

Auto Provider Registration Packet

CEDA's Family Support and Community Engagement







Table of Contents

Letter from CEDA's CEO and President, Harold Rice 3
Program Purpose
How the Program Works
Provider Eligibility
Covered Services
Auto Repair Voucher
Auto Repair Voucher (Example)9
Vehicle Inspection Form 10
Service Expiration / Void or Closed Vouchers
Customer Contribution 11
Fees for Services 12
Billing for Services
How to Bill for Services 14
Referrals 14-15
Contact Information
Provider Registration
Provider Registration Form
Provider Statement of Understanding 18
W9 Form
Vendor Add Form



A letter from CEDA's CEO



Dear community businesses,

The Community and Economic Development Association of Cook County, Inc. (CEDA) is one of the largest private, nonprofit Community Action Agencies in the country, serving residents throughout Cook County, Illinois. **We serve more than 300,000 people and more than 150,000 households every year.**

CEDA offers a variety of programs and services in the areas of community and economic



development, education, emergency assistance, employment and training, energy conservation and services, health and nutrition, and housing. We learned from our 2021 Community Needs Assessment how important auto repair needs are to so many individuals and families that currently do not have the means to obtain or gain access to these services.

We invite you to partner with us in providing these vital services to the community. Your participation in this program will help reduce barriers that hinder families striving for self-sufficiency. In the process, your business will help give people hope and a chance to realize their full potential.

Please visit our website at cedaorg.net to download our Community Needs Assessment and review all the services we provide to families. Enclosed you will find more information on our Auto Repair Program, policies, procedures, and a Provider Registration Packet with instructions on how to become a vendor.

Our mission is to empower individuals, families, and communities facing poverty to secure a better quality of life. We hope you will partner with us in this endeavor.

Sincerely,

Harold Lice, J.

Harold Rice, Jr. CEO/President





Program Purpose

The purpose of CEDA Family Support and Community Engagement (FsACE) Auto Repair Program is to help Suburban Cook County residents with low incomes to get auto repair services they need to obtain or sustain employment, education, or health management. This is done by giving them access to auto repair service through a network of licensed and insured providers. The assistance provided by this program is funded by CEDA's Community Services Block Grant (CSBG).

How the Program Works

Intake

Individuals interested in CEDA FsACE programs, must complete an intake process with CEDA which determines their eligibility to receive services. Eligible customers must live within suburban Cook County and meet program income guidelines.

Referral Form Issuance

Eligible customers interested in auto repair services will receive a Referral Form from CEDA and identify a vendor of their choosing from the provider list. Customer will then schedule an estimate appointment with the provider to determine the services needed.

Estimate Appointment

During the estimate appointment, customer will present their CEDA Referral Form, valid ID, and customer contribution (if applicable) to the provider. The customer contribution is similar to a co-pay and further explained on page 10.

We ask that providers conduct a comprehensive assessment of the services needed. Auto providers must complete a ½ mile test drive and CEDA's Multi-Point Vehicle Inspection Form for every vehicle (see inspection form on page 10). Providers can bill CEDA for inspection services. A service estimate and the inspection form should be sent to CEDA to continue voucher processing. **Please note: CEDA is a tax exempt organization and documentation including estimates and billing should reflect this status.**





Voucher Issuance

Once the service estimate and vehicle inspection form are sent to CEDA, a voucher will be issued to the customer for services. The voucher will indicate the services to be provided, the vendor selected, the customer contribution amount, and the approved amount for services to be paid by CEDA. (see voucher example on page 9)

1st Service Appointment

Once a customer obtains a voucher, they are required to schedule the first service appointment with the provider within 14 days.

During the first service appointment, the customer will bring their voucher, a valid photo ID, and if applicable a customer contribution or good faith effort towards the service (if not paid at the estimate appointment).

Providers must copy the photo ID provided by the customer and ensure the correct person is accessing the service. In addition, the provider will collect the customer's contribution if applicable.

At the first service appointment, the provider will perform the services approved on the voucher.

Completing Service / Billing

If necessary, the customer will schedule another appointment to complete the services. However, all voucher services must be completed within 45 days of the first service appointment date. When all services for the customer have been rendered, the provider bills CEDA (further explained on pages 12-13). Once all billing documents are submitted, CEDA pays the provider directly within 45 days.





Provider Eligibility

In order to achieve the purpose of this program, CEDA partners with auto repair providers who meet the following criteria:

- Licensed businesses in the State of Illinois
- Provide services to customers in a location within the State of Illinois
- License must be in good standing with the State of Illinois and possess a history free of disciplinary actions
- Providers must also have a minimum of three (3) years' experience

(Information on provider registration available on page 16)

Covered Services

This program issues auto repair vouchers to customers as a means to access and secure vehicle repairs. *(See voucher example on page 9)*

For this program, examples of allowable auto repairs are defined as the repair or replacement of: (This list is not meant to be all inclusive.)

- Tires
- Axle
- Radiator
- Windshield, windows and mirrors
- Starter
- Batteries
- Replacement of a Gas Gauge
- Catalytic Converters
- Brakes, Rotors
- Alternator
- Fuel Leaks and Lines
- Radiator
- Belts and Plugs
- Head Lights, brake Lights
- Steering Column, Ignition
- Heat





For this program, Auto Repair "Service" is defined as both labor and parts.

A customary diagnostic or estimate for services can be included with the repair costs.

The auto repairs are the **ONLY** procedures that are considered covered services for the use of a valid CEDA FsACE Auto Repair Voucher.

Under most circumstances, the voucher does not cover:

- Towing
- Storage Fees
- Deductibles
- Preventative or routine maintenance
- Non-emergency repairs/parts
- Retail parts or products
- Replacement or repair of accessories (CD Players, radios, etc.)
- Any cosmetic repairs/services

If you as the provider believe that another procedure is necessary to complete repairs, please contact the CEDA FsACE **Regional Manager** listed on the voucher to get prior approval.

Please note: The auto repair program cannot be used to pay for services that were performed before the date the voucher was issued.

Auto Repair Voucher

1. Payment for covered services can be up to \$2,000 per household (HH)

**Vouchers are issued based on eligibility for a one-time event per person

2. Customers must bring a valid photo identification card *and* their voucher to receive services. <u>Please Note</u>: A copy of the photo ID and voucher must be submitted with your invoice upon completion of services.



- 3. Dates of service must correspond with the dates of service indicated on the voucher. In other words, the customer must have an appointment scheduled with an auto repair provider within fourteen (14) business days of the date listed on the FsACE Auto Repair Voucher. Keep in mind that all related repairs associated with the voucher must be completed within 45 business days from the 1st appointment date.
- 4. The voucher issued will show the auto repair business to which it is made. All billing and invoicing will have the exact same provider information listed.
- 5. <u>Only approved auto repair providers can provide services to customers through</u> <u>this program. Services provided by a non-approved business will **not be paid** <u>by the customer nor CEDA.</u></u>
- 6. If a voucher was issued incorrectly and needs to have the provider information corrected, please contact CEDA FsACE regional office to request a corrected voucher. Furthermore, approved vouchers and customer service plans cannot be revised without direct approval from CEDA FsACE management staff.
- 7. Service or parts must be rendered or received by the customer before CEDA FsACE auto repair assistance can make payment to the provider.
- 8. In cases where the customer has automobile insurance that would cover the services or repairs, any insurance must be billed PRIOR to applying the value of the voucher.
- 9. Vouchers are valid for individual repairs or services only and are not transferable to others.
- 10. If the same customer (or another household member) needs services for a different problem, that person will need to contact the CEDA FsACE Auto Repair Program to determine eligibility. If approved, a new voucher for service will be issued.





Auto Repair Voucher (EXAMPLE)

	JA Engagement	ort and Community t (FsACE)	First	Last					Date Customer
N LL			Address 123	Main Street	Park Fe	orest	IL 604	66	
ACE AU	JTO SERVI	CE	Stree		City	102@amail	ST Zip		Contribution \$ 25. Required
ROGRA	M VOUCH	ER	Phone (70)	8) 555-5555	Email <u>IIones</u>	123@gmail.	<u>2011</u>		FPG% from 0.00%
			Case Manager Vir	ginia Thompson		Intake Site	South		STARS Intake
		_							
CONTAC	CT INFORMA	TION							
Dette	4/1/2022	Marrahan							
Date	4/1/20XX	Voucher	NO. 54	-XX-05					
	Make	Honda	Model	Accord	Year	2010		1G1YZ2	23J9P5800001
		line Jones d Recipient				ABC Auto	o Repair, Ind ovider	С.	
	123 N	Aain Street				53 South	Village Roa	ad	
	Address Park I	orest, IL 60466				Address Richton I	Park, IL 604	71	
	City, ST Zip					City, ST Zip			
		555-5555		03/15/73		(708) 973	3-5444		(708) 973-5445
	Phone		DOB			Phone		F	ax
whicheve	and products m er comes first.	nust be complet [Note: CEDA res	appointment for ed within 45 bus erves the right to uthorized provid	iness days fro o request an e	m the first arlier com	appointme pletion date	nt date, or if required	by Dece I by the	ember 31, 2024, funding source].
whicheve The vouch \$2,000 pe is only on All costs b prior to si responsib this relea #N/A	and products n er comes first. her can only b er household fi ne authorized s beyond the val ubmitting this pility or liability	nust be complet [Note: CEDA res e used for the a or allowable aut ervice recipient ue of this vouch voucher for pay of or the auto re y the service re	ed within 45 bus erves the right to uthorized provid to repair services	iness days fro o request an e er listed above , however eac nsibility of the CE has referre may be provic	m the first arlier com e. The FsA(h househc service re ed the serv	appointme pletion date CE Auto Rep old member ecipient and vice recipien	nt date, or if requirect air Program will have a must be co t, but does	by Dece I by the n will au separa ollected not ass	ember 31, 2024, funding source]. uthorize up to te voucher. There by the provider sume
whicheve The vouch \$2,000 pe is only on All costs & prior to su responsib this relea #N/A	and products n er comes first. her can only be er household fo ne authorized s beyond the val ubmitting this pility or liability sise of liability b EREQUESTEE	nust be complet [Note: CEDA res e used for the a or allowable aut ervice recipient ue of this vouch voucher for pay of or the auto re y the service re	ed within 45 bus erves the right to uthorized provid to repair services per voucher. ter are the respo ment. CEDA FsA pair service that cipient and/or pr	iness days fro o request an e er listed above , however eac nsibility of the CE has referre may be provic	m the first arlier com e. The FsA(h househc service re ed the serv	appointme pletion date CE Auto Rep old member ecipient and vice recipien	nt date, or if requirect air Program will have a must be co t, but does	by Dece I by the n will au separa ollected not ass	ember 31, 2024, funding source]. uthorize up to te voucher. There by the provider sume d acceptance of Approved Vouche
whicheve The vouch \$2,000 pe is only on All costs & prior to su responsib this relea #N/A SERVICE Request	and products n er comes first. her can only be er household fi ne authorized s beyond the val ubmitting this pility or liability sise of liability b E REQUESTEE ting Case Manag ueline is in nee	nust be complet [Note: CEDA res e used for the a or allowable aut ervice recipient ue of this vouch voucher for pay of the auto re y the service re of the service re of the service re	ed within 45 bus erves the right to uthorized provid to repair services per voucher. ther are the respo ment. CEDA FsA pair service that cipient and/or pr ompson	iness days fro o request an e er listed above , however eac nsibility of the CE has referre may be provic ovider.	m the first arlier com e. The FsA(h househc service re ed the serv led. Utiliza	appointme pletion date CE Auto Rep old member ecipient and rice recipien ition of this Region	nt date, or e if requirec pair Program will have a must be co t, but does voucher is South	by Dece l by the n will au separa ollected not ass deemed	ember 31, 2024, funding source]. uthorize up to te voucher. There by the provider sume d acceptance of Approved Vouche
whicheve The voucl \$2,000 pe is only on All costs & prior to su responsib this relea #N/A SERVICE Request	and products n er comes first. her can only be er household fi ne authorized s beyond the val ubmitting this pility or liability sise of liability b E REQUESTEE ting Case Manag ueline is in nee	nust be complet [Note: CEDA res e used for the a or allowable autor ervice recipient ue of this vouch voucher for pay of the auto re of the auto re of the service re of the s	ed within 45 bus erves the right to uthorized provid to repair services per voucher. ther are the respo ment. CEDA FsA pair service that cipient and/or pr ompson	iness days fro o request an e er listed above , however eac nsibility of the CE has referre may be provid ovider.	m the first arlier com e. The FsAG h househc service re ed the serv led. Utiliza	appointme pletion date CE Auto Rep old member ecipient and rice recipien ition of this Region eed of front	nt date, or e if requirec pair Program will have a must be co t, but does voucher is voucher is South	by Dece I by the n will au separa ollected not ass deemed rakes,	Approved Voucher Amount Not to Exce
whicheve The vouch \$2,000 pe is only on All costs b prior to si responsib this relea #N/A SERVICE Request Jacq 2 ou	and products n er comes first. her can only be er household fo ne authorized s beyond the val ubmitting this pility or liability isse of liability b E REQUESTEE ting Case Manag ueline is in nee iter rods, and a the above sem	nust be complet [Note: CEDA rese a used for the a or allowable autorer ervice recipient ue of this vouch voucher for pay of or the autorer y the service re of the service re of the autorer y the service re of autorepai a wheel alignme BEFORE repai	ed within 45 bus erves the right to uthorized provid to repair services per voucher. ther are the respo ment. CEDA FsA pair service that cipient and/or pro- ompson r assistance. Per nt.	iness days fro o request an e er listed above , however eac nsibility of the CE has referre may be provid rovider. the estimate, et customer m ed criteria for :	m the first arlier com e. The FsAG h househo service re d the serv led. Utilization led. Utilization she is in no ust pay the services as I by anothe	appointme pletion date CE Auto Rep old member ecipient and rice recipien ation of this Region eed of front the Custome coutlined by	nt date, or e if requirect pair Program will have a must be co t, but does voucher is voucher is South and rear b r Contributi	by Dece I by the n will au separa ollected not ass deemed rakes, ion of FsACE A	Approved Voucher Amount Not to Excer \$2,000.00 \$25.00
whicheve The vouch \$2,000 pe is only on All costs b prior to si responsib this relea #N/A SERVICE Request Jacq 2 ou certify that that the Jane	and products n er comes first. her can only be er household fo ne authorized s beyond the val ubmitting this pility or liability isse of liability b E REQUESTEE ting Case Manag ueline is in nee iter rods, and a the above sem	nust be complet [Note: CEDA rese a used for the a or allowable autorer ervice recipient ue of this vouch voucher for pay of or the autorer y the service re of the service re of the autorer y the service re of autorepai a wheel alignme BEFORE repai	ed within 45 bus erves the right to uthorized provid to repair services per voucher. ther are the respo ment. CEDA FsA pair service that cipient and/or pro- ompson r assistance. Per nt. rs are started, the ets the authorize	iness days fro o request an e er listed above , however eac nsibility of the CE has referre may be provid rovider. the estimate, the estimate, ed criteria for isly completed Jane Doe	m the first arlier com e. The FsAG h househo service re d the serv led. Utilization led. Utilization she is in no ust pay the services as I by anothe	appointme pletion date CE Auto Rep old member ecipient and rice recipien ation of this Region eed of front the Custome coutlined by	nt date, or e if requirect pair Program will have a must be co t, but does voucher is voucher is South and rear b r Contributi	by Dece I by the n will au separa ollected not ass deemed rakes, ion of FsACE A	Approved Voucher Approved Voucher Amount Not to Excer \$2,000.00 \$25.00





Vehicle Inspection Form

MCED)A		Fs.	ACE T	RANS		ATION A											
						en						7						
Customer Name Vehicle Year/M		lodel:										-						
VIN #: Mileage:																		
Test Drive (Minimum ½ mile test drive required for all vehicles) Exterior Inspection																		
Observations:							r											
(including engine p transmission, shock						nment,	0		50		C		Ø	CEDA FSAC	E TRANSPORTATION A MULTI-POIN			
															TICAL OBSERVATIONS	STOP	INSPE	
							0	I M		W 1	V/					STOP		_
)	Y			e engine in need of repair or replace te transmission in need of repair or r			YES	NO NO
Destinant												4		s the vehicle have water damage?	epiacement		YES	NO
Battery Performance Checked and		ad Lights, Ta			hts Turn	ок	REQUIRES	FLUID L	EVELS	ок	REQUIRI			U If you answered YES to any of	RGENT PROVIDER NOTE: the three questions above, <u>DO NO</u>			
ОК		gnals, Hazaro						Engine Oil						please advise the cus	tomer to return to CEDA for furthe	r instructions.		
May Require Attn. Soon		indshield Wa				λ		Brake Fluid	d					GINE LIGHT OBSERVATION				
Requires		iper Blades, Irking Brake	Windshi	eld Conditi	on			Transmissi					lf e	ngine light is on, will the cost of remo	oving all codes exceed the vouch	ner amount?	YES	NO
Immediate Attn.		orn Operatio						Coolant	ion			_		repairs related to clearing engine co	des the most urgent and critica	safety	YES	NO
		r Filters						Power Ste	ering					^{cern?} OVIDER SERVICE RECOMMEN				
T 0 1	_	FRONT	FRONT	REAR	REAR		c //···	FRON	T FRON	T REA	R REAL			ase list safety repairs in the order		issociated		
Tire Condition	n		RIGHT	LEFT	RIGHT		Condition	LEFT	RIGHT					Name of Vehicle Repair	Part Number(s)	Cost of Parts	Labor C	Cost
Checked and OK						Checked							1)			Ś	\$	
May Require Atten Soon	tion					May Req Soon	uire Attention						1,			\$	Ş	
Requires Immediat	e						Immediate						2)			\$	\$	
Attention Rotation Needed?		YES	6	N	10	Notes:	1											
Alignment Needed	?	YES	6	N	10								3)			\$	\$	
Balancing Needed?	?	YES	6	N	10								4)			Ś	Ś	
SYSTEM CHEC	CKS	Checked and OK		y Require ntion Soon		quires iate Action		Co	mments				5)			\$	\$	
Fuel System																2	>	
Brake System													6)			\$	\$	
Exhaust System																	ļ	
Electrical System													7)			\$	\$	
Steering / Susper	nsîon												8)			Ś	Ś	
Belts/Hoses/Mou																•		
Transmission/Dri	ve Axle	2											9)			\$	\$	
Page 1													10)			\$	\$	
, ugu I															TOTAL	\$		
													Ade	litional Provider Comments:		1		

Page 2



Thank you for being a provider in CEDA's FsACE Transportation Assistance Program. We appreciate your partnership.



Service Expiration / Void or Closed Vouchers (TIME SENSITIVE)

- 1. All 1st appointments must be made <u>within 14 business days</u> of the date on the voucher
- 2. All services must be completed <u>within 45 business days</u> from the 1st appointment date, or the end of the calendar year, whichever comes first.
- 3. If the customer fails to make an appointment within 14 business days from the voucher issuance date, the voucher is void and cannot be used (please refer customer back to CEDA FsACE).
- 4. If the customer fails to make a scheduled appointment and does not re-schedule within (2) weeks, the voucher will be closed (not available for future use) and you can submit for payment at that time by submitting the voucher and invoice for processing with an explanation to CEDA FsACE.

Customer Contribution

All customers are required to provide a modest financial contribution towards their services before the financial assistance from a program can be applied. This customer contribution is similar to a co-pay and must be collected by the auto repair provider at the time of service. The customer contribution amount will be listed on the auto voucher. In some instances, this amount may be zero.

The customer's payment must be reflected on the provider's invoice for services.





Fees for Services

CEDA FsACE Auto Repair Program encourages the use of sliding scale fees for services, when possible, for those that are income eligible according to the auto repair provider's own fee policy. We track and appreciate these contributions as they allow the program to assist more qualified recipients in suburban Cook County.

An auto repair provider will be expected to utilize their usual and customary fee structure if a sliding scale does not exist. CEDA FsACE Auto Repair Program requests that providers honor any coupons, discounts or advertised specials they offered at the time of service for covered services prior to applying the value of the voucher.

Billing for Services

Please read the voucher carefully. The voucher indicates that the customer is responsible for the portion of the repairs that exceeds the amount listed on the voucher. Please be mindful that we serve low-income families. It is not in the best interest of the customer or the auto provider to exceed the voucher amount.

Keep in mind that excessive payment arrangements can create a financial hardship for our customers.

Any agreed upon payment plan between the provider and customer for more than \$300.00 over the voucher amount **must get prior approval** from FsACE. The payment arrangement and approval must be submitted with the original invoice and voucher for processing.

When submitting billing for payment, please indicate the customer's contribution or other payment on the invoice billing the same way you report a payment by another insurance carrier. Please note: CEDA is a tax exempt organization and documentation including estimates and billing should reflect this status.

- Please submit only one (1) invoice per customer.
- Invoices must be submitted within (30) business days from the completion of the work.





If you are discounting services or providing a service at no cost, please indicate this on the invoice as well, so we can capture the actual cost and all discounted or donated services.

Billing invoices submitted for non-covered services will be denied and the individual may not be billed for these services.

If the customer fails to make an appointment within 14 business days from the voucher issuance date, the voucher is void and shouldn't be used (please refer client back to CEDA FsACE).

If the client fails to make a scheduled appointment and does not re-schedule within (2) weeks, the voucher will be closed (not available for future use) and you can submit for payment at that time by submitting the voucher and invoice for processing with an explanation to the CEDA FsACE Auto Repair Program.

Customers must present their **voucher** and a **valid photo ID** to get services. Providers must **copy the customer's ID** and **retain the original voucher** to submit with the invoice for payment. CEDA cannot pay for services rendered without a voucher.

The date of service and itemized eligible services rendered must exactly match the corresponding information on the voucher.

Any additional services provided for the customer that are not covered by the voucher should be billed directly to the customer, separate from the procedures being billed to the CEDA.





How to Bill for Services

To submit billing, the provider will email the following documents to **csbginvoice@cedaorg.net**

- 1. Auto Repair Voucher
- 2. Copy of customer's valid ID (provided at the time of service)
- 3. Any payment arrangement agreement (if applicable)
- 4. Billing Invoice (please ensure CEDA's tax exempt status is reflected) (please note customer's contribution if applicable)

Billing that is mailed or faxed will not be processed.

Sending invoice documentation to an email other than **csbginvoice@cedaorg.net** will significantly delay payment processing.

Billing is processed quickly by CEDA. As long as your billing is prepared as described above and emailed to **csbginvoice@cedaorg.net** payment can be expected within 30 to 45 days.

All invoices must be submitted no later than 30 business days from the date of completed service.

Referrals

Referring Customers to Auto Repair Specialists

If the customer requires a referral to an auto repair specialist, the provider will need to provide that referral in writing to the customer with all the specialist contact information. The customer will need to notify the FsACE Auto Repair Program to secure an additional voucher to be used with the specialist.



Referring Customers to Auto Providers

CEDA does not make direct referrals to any business, but rather offers customers an option to choose from a directory of providers willing to participate in our program or a provider of their choosing, who has submitted the necessary documents to become an approved provider.

Referring Customers to CEDA

We welcome customer referrals from service providers. If you would like to refer an individual or household to the CEDA FsACE Auto Repair Program, please provide the customer with CEDA's Information and Referral phone number, which is (312) 795-8948.

Contact Information

For questions regarding **voucher or payment processing**, please contact the FsACE Regional Manager listed on the service voucher.

For questions regarding <u>auto repair program policies and procedures</u>, please email csbgvendorinfo@cedaorg.net.





Provider Registration

Providers interested in participating in the program would submit the following documents via email to **sfreeman@cedaorg.net**.

- 1. Provider Registration Form (see page 17)
- 2. Statement of Understanding (see page 18)
- **3. W9 Form** (see page 19)
- 4. Vendor Add Form (see page 20)
- 5. Current Business License
- 6. General Liability Insurance

*W9 and Vendor Add Forms are needed to process payments

Upon receipt and review of the documents, providers will receive notification of their status within one to two weeks. Approved providers will be added to our provider list, which is given to each customer to select a provider.



CEDA 2024 AUTO REPAIR PROVIDER REGISTRATION FORM

Please print legibly. This information will be entered on the provider list.

LEGAL BUSINESS NAME:								
NAME OF BUSINESS (if legal name is different):								
BUSINESS LICENSE#CITY/VILLAGE OF REGISTRATION:FEDERAL ID# (TIN)								
NAME OF OWNER:								
NAME OF MANAGER:								
STREET ADDRESS:								
CITYZIP CODE:								
COUNTY: DIA MULTIPLE LOCATIONS (please submit a separate form for each location that will participate.)								
TELEPHONE NUMBER:() FAX NUMBER:()								
WEBSITE:								
EMAIL:								
REPAIR SPECIALITY:								
LANGUAGES SPOKEN:								
HOURS OF OPERATION: (Please indicate the specific times your business opens and closes)								
MondayTuesdayWednesdayThursdayFriday								
SaturdaySunday								
COSTS: (According to registration documents) *** Please Note: A multi-point vehicle inspection is <u>mandatory</u> for all vehicles. Form is provided by CEDA.								
Standard Inspection: \$ In-Depth Inspection: \$ (in-depth includes electrical)								
METHOD OF PAYMENT ACCEPTED: CASH								
Would you like to limit the number of referrals made to your business? YES* NO <i>* If yes, please indicate the limit:</i> per monthper year								
Contact information for the manager of this location:								
Name:Phone:(Email:								
Contact information for the administrator of accounts receivable:								
Name:Phone:()Email:								

2024 PROVIDER STATEMENT OF UNDERSTANDING

١,

certify that I have read the attached

(Provider Name) and (Name of Practice or Business)

Provider Registration Packet and understand and will comply with all program policies and procedures including the following;

(Please initial here as your acceptance to all of the following)

1. Billing Procedures and Timelines

- Billing packets must contain all supporting documentation, including a copy of the customer's ID, customer voucher (retain a copy for your records), invoice, and if applicable, an approved payment arrangement.
- CEDA is a tax exempt organization and documentation including estimates and billing should reflect this status.
- A client's contribution or Good Faith Effort, which is similar to a co-pay, must be collected by the provider before the financial assistance of this program can be applied. Additionally, the customer's payment must be reflected on the provider's invoice for services.
- Invoice must be submitted within 30 days of service completion. Only one (1) invoice per voucher is accepted.

2. Vouchering Policies and Procedures

- An appointment must be made within 14 days of the voucher date.
- The service must be completed within 45 days of the first appointment date.
- The service must comply with the estimate or service plan.
- For void and closed vouchers, see program guidelines.

3. Approval Guidelines

- If service is anticipated to exceed beyond the (45) day time-frame, you must have an approved CSBG Extension of Service Authorization from CSBG on file.
- If service costs exceed voucher amount, follow program specific guidelines.

I understand that failure to comply with all program policies and procedures included in the Provider Registration Packet, may result in non-payment for services and/or termination of program partnership.

(Date)

(Printed Name)

(Signature)

Please note: This form must be completed for each doctor or business owner registering for the program.

► Go to www.irs.gov/FormW9 for instructions and the latest information.

	2 Business name/disregarded entity name, if different from above							
Is on page 3.	following seven boxes.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any)						
type	☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶	· · · · · · · · · · · · · · · · · · ·						
Print or type. Specific Instructions	LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is	code (if any)						
ecif		Applies to accounts maintained outside the U.S.)						
See Sp	5 Address (number, street, and apt. or suite no.) See instructions. Requester's name and	d address (optional)						
0)	6 City, state, and ZIP code							
	7 List account number(s) here (optional)							
Par	t I Taxpayer Identification Number (TIN)							
		rity number						
reside	p withholding. For individuals, this is generally your social security number (SSN). However, for a nt alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other s. it is your employer identification number (EIN). If you do not have a number, see <i>How to get a</i>] - [] - []]						

TIN, later.			-
Note: If the account is in more than one nat	me, see the instructions	for line 1. Also see Wha	t Name and
Number To Give the Requester for quideline	es on whose number to e	enter	

Certification Part II

Under penalties of perjury, I certify that:

- 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- 3. I am a U.S. citizen or other U.S. person (defined below); and
- 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign	Signature of
Here	U.S. person ►

General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

· Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)

or

Employer identification number

• Form 1099-S (proceeds from real estate transactions)

Date 🕨

- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest),
- 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.



Vendor Add/Change Form

This information will be used by CEDA to process vendor payments. Failure to provide the requested information may delay or prevent the receipt of payments. If you are a new vendor, a signed W-9 form should accompany this form. If Action Requested is "Change", please note the reason for the change.

Action Requested (check one)						
NEW	CHANGE	CANCEL				
If "Change" is selected, note reason for change:						
Vendor Information						

VENDOR ADDRESS:

Contact Information
PRIMARY CONTACT NAME:
E-MAIL ADDRESS:
PHONE NUMBER:
FAX NUMBER:

Vendor Mailing Address
COMPANY NAME:
STREET:
CITY, STATE, AND ZIP:

Remittance Address (if same as Mailing leave blank)
COMPANY NAME:
STREET:
CITY, STATE, AND ZIP:

	Vendor Authorization	I.
SIGNATURE:	SIGN	HERE
TITLE:		
DATE:		

*** For CEDA Use Only ***	
UPDATED BY:	DATE:
VALIDATED BY:	DATE: