Date	Amount	Billable Amount	Client Sign-off	Status	Created By	Created Date	Approved/Rejected By	Approved/Rejected Date	IP Address
2619		02/11/2016	Hourly	[REDACTED]	121	[REDACTED]	ClientNumber123	EM-200	149 Job Coaching	02/11/2016 10:00:00 AM	02/11/2016 02:00:00 PM	4.00		No	Pending	[REDACTED]	02/12/2016 10:54:08 AM			[REDACTED]
2597		01/26/2016	Hourly	[REDACTED]	ATBG	[REDACTED]	ClientNumber123	EM-200	054 Discovery COMPL ETE	01/26/2016 01:28:00 PM	01/26/2016 01:29:00 PM	0.02	0.00		Approved	[REDACTED]	01/26/2016 02:28:38 PM	[REDACTED]	01/26/2016 02:29:20 PM	[REDACTED]
2596		01/12/2016	Hourly	[REDACTED]	ATBG	[REDACTED]	ClientNumber123	EM-200	Discovery TRACKING	01/12/2016 04:24:00 PM	01/12/2016 06:24:00 PM	2.00			Pending	[REDACTED]	01/26/2016 02:26:51 PM			[REDACTED]
2594		01/01/2016	Hourly	[REDACTED]	ATBG	[REDACTED]	ClientNumber123	EM-200	149 Job Coaching	01/01/2016 03:00:00 PM	01/01/2016 05:00:00 PM	2.00	2.00	No	Approved	[REDACTED]	01/26/2016 01:57:36 PM	[REDACTED]	01/26/2016 01:57:55 PM	[REDACTED]
2592		01/25/2016	Hourly	[REDACTED]	ATBG	[REDACTED]	ClientNumber123	EM-200	054 Discovery COMPL ETE	01/25/2016 10:21:00 AM	01/25/2016 10:22:00 AM	0.02	1.00		Approved	[REDACTED]	01/25/2016 12:23:08 PM	[REDACTED]	01/26/2016 01:56:43 PM	[REDACTED]
2591		01/24/2016	Hourly	[REDACTED]	ATBG	[REDACTED]	ClientNumber123	EM-200	Discovery TRACKING	01/24/2016 02:19:00 PM	01/24/2016 04:19:00 PM	2.00			Pending	[REDACTED]	01/25/2016 12:20:28 PM			[REDACTED]



## Punch Entries Note Report

Punch ID	2255
Date of Service	12/04/2015
Account Type	Administration
Employee Name	██████████
Employee Number	ATBG
Client/ Program Name	
Cost Center	00-000
Service Code	
Start Date	12/04/2015 09:30:00 AM
End Date	12/04/2015 11:30:00 AM
Statements	1:-Test was uploaded
Canned Statements	

## Authorization Entries Report

Authori- zation ID	Client Name	Service Code	Cost Center	Region	Start Date	End Date	Expirati- on Date	Initial Balanc- e	Remain- ing Balanc- e	Billing Rate	Monthl y Max	Weekly Max	Daily Max	Maximu- m Daily Billable units	Daily Rate	Billing Unit	Non Billable	Status	Created By	Created Date	Approv- ed/ Rejecte- d By	Approv- ed/ Rejecte- d Date
2563	█	149 Job Coaching	EM-200	Marion County DDS	01/01/2 016	06/30/2 016	06/30/2 016	60.00	58.00	66.37	60.00	60.00	60.00			Hourly	No	Approve- d	█	01/25/2 016 11:11:3 0 AM	█	01/25/2 016 11:11:3 5 AM
2578	█	054 Discovery COMPL ETE	EM-200	Marion County DDS	01/01/2 016	12/31/2 016	12/31/2 016	2.00	1.00	1680.00	1.00	1.00	1.00			Monthly	No	Approve- d	█	01/25/2 016 11:11:12 AM	█	01/25/2 016 11:29:4 8 AM
2577	█	Discovery TRACKI NG	EM-200	Marion County DDS	01/01/2 016	03/31/2 016	12/31/2 016	40.00	40.00	0.00	40.00	40.00	40.00			Hourly	Yes	Approve- d	█	01/25/2 016 10:59:3 6 AM	█	01/25/2 016 11:29:4 9 AM
11	█	SS151	AZ-151		01/01/2 015	12/31/2 020	12/31/2 020	5.00	5.00	0.00	5.00	5.00	5.00			Hourly	No	Approve- d	█	10/22/2 015 06:45:5 9 AM	█	10/22/2 015 07:19:2 0 AM
10	█	SS125	AZ-151		01/01/2 015	12/31/2 020	12/31/2 020	5.00	5.00	0.00	5.00	5.00	5.00			Hourly	No	Approve- d	█	10/22/2 015 06:45:5 9 AM	█	10/22/2 015 07:19:2 3 AM

## Authorization Transactions report

Authorization ID	Client Name	Service Code	Cost Center	Entry ID	Account Type	Employee/ Residential/ Day program Name	Date of Service	Amount
2578	██████	054 Discovery COMPLETE	EM-200	2592	Hourly	██████	01/25/2016	0.02
2578	██████	054 Discovery COMPLETE	EM-200	2597	Hourly	██████	01/26/2016	0.02
2583	██████	149 Job Coaching	EM-200	2594	Hourly	██████	01/01/2016	2.00

## Authorization Run Rate Report

Authorization ID	Client Name	Service Code	Cost Center	Start Date	End Date	Initial Balance	Remaining Balance	Projected Weekly Run Rate	Current Weekly Run Rate	Projected # of Weeks Till Zero	Determined Status
2583	██████	149 Job Coaching	EM-200	01/01/2016	06/30/2016	60.00	58.00	2.31	0.16	362.50	Under Providing
2578	██████	054 Discovery COMPLETE	EM-200	01/01/2016	12/31/2016	2.00	1.00	0.04	0.08	12.50	Over Providing
2577	██████	Discovery TRACKING	EM-200	01/01/2016	03/31/2016	40.00	40.00	3.08	0.00	0.00	Under Providing
11	██████	S5151	AZ-151	01/01/2015	12/31/2020	5.00	5.00	0.02	0.00	0.00	Under Providing
10	██████	S5125	AZ-151	01/01/2015	12/31/2020	5.00	5.00	0.02	0.00	0.00	Under Providing

## Expiring Authorization Report

Authorization ID	Client Name	Service Code	Cost Center	Start Date	End Date	Initial Balance	Remaining Balance
2577		Discovery TRACKING	EM-200	01/01/2016	03/31/2016	40.00	40.00

## Accounts Report

Account ID	Client First Name	Client Last Name	Client ID	Account Reference	Cost Center	Cost Center ID	Service Code	Service Code ID	Unit	Balance	Start Date	End Date	Staff Ratio	Region	Case Worker	Status
1064	█	█	104	ClientNumber123	EM-200	202	149 Job Coaching	64	Hourly	0.00				Marion County DDS		Active
1058	█	█	104	ClientNumber123	EM-200	202	054 Discovery COMPLETE	63	Monthly	-1.00				Marion County DDS		Active
1057	█	█	104	ClientNumber123	EM-200	202	Discovery TRACKING	62	Hourly	0.00				Marion County DDS		Active
559	█	█	104	104	AZ-151	27	S5151	34	Hourly	0.00						Active
554	█	█	104	104	AZ-151	27	S5125	33	Hourly	0.00						Active



## Participants Report

Profile ID	First Name	Last Name	Client ID	Email	Address	City	State	Zip Code	Phone	DOB	Cost Center	Cost Center ID	Client Code	Medicaid Number	Region	Status
170	[REDACTED]	[REDACTED]	098	[REDACTED]	1234 ABC St	Somewhere	OR	97330	(555) 555-5555	01/18/1999	OR-401	113				Active
164	[REDACTED]	[REDACTED]	321654321	[REDACTED]	555 Test St	Mesa	AZ	85555	(555) 555-5555	03/15/1990	00-000	1				Active
163	[REDACTED]	[REDACTED]	312654987	[REDACTED]	555 Test St	Mesa	AZ	85206	(555) 555-5555	03/07/1997	00-000	1				Active
162	[REDACTED]	[REDACTED]	9874521	[REDACTED]	555 Test St	Mesa	AZ	85206	(555) 555-5555	04/13/1996	00-000	1				Active
159	[REDACTED]	[REDACTED]	987321	[REDACTED]	555 Test St	Mesa	AZ	85203	(555) 555-5555	09/08/1995	00-000	1				Active
158	[REDACTED]	[REDACTED]	654654	[REDACTED]	555 Test St	Mesa	AZ	85206	(555) 555-5555	01/01/1990	00-000	1				Discharged
148	[REDACTED]	[REDACTED]	A88585206	[REDACTED]	12 N Need Real Address	Mesa	AZ	85206	(480) 999-9999	01/01/1990	AZ-035	8	CLO567	AZ45793	Mesa	Active
90	[REDACTED]	[REDACTED]	100200300	[REDACTED]	555 Death Star Lane	Somewhere	OR	55555	(555) 555-5555	01/01/1967	OR-206	108				Active
80	[REDACTED]	[REDACTED]	121	[REDACTED]	1234 ABC Street	Somewhere	UT	84123	(555) 555-5555	10/10/1990	UT-790	198				Active
79	[REDACTED]	[REDACTED]	122	[REDACTED]	1234 ABC	Somewhere	UT	84123	(555) 555-	10/10/1990	UT-790	198				Active

## Workers Report

Profile ID	First Name	Last Name	Employee Number	Email	Address	City	State	Zip Code	Time Zone	DOB	Cost Center	Cost Center ID	Type	Holiday Schedule	Username	Status
177					2345 E. Main St	Mesa	AZ	86205	MT (UTC-07)	05/23/1967	AZ-023	7	Hourly Non Exempt	Default Holiday Schedule		Pending
175					4542 E Inverness Ave # 206	Mesa	AZ	85206	MT (UTC-07)	01/01/1990	AZ-005	2	Hourly Non Exempt	Default Holiday Schedule		Pending
174					123 ABC St	Somewhere	OR	97301	PT (UTC-8)	01/01/1987	00-000	1	Hourly Non Exempt	Default Holiday Schedule		Active
173					1234 ABC St	Somewhere	OR	97330	PT (UTC-8)	01/01/1981	00-000	1	Hourly Non Exempt	Default Holiday Schedule		Terminated
169					279 west 650 north	Clearfield	UT	84015	MT (UTC-07)	08/28/1989	UT-343	153	Hourly Non Exempt	Default Holiday Schedule		Pending
167			ABAB		123 ABC St	Somewhere	OR	97330	PT (UTC-8)	10/10/1990	00-000	1	Hourly Non Exempt	Default Holiday Schedule		Terminated
166					P.O. Box 717	Many Farms	AZ	86538	MT (UTC-07)	01/23/1997	AZ-351	37	Hourly Non Exempt	Default Holiday Schedule		Pending
165					P.O. Box 182	Rock Point	AZ	86545	MT (UTC-07)	10/28/1956	AZ-351	37	Hourly Non Exempt	Default Holiday Schedule		Pending
161					Address Line 1	City	AK	12345	AKST (UTC-09)	10/10/1981	OR-130	92	Hourly Non Exempt	Default Holiday		Registered

## Case Worker Report

Id	Name	Email	Address	City	State	Zip Code	Time Zone	Phone	Cost Center	Username	Created Date	Status
6361	Ryan Blaine	ryan@blaine.com	1234 N 1000 W	Salt Lake City	UT	84116	MT (UTC-07)	(801) 555-1234	8000000000000000	ryan.blaine	24-Mar-2016	Active
6359	Stephanie Larson	stephanie@larson.com	5678 S 2000 W	South Jordan	UT	84095	MT (UTC-07)	(801) 555-5678	8000000000000000	stephanie.larson	24-Mar-2016	Active
6325	Paul Carlson	paule@carlson.com	9012 W 3000 S	Ogden	UT	84401	MT (UTC-07)	(801) 555-9012	8000000000000000	paule.carlson	21-Mar-2016	Active
6318	Emily Jensen	emily@jensen.com	3456 E 4000 N	Clearfield	UT	84015	MT (UTC-07)	(801) 555-3456	8000000000000000	emily.jensen	18-Mar-2016	Active
6310	Lyndee Green	lyndee@green.com	7890 W 5000 S	Taylorsville	UT	84129	MT (UTC-07)	(801) 555-7890	8000000000000000	lyndee.green	17-Mar-2016	Active
6254	John Carter	john@carter.com	1122 N 6000 W	Provo	UT	84606	MT (UTC-07)	(801) 555-1122	8000000000000000	john.carter	9-Mar-2016	Active
6248	Erin Gonsky	erin@gonsky.com	3344 S 7000 W	SLC	UT	84116	MT (UTC-07)	(801) 555-3344	8000000000000000	erin.gonsky	9-Mar-2016	Active
6246	Chris Smith	chris@smith.com	5566 E 8000 N	SLC	UT	84101	MT (UTC-07)	(801) 555-5566	8000000000000000	chris.smith	9-Mar-2016	Active
6212	Freddie Miller	freddie@miller.com	7788 W 9000 S	West Valley City	UT	84120	MT (UTC-07)	(801) 555-7788	8000000000000000	freddie.miller	2-Mar-2016	Active
6127	Michelle Reynolds	michelle@reynolds.com	9900 N 1000 W	South Jordan	UT	84095	MT (UTC-07)	(801) 555-9900	8000000000000000	michelle.reynolds	19-Feb-2016	Active

### Current Week Hours Summary Report [Overtime Management Report]

Current Week—Hours Summary Report

12/06/2015—12/12/2015

<b>Employees</b>	<b>Approved Hours</b>	<b>Pending Hours</b>	<b>Hours Left</b>	<b>OT Hours</b>
Test, EmployeeA	20	10	10	—
Test, EmployeeB	15	15	10	—
Test, EmployeeC	20	25	0	5

## Punch Entry Overtime Report

Employee Name	Employee Number	Cost Center Code	Total Hours Worked
[REDACTED]	ATBG	00-000	53.25

## Punch Entry Over Authorization Report

Punch ID	Date of Service	Account Type	Employee Name	Employee Number	Client Name	Service Code	Start Date	End Date	Amount	Status
1499223	03/26/2016	Hourly	████████	ABMJ	████████	RP2 DAILY	03/26/2016 10:30:00 AM	03/26/2016 06:00:00 PM	7.50	Approved
1496758	03/25/2016	Hourly	████████	AFXW	████████	RSP-S5150	03/25/2016 10:00:00 AM	03/25/2016 03:00:00 PM	5.00	Pending
1494123	03/24/2016	Hourly	████████	AFPS	████████	Job Retention TRACKING	03/24/2016 07:00:00 AM	03/24/2016 07:15:00 AM	0.25	Approved
1493003	03/23/2016	Hourly	████████	AGSG	████████	PCE TRACKING	03/23/2016 09:30:00 AM	03/23/2016 01:30:00 PM	4.00	Approved
1492773	03/24/2016	Hourly	████████	ACRE	████████	CSE	03/24/2016 10:15:00 AM	03/24/2016 10:45:00 AM	0.50	Pending
1492622	03/23/2016	Hourly	████████	AB0J	████████	SEI	03/23/2016 03:00:00 PM	03/23/2016 04:30:00 PM	1.50	Pending
1491227	03/23/2016	Hourly	████████	ABMJ	████████	RP2 DAILY	03/23/2016 06:00:00 AM	03/23/2016 07:20:00 AM	1.33	Rejected
1491119	03/20/2016	Hourly	████████	ABMJ	████████	RP2 DAILY	03/20/2016 10:00:00 AM	03/20/2016 06:00:00 PM	8.00	Approved
1489374	03/22/2016	Hourly	████████	AGIX	████████	RP2 HOURLY	03/22/2016 09:00:00 AM	03/22/2016 02:00:00 PM	5.00	Approved
1489131	03/23/2016	Hourly	████████	ACRE	████████	CSE	03/23/2016 01:30:00 PM	03/23/2016 02:00:00 PM	0.50	Pending
1489113	03/23/2016	Hourly	████████	ACRE	████████	CSE	03/23/2016 12:00:00 PM	03/23/2016 12:15:00 PM	0.25	Pending
1489023	03/22/2016	Hourly	████████	ACRE	████████	CSE	03/22/2016 01:00:00 PM	03/22/2016 01:15:00 PM	0.25	Pending
1486665	03/22/2016	Hourly	████████	AFPS	████████	Pre-Placement TRACKING	03/22/2016 10:00:00 AM	03/22/2016 12:30:00 PM	2.50	Approved



## Late Punch Entry Report

Punch ID	Date of Service	Account Type	Employee Name	Employee Number	Client/ Residential/ Day program Name	Service Code	Start Date	End Date	Amount	Status	Created By	Created Date
2625	02/09/2016	Hourly	██████	ATBG	██████	054 Discovery COMPLETE	02/09/2016 02:00 AM	02/09/2016 11:45:00 PM	21.75	Unverified	██████	03/29/2016
2624	02/08/2016	Hourly	██████	ATBG	██████	054 Discovery COMPLETE	02/08/2016 02:00 AM	02/08/2016 11:45:00 AM	9.75	Unverified	██████	03/29/2016
2623	02/07/2016	Hourly	██████	ATBG	██████	054 Discovery COMPLETE	02/07/2016 02:00 AM	02/07/2016 11:45:00 PM	21.75	Unverified	██████	03/29/2016
2621	02/01/2016	Hourly	██████	121	██████	VR Job Placement	02/01/2016 01:00 PM	02/01/2016 03:00 PM	2.00	Pending	██████	02/12/2016

## Participant Bypassed Punch Entry Report

Punch ID	Date of Service	Account Type	Employee Name	Employee Number	Client Name	Cost Center Code	Service Code	Start Date	End Date	Amount	Status	Supervisor Name
2387	12/29/2015	Hourly	██████	124	██████	██████	RSP	12/29/2015 07:00:00 AM	12/29/2015 08:00:00 AM	1.00	Approved	██████
2329	12/17/2015	Hourly	██████	101	██████	██████	151 Chd Att Care	12/17/2015 02:54:00 PM	12/17/2015 06:54:00 PM	4.00	Processed	██████
2328	12/09/2015	Hourly	██████	101	██████	██████	151 Chd Att Care	12/09/2015 06:00:00 PM	12/09/2015 08:00:00 PM	2.00	Processed	██████
2287	12/04/2015	Hourly	██████	106	██████	██████	151 Chd Att Care	12/04/2015 12:00:00 AM	12/04/2015 12:00:00 PM	12.00	Approved	██████
1387	12/01/2015	Hourly	██████	121	██████	██████	151 Chd Att Care	12/01/2015 01:31:00 PM	12/01/2015 01:49:00 PM	0.30	Approved	██████

## Payroll Batch Details Report

Batch ID	Employee Number	Employee Last Name	Employee First Name	Account Type	CostCenter Code	Entry Type	Entry ID	RefEntry ID	Service Date	PayType	PayRate	PayUnits
17	ATBG	████	████	Administration	00-000	Payroll	2474	2253	12/04/2015	Regular Time	0.00	-2.00
17	121	████	████	Training	00-000	Payroll	2473	831	11/03/2015	Regular Time	0.00	-1.00
17	127	████	████	Training	00-000	Payroll	2472	649	11/02/2015	Regular Time	0.00	-1.00
17	127	████	████	Administration	00-000	Payroll	2471	895	11/01/2015	Regular Time	10.00	-1.00
17	121	████	████	Vacation	00-000	Payroll	2470	675	10/30/2015	Vacation	10.00	-9.00
17	124	████	████	Training	00-000	Payroll	2469	582	10/29/2015	Regular Time	0.00	-0.90
17	143	████	████	Hourly	00-000	Payroll	2468	572	10/28/2015	Regular Time	0.00	-8.00
17	141	████	████	Training	00-000	Payroll	2467	574	10/28/2015	Regular Time	0.00	-11.83
17	138	████	████	Hourly	00-000	Payroll	2466	412	10/27/2015	Regular Time	0.00	-11.00
17	127	████	████	Training	00-000	Payroll	2465	280	10/26/2015	Regular Time	0.00	-0.17

## Total Hours by Month Report

Employee Number	First Name	Last Name	02/2016	03/2016
ATBG	████	████	53.25	0
121	████	██	21.00	0

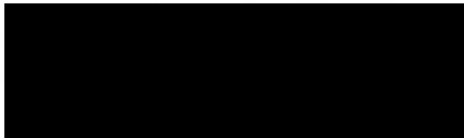
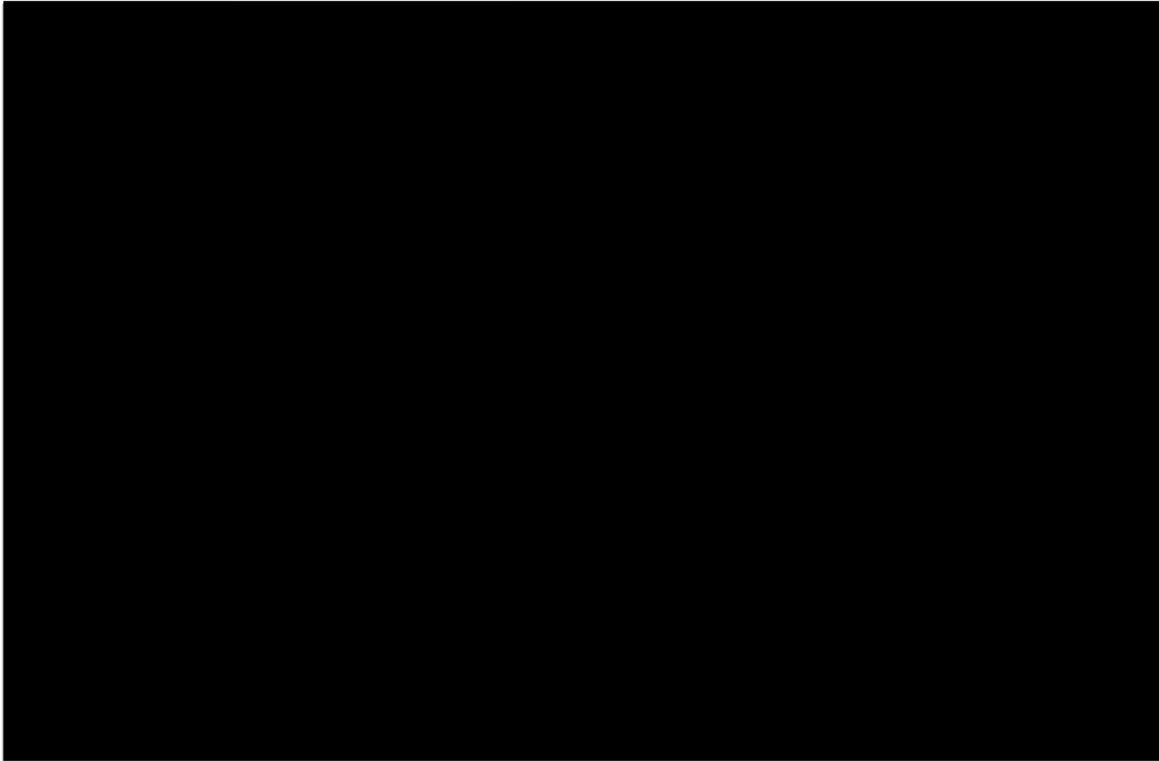
## Billing Register Report

Batch ID	Account Reference	Entry Reference	Case Worker Name	Region Name	Client Last Name	Client First Name	CostCenter Code	RollupID	Service Date	BillCode	BillUnits	BillRate	NetAmount
36	131				████	████	████	138	11/20/2015	SLN	1.00	0.00	0.00
36					████	████	████	137	11/19/2015	ELS	-6.00	25.00	-150.00
36					████	████	████	136	11/19/2015	ELS	16.00	25.00	400.00
36	128				████	████	████	135	11/30/2015	OR526	2.25	0.00	0.00
36	128				████	████	████	134	11/07/2015	OR526	3.00	0.00	0.00
36	139				████	█	████	133	11/02/2015	RSP	4.50	0.00	0.00
36	139				████	█	████	132	11/02/2015	RSP	4.50	0.00	0.00
36	████				████	████	████	131	11/02/2015	OR570	0.25	80.00	20.00
36	121				████	████	████	130	11/03/2015	BC1	8.00	0.00	0.00
36	117				████	████	████	129	11/05/2015	BC2	8.75	0.00	0.00
36	130				████	████	████	128	10/30/2015	S5125	4.00	0.00	0.00
36	126				████	████	████	127	11/03/2015	ATC	5.75	27.28	156.86
36	126				████	████	████	126	10/30/2015	ATC	3.00	27.28	81.84
36	118				████	████	████	125	10/28/2015	BC1	1.00	0.00	0.00
36	129				████	████	████	124	10/28/2015	OR526	8.00	0.00	0.00
36	135				████	████	████	123	10/27/2015	SLN	11.00	0.00	0.00
36	139				████	█	████	122	10/23/2015	DTA	0.00	0.00	0.00
36	139				████	█	████	121	10/23/2015	DTA	0.00	0.00	0.00
36	139				████	█	████	120	10/23/2015	DTA	0.00	0.00	0.00
36	113				████	████	████	119	11/20/2015	OR526	1.00	27.28	27.28
36	113				████	████	████	118	11/20/2015	OR526	-1.00	27.28	-27.28
36	113				████	████	████	117	11/13/2015	OR526	1.00	27.28	27.28
36	113				████	████	████	116	11/12/2015	OR526	1.75	27.28	47.74





**I. POLICY FOR PROTECTION OF PHI (HIPAA OVERSIGHT POLICY)**











































































































































































































**J. SAMPLE TRAINING SCHEDULE & DCI TRAINING CURRICULUM**

Training Type	Date	Time	Location	Facilitator	Anticipated Attendees
DCI - Participants	9/19/2017	10:00 AM	TBD	Acumen Training Team	12
DCI - Participants	9/19/2017	1:00 PM	TBD	Acumen Training Team	16
DCI - Participants	9/19/2017	10:00 AM	TBD	Acumen Training Team	20
DCI - Participants	9/19/2017	1:00 PM	TBD	Acumen Training Team	22
DCI - Participants	9/19/2017	10:00 AM	TBD	Acumen Training Team	12
DCI - Participants	9/19/2017	1:00 PM	TBD	Acumen Training Team	14
DCI - Participants	9/19/2017	10:00 AM	TBD	Acumen Training Team	15
DCI - Participants	9/19/2017	1:00 PM	TBD	Acumen Training Team	17
DCI - Participants	9/19/2017	10:00 AM	TBD	Acumen Training Team	10
DCI - Participants	9/19/2017	1:00 PM	TBD	Acumen Training Team	11
DCI - Participants	9/19/2017	10:00 AM	TBD	Acumen Training Team	8
DCI - Participants	9/19/2017	1:00 PM	TBD	Acumen Training Team	8
DCI - EMPLOYEES	9/19/2017	10:00 AM	TBD	Acumen Training Team	18
DCI - EMPLOYEES	9/19/2017	1:00 PM	TBD	Acumen Training Team	20
DCI - EMPLOYEES	9/19/2017	10:00 AM	TBD	Acumen Training Team	22
DCI - EMPLOYEES	9/19/2017	1:00 PM	TBD	Acumen Training Team	20
DCI - EMPLOYEES	9/19/2017	10:00 AM	TBD	Acumen Training Team	14
DCI - EMPLOYEES	9/19/2017	1:00 PM	TBD	Acumen Training Team	16
DCI - EMPLOYEES	9/19/2017	10:00 AM	TBD	Acumen Training Team	12
DCI - EMPLOYEES	9/19/2017	1:00 PM	TBD	Acumen Training Team	15
DCI - EMPLOYEES	9/19/2017	10:00 AM	TBD	Acumen Training Team	11
DCI - EMPLOYEES	9/19/2017	1:00 PM	TBD	Acumen Training Team	10
DCI - EMPLOYEES	9/19/2017	10:00 AM	TBD	Acumen Training Team	12

DCI - EMPLOYEES	9/19/2017	1:00 PM	TBD	Acumen Training Team	15
Support Brokerage Skills	9/20/2017	11:00 AM	TBD	Acumen Trainer	5
DCI - Participants	9/20/2017	10:00 AM	TBD	Acumen Training Team	15
DCI - Participants	9/20/2017	1:00 PM	TBD	Acumen Training Team	20
DCI - Participants	9/20/2017	10:00 AM	TBD	Acumen Training Team	25
DCI - Participants	9/20/2017	1:00 PM	TBD	Acumen Training Team	16
DCI - Participants	9/20/2017	10:00 AM	TBD	Acumen Training Team	14
DCI - Participants	9/20/2017	1:00 PM	TBD	Acumen Training Team	15
DCI - Participants	9/20/2017	10:00 AM	TBD	Acumen Training Team	12
DCI - Participants	9/20/2017	1:00 PM	TBD	Acumen Training Team	17
DCI - Participants	9/20/2017	10:00 AM	TBD	Acumen Training Team	10
DCI - Participants	9/20/2017	1:00 PM	TBD	Acumen Training Team	12
DCI - Participants	9/20/2017	10:00 AM	TBD	Acumen Training Team	8
DCI - Participants	9/20/2017	1:00 PM	TBD	Acumen Training Team	12
DCI - EMPLOYEES	9/20/2017	10:00 AM	TBD	Acumen Training Team	22
DCI - EMPLOYEES	9/20/2017	1:00 PM	TBD	Acumen Training Team	20
DCI - EMPLOYEES	9/20/2017	10:00 AM	TBD	Acumen Training Team	25
DCI - EMPLOYEES	9/20/2017	1:00 PM	TBD	Acumen Training Team	19
DCI - EMPLOYEES	9/20/2017	10:00 AM	TBD	Acumen Training Team	12
DCI - EMPLOYEES	9/20/2017	1:00 PM	TBD	Acumen Training Team	15
DCI - EMPLOYEES	9/20/2017	10:00 AM	TBD	Acumen Training Team	18
DCI - EMPLOYEES	9/20/2017	1:00 PM	TBD	Acumen Training Team	16
DCI - EMPLOYEES	9/20/2017	10:00 AM	TBD	Acumen Training Team	10
DCI - EMPLOYEES	9/20/2017	1:00 PM	TBD	Acumen Training Team	13
DCI - EMPLOYEES	9/20/2017	10:00 AM	TBD	Acumen Training Team	10
DCI - EMPLOYEES	9/20/2017	1:00 PM	TBD	Acumen Training Team	12
Support Brokerage Skills	9/20/2017	9:00 AM	TBD	Acumen PM	8

DCI - Participants	9/21/2017	10:00 AM	TBD	Acumen Training Team	15
DCI - Participants	9/21/2017	1:00 PM	TBD	Acumen Training Team	12
DCI - Participants	9/21/2017	10:00 AM	TBD	Acumen Training Team	20
DCI - Participants	9/21/2017	1:00 PM	TBD	Acumen Training Team	15
DCI - Participants	9/21/2017	10:00 AM	TBD	Acumen Training Team	12
DCI - Participants	9/21/2017	1:00 PM	TBD	Acumen Training Team	10
DCI - Participants	9/21/2017	10:00 AM	TBD	Acumen Training Team	15
DCI - Participants	9/21/2017	1:00 PM	TBD	Acumen Training Team	14
DCI - Participants	9/21/2017	10:00 AM	TBD	Acumen Training Team	11
DCI - Participants	9/21/2017	1:00 PM	TBD	Acumen Training Team	12
DCI - Participants	9/21/2017	10:00 AM	TBD	Acumen Training Team	10
DCI - Participants	9/21/2017	1:00 PM	TBD	Acumen Training Team	8
DCI - EMPLOYEES	9/21/2017	10:00 AM	TBD	Acumen Training Team	19
DCI - EMPLOYEES	9/21/2017	1:00 PM	TBD	Acumen Training Team	22
DCI - EMPLOYEES	9/21/2017	10:00 AM	TBD	Acumen Training Team	18
DCI - EMPLOYEES	9/21/2017	1:00 PM	TBD	Acumen Training Team	23
DCI - EMPLOYEES	9/21/2017	10:00 AM	TBD	Acumen Training Team	14
DCI - EMPLOYEES	9/21/2017	1:00 PM	TBD	Acumen Training Team	10
DCI - EMPLOYEES	9/21/2017	10:00 AM	TBD	Acumen Training Team	16
DCI - EMPLOYEES	9/21/2017	1:00 PM	TBD	Acumen Training Team	24
DCI - EMPLOYEES	9/21/2017	10:00 AM	TBD	Acumen Training Team	16
DCI - EMPLOYEES	9/21/2017	1:00 PM	TBD	Acumen Training Team	18
DCI - EMPLOYEES	9/21/2017	10:00 AM	TBD	Acumen Training Team	12
DCI - EMPLOYEES	9/21/2017	1:00 PM	TBD	Acumen Training Team	10
DCI - Participants	9/22/2017	10:00 AM	TBD	Acumen Training Team	15
DCI - Participants	9/22/2017	1:00 PM	TBD	Acumen Training Team	19
DCI - Participants	9/22/2017	10:00 AM	TBD	Acumen Training Team	15

DCI - Participants	9/22/2017	1:00 PM	TBD	Acumen Training Team	14
DCI - Participants	9/22/2017	10:00 AM	TBD	Acumen Training Team	8
DCI - Participants	9/22/2017	1:00 PM	TBD	Acumen Training Team	14
DCI - Participants	9/22/2017	10:00 AM	TBD	Acumen Training Team	12
DCI - Participants	9/22/2017	1:00 PM	TBD	Acumen Training Team	16
DCI - Participants	9/22/2017	10:00 AM	TBD	Acumen Training Team	10
DCI - Participants	9/22/2017	1:00 PM	TBD	Acumen Training Team	8
DCI - Participants	9/22/2017	10:00 AM	TBD	Acumen Training Team	10
DCI - Participants	9/22/2017	1:00 PM	TBD	Acumen Training Team	11
DCI - EMPLOYEES	9/22/2017	10:00 AM	TBD	Acumen Training Team	24
DCI - EMPLOYEES	9/22/2017	1:00 PM	TBD	Acumen Training Team	18
DCI - EMPLOYEES	9/22/2017	10:00 AM	TBD	Acumen Training Team	26
DCI - EMPLOYEES	9/22/2017	1:00 PM	TBD	Acumen Training Team	20
DCI - EMPLOYEES	9/22/2017	10:00 AM	TBD	Acumen Training Team	16
DCI - EMPLOYEES	9/22/2017	1:00 PM	TBD	Acumen Training Team	20
DCI - EMPLOYEES	9/22/2017	10:00 AM	TBD	Acumen Training Team	22
DCI - EMPLOYEES	9/22/2017	1:00 PM	TBD	Acumen Training Team	27
DCI - EMPLOYEES	9/22/2017	10:00 AM	TBD	Acumen Training Team	15
DCI - EMPLOYEES	9/22/2017	1:00 PM	TBD	Acumen Training Team	13
DCI - EMPLOYEES	9/22/2017	10:00 AM	TBD	Acumen Training Team	12
DCI - EMPLOYEES	9/22/2017	1:00 PM	TBD	Acumen Training Team	9
DCI - Participants	9/23/2017	10:00 AM	TBD	Acumen Training Team	10
DCI - Participants	9/23/2017	1:00 PM	TBD	Acumen Training Team	8
DCI - Participants	9/23/2017	10:00 AM	TBD	Acumen Training Team	18
DCI - Participants	9/23/2017	1:00 PM	TBD	Acumen Training Team	14
DCI - Participants	9/23/2017	10:00 AM	TBD	Acumen Training Team	8
DCI - Participants	9/23/2017	1:00 PM	TBD	Acumen Training Team	12

DCI - Participants	9/23/2017	10:00 AM	TBD	Acumen Training Team	14
DCI - Participants	9/23/2017	1:00 PM	TBD	Acumen Training Team	16
DCI - Participants	9/23/2017	10:00 AM	TBD	Acumen Training Team	8
DCI - Participants	9/23/2017	1:00 PM	TBD	Acumen Training Team	9
DCI - Participants	9/23/2017	10:00 AM	TBD	Acumen Training Team	12
DCI - Participants	9/23/2017	1:00 PM	TBD	Acumen Training Team	8
DCI - EMPLOYEES	9/23/2017	10:00 AM	TBD	Acumen Training Team	22
DCI - EMPLOYEES	9/23/2017	1:00 PM	TBD	Acumen Training Team	25
DCI - EMPLOYEES	9/23/2017	10:00 AM	TBD	Acumen Training Team	27
DCI - EMPLOYEES	9/23/2017	1:00 PM	TBD	Acumen Training Team	25
DCI - EMPLOYEES	9/23/2017	10:00 AM	TBD	Acumen Training Team	19
DCI - EMPLOYEES	9/23/2017	1:00 PM	TBD	Acumen Training Team	15
DCI - EMPLOYEES	9/23/2017	10:00 AM	TBD	Acumen Training Team	20
DCI - EMPLOYEES	9/23/2017	1:00 PM	TBD	Acumen Training Team	22
DCI - EMPLOYEES	9/23/2017	10:00 AM	TBD	Acumen Training Team	12
DCI - EMPLOYEES	9/23/2017	1:00 PM	TBD	Acumen Training Team	11
DCI - EMPLOYEES	9/23/2017	10:00 AM	TBD	Acumen Training Team	15
DCI - EMPLOYEES	9/23/2017	1:00 PM	TBD	Acumen Training Team	8
DCI - Participants	9/26/2017	10:00 AM	TBD	Acumen Training Team	14
DCI - Participants	9/26/2017	1:00 PM	TBD	Acumen Training Team	12
DCI - Participants	9/26/2017	10:00 AM	TBD	Acumen Training Team	15
DCI - Participants	9/26/2017	1:00 PM	TBD	Acumen Training Team	24
DCI - Participants	9/26/2017	10:00 AM	TBD	Acumen Training Team	10
DCI - Participants	9/26/2017	1:00 PM	TBD	Acumen Training Team	11
DCI - Participants	9/26/2017	10:00 AM	TBD	Acumen Training Team	10
DCI - Participants	9/26/2017	1:00 PM	TBD	Acumen Training Team	12
DCI - Participants	9/26/2017	10:00 AM	TBD	Acumen Training Team	8

DCI - Participants	9/26/2017	1:00 PM	TBD	Acumen Training Team	9
DCI - Participants	9/26/2017	10:00 AM	TBD	Acumen Training Team	10
DCI - Participants	9/26/2017	1:00 PM	TBD	Acumen Training Team	12
DCI - EMPLOYEES	9/26/2017	10:00 AM	TBD	Acumen Training Team	22
DCI - EMPLOYEES	9/26/2017	1:00 PM	TBD	Acumen Training Team	16
DCI - EMPLOYEES	9/26/2017	10:00 AM	TBD	Acumen Training Team	25
DCI - EMPLOYEES	9/26/2017	1:00 PM	TBD	Acumen Training Team	22
DCI - EMPLOYEES	9/26/2017	10:00 AM	TBD	Acumen Training Team	18
DCI - EMPLOYEES	9/26/2017	1:00 PM	TBD	Acumen Training Team	16
DCI - EMPLOYEES	9/26/2017	10:00 AM	TBD	Acumen Training Team	20
DCI - EMPLOYEES	9/26/2017	1:00 PM	TBD	Acumen Training Team	18
DCI - EMPLOYEES	9/26/2017	10:00 AM	TBD	Acumen Training Team	15
DCI - EMPLOYEES	9/26/2017	1:00 PM	TBD	Acumen Training Team	18
DCI - EMPLOYEES	9/26/2017	10:00 AM	TBD	Acumen Training Team	12
DCI - EMPLOYEES	9/26/2017	1:00 PM	TBD	Acumen Training Team	15
DCI - Participants	9/27/2017	10:00 AM	TBD	Acumen Training Team	12
DCI - Participants	9/27/2017	1:00 PM	TBD	Acumen Training Team	16
DCI - Participants	9/27/2017	10:00 AM	TBD	Acumen Training Team	17
DCI - Participants	9/27/2017	1:00 PM	TBD	Acumen Training Team	19
DCI - Participants	9/27/2017	10:00 AM	TBD	Acumen Training Team	10
DCI - Participants	9/27/2017	1:00 PM	TBD	Acumen Training Team	8
DCI - Participants	9/27/2017	10:00 AM	TBD	Acumen Training Team	14
DCI - Participants	9/27/2017	1:00 PM	TBD	Acumen Training Team	12
DCI - Participants	9/27/2017	10:00 AM	TBD	Acumen Training Team	10
DCI - Participants	9/27/2017	1:00 PM	TBD	Acumen Training Team	7
DCI - Participants	9/27/2017	10:00 AM	TBD	Acumen Training Team	10
DCI - Participants	9/27/2017	1:00 PM	TBD	Acumen Training Team	8

DCI - EMPLOYEES	9/27/2017	10:00 AM	TBD	Acumen Training Team	19
DCI - EMPLOYEES	9/27/2017	1:00 PM	TBD	Acumen Training Team	17
DCI - EMPLOYEES	9/27/2017	10:00 AM	TBD	Acumen Training Team	22
DCI - EMPLOYEES	9/27/2017	1:00 PM	TBD	Acumen Training Team	24
DCI - EMPLOYEES	9/27/2017	10:00 AM	TBD	Acumen Training Team	20
DCI - EMPLOYEES	9/27/2017	1:00 PM	TBD	Acumen Training Team	14
DCI - EMPLOYEES	9/27/2017	10:00 AM	TBD	Acumen Training Team	18
DCI - EMPLOYEES	9/27/2017	1:00 PM	TBD	Acumen Training Team	22
DCI - EMPLOYEES	9/27/2017	10:00 AM	TBD	Acumen Training Team	18
DCI - EMPLOYEES	9/27/2017	1:00 PM	TBD	Acumen Training Team	16
DCI - EMPLOYEES	9/27/2017	10:00 AM	TBD	Acumen Training Team	16
DCI - EMPLOYEES	9/27/2017	1:00 PM	TBD	Acumen Training Team	15
DCI - Participants	9/28/2017	10:00 AM	TBD	Acumen Training Team	15
DCI - Participants	9/28/2017	1:00 PM	TBD	Acumen Training Team	10
DCI - Participants	9/28/2017	10:00 AM	TBD	Acumen Training Team	20
DCI - Participants	9/28/2017	1:00 PM	TBD	Acumen Training Team	14
DCI - Participants	9/28/2017	10:00 AM	TBD	Acumen Training Team	10
DCI - Participants	9/28/2017	1:00 PM	TBD	Acumen Training Team	7
DCI - Participants	9/28/2017	10:00 AM	TBD	Acumen Training Team	12
DCI - Participants	9/28/2017	1:00 PM	TBD	Acumen Training Team	14
DCI - Participants	9/28/2017	10:00 AM	TBD	Acumen Training Team	10
DCI - Participants	9/28/2017	1:00 PM	TBD	Acumen Training Team	8
DCI - Participants	9/28/2017	10:00 AM	TBD	Acumen Training Team	7
DCI - Participants	9/28/2017	1:00 PM	TBD	Acumen Training Team	8
DCI - EMPLOYEES	9/28/2017	10:00 AM	TBD	Acumen Training Team	20
DCI - EMPLOYEES	9/28/2017	1:00 PM	TBD	Acumen Training Team	22
DCI - EMPLOYEES	9/28/2017	10:00 AM	TBD	Acumen Training Team	25



DCI - EMPLOYEES	9/28/2017	1:00 PM	TBD	Acumen Training Team	28
DCI - EMPLOYEES	9/28/2017	10:00 AM	TBD	Acumen Training Team	15
DCI - EMPLOYEES	9/28/2017	1:00 PM	TBD	Acumen Training Team	12
DCI - EMPLOYEES	9/28/2017	10:00 AM	TBD	Acumen Training Team	14
DCI - EMPLOYEES	9/28/2017	1:00 PM	TBD	Acumen Training Team	18
DCI - EMPLOYEES	9/28/2017	10:00 AM	TBD	Acumen Training Team	12
DCI - EMPLOYEES	9/28/2017	1:00 PM	TBD	Acumen Training Team	10
DCI - EMPLOYEES	9/28/2017	10:00 AM	TBD	Acumen Training Team	12
DCI - EMPLOYEES	9/28/2017	1:00 PM	TBD	Acumen Training Team	10
DCI - Participants	9/29/2017	10:00 AM	TBD	Acumen Training Team	10
DCI - Participants	9/29/2017	1:00 PM	TBD	Acumen Training Team	12
DCI - Participants	9/29/2017	10:00 AM	TBD	Acumen Training Team	15
DCI - Participants	9/29/2017	1:00 PM	TBD	Acumen Training Team	16
DCI - Participants	9/29/2017	10:00 AM	TBD	Acumen Training Team	8
DCI - Participants	9/29/2017	1:00 PM	TBD	Acumen Training Team	6
DCI - Participants	9/29/2017	10:00 AM	TBD	Acumen Training Team	10
DCI - Participants	9/29/2017	1:00 PM	TBD	Acumen Training Team	12
DCI - Participants	9/29/2017	10:00 AM	TBD	Acumen Training Team	12
DCI - Participants	9/29/2017	1:00 PM	TBD	Acumen Training Team	8
DCI - Participants	9/29/2017	10:00 AM	TBD	Acumen Training Team	10
DCI - Participants	9/29/2017	1:00 PM	TBD	Acumen Training Team	11
DCI - EMPLOYEES	9/29/2017	10:00 AM	TBD	Acumen Training Team	20
DCI - EMPLOYEES	9/29/2017	1:00 PM	TBD	Acumen Training Team	22
DCI - EMPLOYEES	9/29/2017	10:00 AM	TBD	Acumen Training Team	26
DCI - EMPLOYEES	9/29/2017	1:00 PM	TBD	Acumen Training Team	19
DCI - EMPLOYEES	9/29/2017	10:00 AM	TBD	Acumen Training Team	9
DCI - EMPLOYEES	9/29/2017	1:00 PM	TBD	Acumen Training Team	14

DCI - EMPLOYEES	9/29/2017	10:00 AM	TBD	Acumen Training Team	13
DCI - EMPLOYEES	9/29/2017	1:00 PM	TBD	Acumen Training Team	17
DCI - EMPLOYEES	9/29/2017	10:00 AM	TBD	Acumen Training Team	12
DCI - EMPLOYEES	9/29/2017	1:00 PM	TBD	Acumen Training Team	14
DCI - EMPLOYEES	9/29/2017	10:00 AM	TBD	Acumen Training Team	12
DCI - EMPLOYEES	9/29/2017	1:00 PM	TBD	Acumen Training Team	8
DCI - Participants	9/30/2017	10:00 AM	TBD	Acumen Training Team	10
DCI - Participants	9/30/2017	1:00 PM	TBD	Acumen Training Team	8
DCI - Participants	9/30/2017	10:00 AM	TBD	Acumen Training Team	14
DCI - Participants	9/30/2017	1:00 PM	TBD	Acumen Training Team	17
DCI - Participants	9/30/2017	10:00 AM	TBD	Acumen Training Team	8
DCI - Participants	9/30/2017	1:00 PM	TBD	Acumen Training Team	11
DCI - Participants	9/30/2017	10:00 AM	TBD	Acumen Training Team	10
DCI - Participants	9/30/2017	1:00 PM	TBD	Acumen Training Team	8
DCI - Participants	9/30/2017	10:00 AM	TBD	Acumen Training Team	8
DCI - Participants	9/30/2017	1:00 PM	TBD	Acumen Training Team	6
DCI - Participants	9/30/2017	10:00 AM	TBD	Acumen Training Team	10
DCI - Participants	9/30/2017	1:00 PM	TBD	Acumen Trainer	12
DCI - EMPLOYEES	9/30/2017	10:00 AM	TBD	Acumen Training Team	20
DCI - EMPLOYEES	9/30/2017	1:00 PM	TBD	Acumen Training Team	25
DCI - EMPLOYEES	9/30/2017	10:00 AM	TBD	Acumen Trainer	27
DCI - EMPLOYEES	9/30/2017	1:00 PM	TBD	Acumen Training Team	22
DCI - EMPLOYEES	9/30/2017	10:00 AM	TBD	Acumen Training Team	15
DCI - EMPLOYEES	9/30/2017	1:00 PM	TBD	Acumen Training Team	9
DCI - EMPLOYEES	9/30/2017	10:00 AM	TBD	Acumen Training Team	25
DCI - EMPLOYEES	9/30/2017	1:00 PM	TBD	Acumen Training Team	22
DCI - EMPLOYEES	9/30/2017	10:00 AM	TBD	Acumen Training Team	20
DCI - EMPLOYEES	9/30/2017	1:00 PM	TBD	Acumen Training Team	14

DCI - EMPLOYEES	9/30/2017	10:00 AM	TBD	Acumen Training Team	16
DCI - EMPLOYEES	9/30/2017	1:00 PM	TBD	Acumen Training Team	12
DCI Scheduling Training	10/31/2017	10:00 AM	TBD	Acumen Trainer	8
DCI Scheduling Training	10/31/2017	1:00 PM	TBD	Acumen Trainer	6
DCI Scheduling Training	11/1/2017	10:00 AM	TBD	Acumen Trainer	10
DCI Scheduling Training	11/1/2017	1:00 PM	TBD	Acumen Trainer	12
DCI Scheduling Training	11/2/2017	10:00 AM	TBD	Acumen Trainer	20
DCI Scheduling Training	11/2/2017	1:00 PM	TBD	Acumen Trainer	25
DCI Scheduling Training	11/3/2017	10:00 AM	TBD	Acumen Trainer	27
DCI Scheduling Training	11/3/2017	1:00 PM	TBD	Acumen Trainer	22
DCI Scheduling Training	11/4/2017	10:00 AM	TBD	Acumen Trainer	15
DCI Scheduling Training	11/4/2017	1:00 PM	TBD	Acumen Trainer	9
DCI Scheduling Training	11/4/2017	10:00 AM	TBD	Acumen Trainer	25
DCI Scheduling Training	11/4/2017	1:00 PM	TBD	Acumen Trainer	22
DCI Scheduling Training	11/7/2017	10:00 AM	TBD	Acumen Trainer	20
DCI Scheduling Training	11/7/2017	1:00 PM	TBD	Acumen Trainer	14
DCI Scheduling Training	11/8/2017	10:00 AM	TBD	Acumen Trainer	16
DCI Scheduling Training	11/8/2106	1:00 PM	TBD	Acumen Trainer	12
DCI Scheduling Training	11/9/2017	10:00 AM	TBD	Acumen Trainer	15
DCI Scheduling Training	11/9/2017	1:00 PM	TBD	Acumen Trainer	9
DCI Scheduling Training	11/10/2017	10:00 AM	TBD	Acumen Trainer	18
DCI Scheduling Training	11/10/2017	1:00 PM	TBD	Acumen Trainer	10
DCI Scheduling Training	11/11/2017	10:00 AM	TBD	Acumen Trainer	8
DCI Scheduling Training	11/11/2017	1:00 PM	TBD	Acumen Trainer	5
DCI Scheduling Training	11/11/2017	10:00 AM		Acumen Trainer	12



## TRAINING CHECKLIST – FULL SYSTEM USE

### Base User

<b>A. Training</b>					
	<b>COMPETENCY</b>	<b>DEMONSTRATION</b>	<b>Date</b>	<b>Staff Initial</b>	<b>Evaluator Initial</b>
A-1	View Self Registration video	<b>Q: What do you click to create a new profile?</b> A: Create Profile <b>Q: What do you have to have in order to create a profile?</b> A: An email address <b>Q: What do you need to do to finish self-registration?</b> A: Confirm registration via the link sent to your email			
A-2	View Change Password video	<b>Q: Where do you click to open the Change Password Screen?</b> A: Username, then settings <b>Q: What else can you view by clicking your username?</b> A: Your Personal Profile			
A-3	View program-specific training video (Residential, Day, or Hourly)	<b>Q: Where you can make punches from?</b> A: Hourly/Group Service: Company/personal computer or mobile device for Hourly A: Residential/Day: Company computer at program, login to Program Profile <b>Q: How do you make a punch?</b> A: Hourly/Group Service: Entries->Actions ->New Entry A: Residential/Day: Entries->Actions->Clock-In/Clock-Out			
A-4	View Miscellaneous Punches video	<b>Q: Where you can make punches from?</b> A: Company/personal computer or mobile device <b>Q: Where do you click to add new entries?</b> A: Entries tab, Actions->New Entry <b>Q: When status of punch can you make changes to?</b> A: Pending			

### **B. General System Navigation**

	COMPETENCY	DEMONSTRATION	Date	Staff Initial	Evaluator Initial
B-1	Complete Self-Registration	Evaluator verify Pending Employee Profile in DCI			
B-2	Login to User Profile	<b>Q: Demonstrate logging in to personal profile</b> A: <a href="https://riseportal.dcisoftware.com/">https://riseportal.dcisoftware.com/</a> - Enter username - Enter password			
B-3	Change Security Settings	<b>Q: Show where in the system to change security settings</b> A: Click Username->Settings			
B-4	View Entries	- Demonstrate where to find entries - Demonstrate use of filters			
B-5	View Accounts	- Demonstrate where to find accounts - Demonstrate use of filters			

<b>C. Punch Entries</b>					
	COMPETENCY	DEMONSTRATION	Date	Staff Initial	Evaluator Initial
C-1	Clock In/Clock Out (D /R O	- Demonstrate logging in to program profile - Show where to clock in - Verbalize when they should clock in - Show where to clock out - Verbalize when they should clock out			
C-2	Enter Punch from User Profile	- Demonstrate logging into personal profile - Show where to create a new entry - Verbalize the various types of punches they might make and why (hourly, admin, training, miles, group service, etc.) - Identify the deadline for entering punches A: Varies by department			
C-3	Add Note/Attachment	- Show where to add note or attachment A: Actions button - Verbalize when a note or attachment might be added			
C-4	Edit Pending Entry	<b>Q: What types of edits can be made to a pending entry?</b> A: Date or Start/End Time <b>Q: What should you do if you need to make other changes (client, service code, punch type)?</b> A: Reject entry and re-enter			
C-5	Verify Punch	<b>Q: What entries need to be verified?</b> A: Entries made for you by a supervisor - Demonstrate how to find unverified punches (filter entries to Unverified) - Verbalize how to verify A: Open punch, click blue "verify"			

<b>D. Messaging and Notifications</b>
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	COMPETENCY	DEMONSTRATION	Date	Staff Initial	Evaluator Initial
<b>D-1</b>	View Message	<b>Locate Inbox and view message details</b>			
<b>D-2</b>	Reply to Message	Reply to message from supervisor <ul style="list-style-type: none"> <li>- Include special formatting</li> <li>- Include an attachment</li> </ul>			
<b>D-3</b>	Organize Messages	<ul style="list-style-type: none"> <li>- Move individual message from inbox to trash</li> <li>- Move individual message from inbox to archive</li> <li>- Move multiple messages from inbox to archive</li> <li>- Move multiple messages from archive to trash</li> </ul>			
<b>D-4</b>	Compose New Message	<ul style="list-style-type: none"> <li>- Compose message from Mailbox icon</li> <li>- Compose message from inbox actions menu</li> <li>- Save as draft</li> <li>- Locate draft and send message</li> </ul>			
<b>D-5</b>	Resend Notification	<ul style="list-style-type: none"> <li>- Locate sent message</li> <li>- Verify if recipients read message (indicated by color of recipients' name)</li> <li>- Resend notification using actions menu</li> </ul>			
<b>D-6</b>	Verify Mobile	<ul style="list-style-type: none"> <li>- Add mobile number under settings</li> </ul>			
<b>D-7</b>	View Notification	<ul style="list-style-type: none"> <li>- Read email or text and access mailbox from link</li> </ul>			
<b>D-8</b>	Mobile Version	<ul style="list-style-type: none"> <li>- Repeat steps D-1 through D-5 from mobile</li> </ul>			

<b>E. Scheduling</b>					
	<b>COMPETENCY</b>	<b>DEMONSTRATION</b>	<b>Date</b>	<b>Staff Initial</b>	<b>Evaluator Initial</b>
<b>E-1</b>	View Schedule	Locate and view personal schedule			
<b>E-2</b>	Offer Shift	Locate shift - Click shift - Click Offer			
<b>E-3</b>	Claim Shift	- View Offered shifts - Click shift - Click claim - Wait for supervisor approval of shift swap			
<b>E-4</b>	Manage Availability Template	- Create New Availability Template - Publish Availability Template - Edit Availability Template			
<b>E-5</b>	Authorization Check	- Perform Authorization Check under Entries->Actions->AuthorizationCheck			

<b>F. Training</b>					
	<b>COMPETENCY</b>	<b>DEMONSTRATION</b>	<b>Date</b>	<b>Staff Initial</b>	<b>Evaluator Initial</b>
	View Profile Certifications	- View Details			
	Understand Punching	Explain that punches cannot be entered unless employee meets all certification requirements.			
	Expiring Certifications Widget	View expiring certifications widget			
	Online Training Widget	View online training widget - Demonstrate completing online training course in system			

### Supervisor Tasks

<b>G. General System Navigation</b>					
	<b>COMPETENCY</b>	<b>DEMONSTRATION</b>	<b>Date</b>	<b>Staff Initial</b>	<b>Evaluator Initial</b>
	Complete all competencies listed in sections A – D				
	View Employees	- Show where to find employees - Demonstrate use of filters - Demonstrate viewing employee details - Demonstrate where to view employee entries and accounts			
	View Clients	- Show where to find clients - Demonstrate use of filters - Demonstrate viewing client details - Demonstrate where to view client entries and accounts			
	View Program	- Show where to find program - Demonstrate use of filters - Demonstrate viewing client details - Demonstrate where to view client entries and accounts			
	View Pending Entries	- Show where to find pending entries awaiting approval - Demonstrate use of filters - Demonstrate viewing punch details			

<b>H. Manage Employee Punches</b>					
	<b>COMPETENCY</b>	<b>DEMONSTRATION</b>	<b>Date</b>	<b>Staff Initial</b>	<b>Evaluator Initial</b>
	Approve Entries	Demonstrate how to approve from pending entries screen A: Click Blue A -Verbalize how to approve from Punch Details page A: Actions->Approve			
	Reject Entries	Demonstrate how to reject from pending entries screen A: Click Red R -Verbalize how to approve from Punch Details page A: Actions->Reject			
	Edit Pending Punches	Demonstrate where to edit pending entries A: From Punch Details Page, Actions->Edit Entry -Verbalize when pending punches would be edited A: Residential/Day Program Entries (employees cannot edit their own); all other pending entries should be edited by the employee			
	Edit Approved Punches	Demonstrate where to edit approved entries A: From Punch Details Page->Actions->Edit Entry -Verbalize when approved punches would be edited A: Date or Start/End Time			
	Cancel Approved Punches	-Demonstrate where to cancel approved entries A: Punch Details Page->Actions->Cancel Entry -Verbalize when approved punches would be canceled A: Any incorrect information other than date or start/end time (i.e. client, service code, cost center, etc.)			
	Create punch for employee	-Demonstrate where to create punch for employee A: From Employee, Client, or Program Details Page -Verbalize when punch would be created for an employee A: Missed true Clock In/Out punch, system was unavailable to employee and need to enter punch for payroll or billing -Verbalize what must occur before punch can be approved A: Verified by employee			

<b>I. Manage Employee Profiles</b>
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	COMPETENCY	DEMONSTRATION	Date	Staff Initial	Evaluator Initial
	Edit	-Demonstrate where to edit employee details A: Employee Details Page->Actions->Edit Employee			
	Unlock Profile	-Demonstrate how to unlock employee profile A: Employee Details Page->Other Details Box->Blue Unlock button -Verbalize when an employee's profile is locked A: 3 failed attempts to login			
	Send Reset Password Email	-Demonstrate how to send reset password email A: Employee Details Page->Edit Employee->Authentication information tab->Blue Resend Email button			
	Create Service Accounts	-Demonstrate how to create new service account A: Employee, Client, or Program Details Page->Actions->New Service Account -Verbalize purpose of accounts A: Link employee to particular program, client, or service in order to enter punches of that kind			
	Edit/Deactivate Service Accounts	-Demonstrate how to edit service account A: Employee, Client, or Program Details Page->Accounts Tab->Account Details Page->Edit Account -Verbalize when to edit vs. deactivate A: Edit Cost Center, Deactivate for all other changes			

<b>J. Manage Clients - General</b>					
	COMPETENCY	DEMONSTRATION	Date	Staff Initial	Evaluator Initial
	Add New Client	- <b>Demonstrate how to add new client</b>			
	Edit Client Details	-Demonstrate how to edit client details A: Client Details ->Edit Client			
	Service Authorizations	<b>Q: What is the purpose of authorizations?</b> A: Allow client to receive service as authorized by funding source <b>Q: What happens if there is no authorization or it expires in DCI?</b> A: Punches or attendance cannot be made for that service			
	Create Service Accounts	-Demonstrate how to add new client service accounts A: Client or Program Details Page->Actions->New Service Account -Verbalize purpose of accounts A: Link client to particular program			

	Edit/Deactivate Service Accounts	<p>-Demonstrate how to edit service account  A: Client, or Program Details Page-&gt;Accounts Tab-&gt;Account Details Page-&gt;Edit Account  -Verbalize when to edit vs. deactivate  A: Edit End Date if client is discharged, Deactivate for all other changes</p>			
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<b>K. Reports</b>					
	COMPETENCY	DEMONSTRATION	Date	Staff Initial	Evaluator Initial
	View Reports	Demonstrate where to access reports			
	Use Report Filters	Demonstrate use of client, employee, or cost center filter(s) on punch entry report			
	Open Report in Excel	Demonstrate how to open report in Excel A: Download to CSV			
	Use Excel Filters and Formulas				

**Program Specific Competencies**

<b>L. Clients and Programs - Residential &amp; Parenting Program Supervisors Only</b>					
	COMPETENCY	DEMONSTRATION	Date	Staff Initial	Evaluator Initial
	Create Client Service Accounts				
	Unlock Program Profile				
	Create Absence				
	Approve Attendance				
	Cancel Approved Attendance/Absence				
	Edit Approved Attendance				

<b>M. Clients and Programs – Day Program Supervisors Only</b>					
	COMPETENCY	DEMONSTRATION	Date	Staff Initial	Evaluator Initial
	Create Client Service Accounts				
	Unlock Day Program Profile				
	Create Day Attendance				
	Approve Attendance				
	Cancel Approved Attendance				
	Edit Approved Attendance				

<b>N. Clients and Programs – Group Service Program Supervisors Only</b>					
	COMPETENCY	DEMONSTRATION	Date	Staff Initial	Evaluator Initial
	Create Client Service Accounts				
	Approve Attendance				

	Cancel Approved Attendance				
	Edit Approved Attendance				

<b>O. Clients and Programs – Hourly Program Supervisors Only</b>					
	COMPETENCY	DEMONSTRATION	Date	Staff Initial	Evaluator Initial
	Client Sign-Off	*Only required for supervisors of programs utilizing Client Sign Off			
	Unlock Client Profile	*Only required for supervisors of programs utilizing Client Sign Off			

<b>P. Scheduling</b>					
	COMPETENCY	DEMONSTRATION	Date	Staff Initial	Evaluator Initial
	View Schedule	Locate and view program/client schedule			
	Create New Schedule	Dependent upon program type <ul style="list-style-type: none"> <li>- Client Schedule</li> <li>- Employee Schedule</li> <li>- Residential Program Schedule</li> <li>- Day Program Schedule</li> <li>- Group Service Schedule</li> <li>- Parenting Program Schedule</li> </ul>			
	Manage Shift Swaps	- View Pending Approvals			
	Manage Availability Template	- View Employee Availability Templates			
	Manage Client Requests	- View Client Requests for Services			

<b>Q. Training</b>					
	COMPETENCY	DEMONSTRATION	Date	Staff Initial	Evaluator Initial
	Create Employee Profile Certification	Create new profile certification via Employees->Actions->Add Certification			
	View Employee Profile Certifications	<ul style="list-style-type: none"> <li>- View Details</li> <li>- Renew</li> <li>- Reject</li> <li>- Edit</li> </ul>			
	Understand Service Accounts/Scheduling	Explain that service accounts and schedule entries cannot be created unless employee meets all certification requirements.			

### Payroll

<b>R. Batches</b>					
	COMPETENCY	DEMONSTRATION	Date	Staff Initial	Evaluator Initial
	Create Batch	Batches Page Punch Entries Page			
	Make Changes to Pending Batch	<ul style="list-style-type: none"> <li>- Add/Remove Entries</li> <li>- Refresh Pay Rate</li> <li>- Cancel Batch</li> </ul>			
	Process Batch				
	Make Changes to Processed Batch	Overrides			
	Approve Batch				

	View Attachments			
	Reconcile Batches			
	Previously Paid Entries			
	Search Batches			

S. Additional Tasks					
	COMPETENCY	DEMONSTRATION	Date	Staff Initial	Evaluator Initial
	Find Employee				
	Edit Employee Profile	-Demonstrate where to edit employee details A: Employee Details Page->Actions->Edit Employee -Verbalize what changes supervisors should make A: Weekly Hours, Contact Information; all other changes made by payroll			
	Run Reports				

Billing Team

T. Authorization Module					
	COMPETENCY	DEMONSTRATION	Date	Staff Initial	Evaluator Initial
	Funding Accounts	- Create New - Edit - Search			
	Authorizations	- Create New - Approve Pending Authorizations - Edit - Rate Change - Search			

U. Batches					
	COMPETENCY	DEMONSTRATION	Date	Staff Initial	Evaluator Initial
	Create Batch	Batches Page Punch Entries Page			
	Make Changes to Pending Batch	- Add/Remove Entries - Refresh Pay Rate - Cancel Batch			
	Process Batch				
	Make Changes to Processed Batch	Overrides			
	Approve Batch				
	View Attachments				
	Reconcile Batches				
	Previously Billed Entries				
	Search Batches				

V. Additional Tasks					
	COMPETENCY	DEMONSTRATION	Date	Staff Initial	Evaluator Initial
	Find Client				
	Create/Edit Client Profile				

	Create/Edit Program Profile			
	Run Reports			

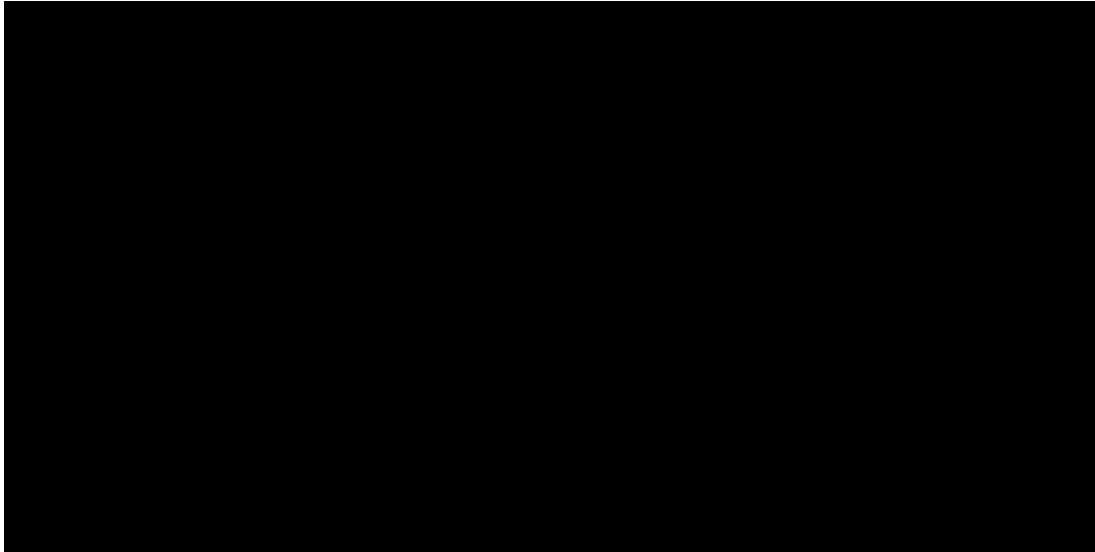
### Administrative Tasks

W. Troubleshooting Tasks					
	COMPETENCY	DEMONSTRATION	Date	Staff Initial	Evaluator Initial
	Help Center				
	View Events				
	Understanding Sequences				
	Understanding Permissions and Roles				
	Understanding Statuses				
	Making Changes				
	Reports				

X. Training					
	COMPETENCY	DEMONSTRATION	Date	Staff Initial	Evaluator Initial
	Create Employee Profile Certification	Create new profile certification via Employees->Actions->Add Certification			
	View Employee Profile Certifications	<ul style="list-style-type: none"> <li>- View Details</li> <li>- Renew</li> <li>- Reject</li> <li>- Edit</li> </ul>			
	Create Certification Requirements	<ul style="list-style-type: none"> <li>- Settings-&gt;CertificationRequirements -&gt;Add New Requirement</li> <li>- Explain the difference between nonrecurring and recurring requirements</li> </ul>			
	Create Certification Templates	<ul style="list-style-type: none"> <li>- Settings&gt;CertificationTemplates&gt;AddNewTemplate</li> <li>- Explain that certification templates are a grouping of certification requirements</li> <li>- Demonstrate linking requirements to templates</li> </ul>			
	Link Certification Tempaltes	<ul style="list-style-type: none"> <li>- Demonstrate linking templates to service codes, profiles, accounts, and cost centers.</li> </ul>			

Y. System Management					
	COMPETENCY	DEMONSTRATION	Date	Staff Initial	Evaluator Initial
	Create News Posts				
	Manage Message Templates				
	Manage Holiday Schedules				

**K. DISASTER RECOVERY PLAN**





































## L. CLOUD SECURITY CERTIFICATION

**Microsoft Trust Center**

Home Security Privacy Compliance Transparency Products and Services Service Trust Portal What's New Resources

### Compliance

Industry-verified conformity with global standards

Microsoft Trust Center // Compliance

To help organizations comply with national, regional, and industry-specific requirements governing the collection and use of individuals' data, Microsoft offers the most comprehensive set of certifications and attestations of any cloud service provider.

Microsoft accomplishes this breadth of compliance offerings with a two-pronged approach:

**Compliance by service**

**Azure**

**Helpful information**

- Trusted Cloud Microsoft Azure Security, Privacy, and Compliance (TPC)
- Office 365
- Microsoft Intune Privacy


## M. MICROSOFT HIPAA BUSINESS ASSOCIATES AGREEMENT



### Volume Licensing

#### HIPAA Business Associate Agreement

If Customer is a Covered Entity or a Business Associate and includes Protected Health Information in Customer Data (as such terms are defined below), execution of a license agreement that includes the Online Services Terms ("Agreement") will incorporate the terms of this HIPAA Business Associate Agreement ("BAA") into that Agreement. If there is any conflict between a provision in this BAA and a provision in the Agreement, this BAA will control.

#### **1. Definitions.**

Except as otherwise defined in this BAA, capitalized terms shall have the definitions set forth in HIPAA and Customer's Agreement.

"Breach Notification Rule" means the Breach Notification for Unsecured Protected Health Information Final Rule.

"Business Associate" shall have the same meaning as the term "business associate" in 45 CFR § 160.103 of HIPAA.

"Covered Entity" shall have the same meaning as the term "covered entity" in 45 CFR § 160.103 of HIPAA.

"Dynamics CRM Online Services" means Dynamics CRM Online services made available through volume licensing or the Microsoft online services portal, excluding Dynamics CRM for supported devices, which includes but is not limited to Dynamics CRM Online services for tablets and/or smartphones and any separately branded service made available with or connected to Dynamics CRM Online such as Microsoft Social Engagement, Parature, from Microsoft, and Microsoft Dynamics Marketing.

"HIPAA" collectively means the administrative simplification provision of the Health Insurance Portability and Accountability Act enacted by the United States Congress, and its implementing regulations, including the Privacy Rule, the Breach Notification Rule, and the Security Rule, as amended from time to time, including by the Health Information Technology for Economic and Clinical Health ("HITECH") Act and by the Modifications to the HIPAA Privacy, Security, Enforcement, and Breach Notification Rules under the Health Information Technology for Economic and Clinical Health Act and the Genetic Information Nondiscrimination Act; Other Modifications to the HIPAA Rules; Final Rule.

"Microsoft Azure Core Services" means the following features of Microsoft Azure Services: Cloud Services (web and worker roles), Virtual Machines (including with SQL Server), Storage (Blobs, Tables, Queues), Virtual Network, Traffic Manager, Batch, Web Sites, BizTalk Services, Media Services, Mobile Services, Service Bus, Notification Hub, Workflow Manager, Express Route, Scheduler, Multi-Factor Authentication, Active Directory, Rights Management Service, SQL Database, HDInsight and any other features identified as included on the Microsoft Azure Trust Center.

"Microsoft Intune Online Services" means the cloud service portion of Microsoft Intune such as the Microsoft Intune Add-on Product or a management service provided by Microsoft Intune such as Mobile Device Management for Office 365. It does not include any on-premises software made available with a Microsoft Intune subscription.

"Microsoft Online Services," for this BAA only, means Microsoft Dynamics CRM Online Services, Office 365 Services, Microsoft Azure Core Services, and/or Microsoft Intune.

"Office 365 Services" means the following services, each as a standalone service or as included in an Office 365-branded plan or suite: Exchange Online, Exchange Online Archiving, Exchange Online Protection, Advanced Threat Protection, SharePoint Online, OneDrive for Business, Project Online, Skype for Business Online, Sway, Office Online, and Yammer Enterprise. Office 365 Services do not include Office 365 ProPlus, any portion of PSTN Services that operate outside of Microsoft's control, any client software, or any separately branded service made available with an Office 365-branded plan or suite, such as a Bing or a service branded "for Office 365."

"Privacy Rule" means the Standards for Privacy of Individually Identifiable Health Information.

"Protected Health Information" shall have the same meaning as the term "protected health information" in 45 CFR § 160.103 of HIPAA, provided that it is limited to such protected health information that is received by Microsoft from, or created, received, maintained, or transmitted by Microsoft on behalf of, Customer.

"Security Rule" means the Security Standards for the Protection of Electronic Protected Health Information.

## **2. Permitted Uses and Disclosures of Protected Health Information.**

- a. **Performance of the Agreement for Microsoft Online Services.** Except as otherwise limited in this BAA, Microsoft may Use and Disclose Protected Health Information for, or on behalf of, Customer as specified in the Agreement; provided that any such Use or Disclosure would not violate HIPAA if done by Customer, unless expressly permitted under paragraph b of this Section.
- b. **Management, Administration, and Legal Responsibilities.** Except as otherwise limited in this BAA, Microsoft may Use and Disclose Protected Health Information for the proper management and administration of Microsoft and/or to carry out the legal responsibilities of Microsoft, provided that any Disclosure may occur only if: (1) Required by Law; or (2) Microsoft obtains written reasonable assurances from the person to whom the Protected Health Information is Disclosed that it will be held confidentially and Used or further Disclosed only as Required by Law or for the purpose for which it was Disclosed to the person, and the person notifies Microsoft of any instances of which it becomes aware in which the confidentiality of the Protected Health Information has been breached.

## **3. Responsibilities of the Parties with Respect to Protected Health Information.**

- a. **Microsoft's Responsibilities.** To the extent Microsoft is acting as a Business Associate, Microsoft agrees to the following:
  - (i) **Limitations on Use and Disclosure.** Microsoft shall not Use and/or Disclose the Protected Health Information other than as permitted or required by the Agreement and/or this BAA or as otherwise Required by Law; Microsoft shall not disclose, capture, maintain, scan, index, transmit, share or Use Protected Health Information for any activity not authorized under the Agreement and/or this BAA. Microsoft Online Services shall not use Protected Health Information for any advertising, Marketing or other commercial purpose of Microsoft or any third party. Microsoft shall not violate the HIPAA prohibition on the sale of Protected Health Information. Microsoft shall make reasonable efforts to Use, Disclose, and/or request the



minimum necessary Protected Health Information to accomplish the intended purpose of such Use, Disclosure, or request.

- (ii) **Safeguards.** Microsoft shall: (1) use reasonable and appropriate safeguards to prevent inappropriate Use and Disclosure of Protected Health Information other than as provided for in this BAA; and (2) comply with the applicable requirements of 45 CFR Part 164 Subpart C of the Security Rule.
- (iii) **Reporting.** Microsoft shall report to Customer: (1) any Use and/or Disclosure of Protected Health Information that is not permitted or required by this BAA of which Microsoft becomes aware; (2) any Security Incident of which it becomes aware, provided that notice is hereby deemed given for Unsuccessful Security Incidents and no further notice of such Unsuccessful Security Incidents shall be given; and/or (3) any Breach of Customer's Unsecured Protected Health Information that Microsoft may discover (in accordance with 45 CFR § 164.410 of the Breach Notification Rule). Notification of a Breach will be made without unreasonable delay, but in no event more than thirty (30) calendar days after discovery of a Breach. Taking into account the level of risk reasonably likely to be presented by the Use, Disclosure, Security Incident, or Breach, the timing of other reporting will be made consistent with Microsoft's and Customer's legal obligations.

For purposes of this Section, "Unsuccessful Security Incidents" mean, without limitation, pings and other broadcast attacks on Microsoft's firewall, port scans, unsuccessful log-on attempts, denial of service attacks, and any combination of the above, as long as no such incident results in unauthorized access, acquisition, Use, or Disclosure of Protected Health Information. Notification(s) under this Section, if any, will be delivered to contacts identified by Customer pursuant to Section 3b(ii) (Contact Information for Notices) of this BAA by any means Microsoft selects, including through e-mail. Microsoft's obligation to report under this Section is not and will not be construed as an acknowledgement by Microsoft of any fault or liability with respect to any Use, Disclosure, Security Incident, or Breach.

- (iv) **Subcontractors.** In accordance with 45 CFR §§ 164.502(e)(1)(ii) and 164.308(b)(2) of HIPAA, Microsoft shall require its Subcontractors who create, receive, maintain, or transmit Protected Health Information on behalf of Microsoft to agree in writing to: (1) the same or more stringent restrictions and conditions that apply to Microsoft with respect to such Protected Health Information; (2) appropriately safeguard the Protected Health Information; and (3) comply with the applicable requirements of 45 CFR Part 164 Subpart C of the Security Rule. Microsoft remains responsible for its subcontractors' compliance with obligations in this BAA.
- (v) **Disclosure to the Secretary.** Microsoft shall make available its internal practices, records, and books relating to the Use and/or Disclosure of Protected Health Information received from Customer to the Secretary of the Department of Health and Human Services for purposes of determining Customer's compliance with HIPAA, subject to attorney-client and other applicable legal privileges. Microsoft shall respond to any such request from the Secretary in accordance with the Section titled "Disclosure of Customer Data" in the Agreement.
- (vi) **Access.** If Microsoft maintains Protected Health Information in a Designated Record Set for Customer, then Microsoft, at the request of Customer, shall within

fifteen (15) days make access to such Protected Health Information available to Customer in accordance with 45 CFR § 164.524 of the Privacy Rule.

(vii) **Amendment.** If Microsoft maintains Protected Health Information in a Designated Record Set for Customer, then Microsoft, at the request of Customer, shall make available such Protected Health Information to Customer for amendment and incorporate any reasonably requested amendment in the Protected Health Information in accordance with 45 CFR § 164.526 of the Privacy Rule.

(viii) **Accounting of Disclosure.** Microsoft, at the request of Customer, shall within fifteen (15) days make available to Customer such information relating to Disclosures made by Microsoft as required for Customer to make any requested accounting of Disclosures in accordance with 45 CFR § 164.528 of the Privacy Rule.

(ix) **Performance of a Covered Entity's Obligations.** To the extent Microsoft is to carry out a Covered Entity obligation under the Privacy Rule, Microsoft shall comply with the requirements of the Privacy Rule that apply to Customer in the performance of such obligation.

**b. Customer Responsibilities.**

(i) **No Impermissible Requests.** Customer shall not request Microsoft to Use or Disclose Protected Health Information in any manner that would not be permissible under HIPAA if done by a Covered Entity (unless permitted by HIPAA for a Business Associate).

(ii) **Contact Information for Notices.** Customer hereby agrees that any reports, notification, or other notice by Microsoft pursuant to this BAA may be made electronically. Customer shall provide contact information to [MSO-HIPAA@microsoft.com](mailto:MSO-HIPAA@microsoft.com) or such other location or method of updating contact information as Microsoft may specify from time to time and shall ensure that Customer's contact information remains up to date during the term of this BAA. Contact information must include name of individual(s) to be contacted, title of individual(s) to be contacted, e-mail address of individual(s) to be contacted, name of Customer organization, and, if available, either contract number or subscriber identification number.

(iii) **Safeguards and Appropriate Use of Protected Health Information.** Customer is responsible for implementing appropriate privacy and security safeguards to protect its Protected Health Information in compliance with HIPAA. Without limitation, it is Customer's obligation to:

- 1) Not include Protected Health Information in: (1) information Customer submits to technical support personnel through a technical support request or to community support forums; and (2) Customer's address book or directory information. In addition, Microsoft does not act as, or have the obligations of, a Business Associate under HIPAA with respect to Customer Data once it is sent to or from Customer outside Microsoft Online Services over the public Internet.
- 2) Implement privacy and security safeguards in the systems, applications, and software Customer controls, configures, and uploads into the Microsoft Online Services.



#### **4. Applicability of BAA.**

This BAA is applicable to Microsoft Online Services. Microsoft may, from time to time, update the definition of Microsoft Online Services in this BAA to include additional Microsoft online services. Any such updated definitions will apply to Customer without additional action by Customer. It is Customer's obligation to not store or process Protected Health Information in a Microsoft online service until this BAA is effective as to the applicable service.

#### **5. Term and Termination.**

- a. **Term.** This BAA shall continue in effect until the earlier of (1) termination by a Party for breach as set forth in Section 5b, below, or (2) expiration of Customer's Agreement.
- b. **Termination for Breach.** Upon written notice, either Party immediately may terminate the Agreement and this BAA if the other Party is in material breach or default of any obligation in this BAA. Either party may provide the other a thirty (30) calendar day period to cure a material breach or default within such written notice.
- c. **Return, Destruction, or Retention of Protected Health Information Upon Termination.** Upon expiration or termination of this BAA, Microsoft shall return or destroy all Protected Health Information in its possession, if it is feasible to do so, and as set forth in the applicable termination provisions of the Agreement. If it is not feasible to return or destroy any portions of the Protected Health Information upon termination of this BAA, then Microsoft shall extend the protections of this BAA, without limitation, to such Protected Health Information and limit any further Use or Disclosure of the Protected Health Information to those purposes that make the return or destruction infeasible for the duration of the retention of the Protected Health Information.

#### **6. Miscellaneous.**

- a. **Interpretation.** The Parties intend that this BAA be interpreted consistently with their intent to comply with HIPAA and other applicable federal and state law. Except where this BAA conflicts with the Agreement, all other terms and conditions of the Agreement remain unchanged. Any captions or headings in this BAA are for the convenience of the Parties and shall not affect the interpretation of this BAA.
- b. **BAAs; Waiver.** This BAA may not be modified or amended except in a writing duly signed by authorized representatives of the Parties. A waiver with respect to one event shall not be construed as continuing, as a bar to, or as a waiver of any right or remedy as to subsequent events.
- c. **No Third Party Beneficiaries.** Nothing express or implied in this BAA is intended to confer, nor shall anything in this BAA confer, upon any person other than the Parties, and the respective successors or assigns of the Parties, any rights, remedies, obligations, or liabilities whatsoever.
- d. **Severability.** In the event that any provision of this BAA is found to be invalid or unenforceable, the remainder of this BAA shall not be affected thereby, but rather the remainder of this BAA shall be enforced to the greatest extent permitted by law.
- e. **No Agency Relationship.** It is not intended that an agency relationship (as defined under the Federal common law of agency) be established hereby expressly or by implication between Customer and Microsoft under HIPAA or the Privacy Rule,

Security Rule, or Breach Notification Rule. No terms or conditions contained in this BAA shall be construed to make or render Microsoft an agent of Customer.