

Auto Provider Registration Packet

CEDA's Family Support and Community Engagement





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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 Rice, Jr. CEO/President

Harold Lice, J.



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 choice from the provider list. The customer will then schedule an estimate appointment with the provider to determine the services needed.

Estimate Appointment

During the estimate appointment, customers will present their CEDA Referral Form and valid ID to the provider. 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 for services. The voucher will indicate the services to be provided, the vendor selected, and the approved amount for services to be paid by CEDA. (see voucher example on page 9)

1st Service Appointment

Once approved, CEDA will send the voucher directly to the provider and coordinate the scheduling of the first appointment, which must be within 14 days. During the first service appointment, the customer must present a valid photo ID to the provider. Providers must copy the photo ID provided and ensure the correct person is accessing the service. At the first service appointment, the provider will complete the services approved on the voucher.

Completing Service / Billing

If necessary, another appointment will be scheduled to complete the services. However, all voucher services must be fulfilled within 45 days of the first service appointment date. After all services for the customer have been rendered, the provider invoices CEDA (further explained on pages 10-12). 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 for 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
- 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 \$2,500 per household.
 - **Vouchers are issued based on eligibility for a one-time event per person
- 2. Customers must bring a valid photo identification card to receive services. Please Note: 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. Only approved auto repair providers can provide services to customers through this program. Services provided by a non-approved business will **not be paid** by the customer nor CEDA.
- 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.



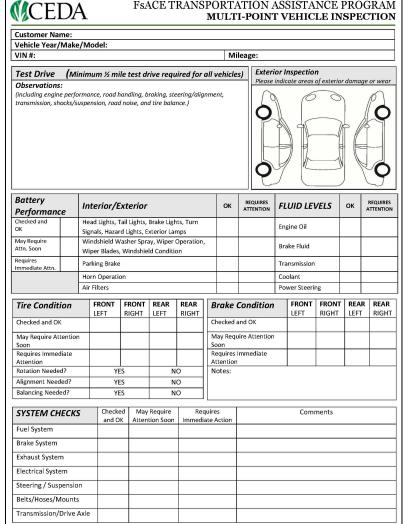
Auto Repair Voucher (EXAMPLE)

CEDA Family Support and Community Engagement (FSACE)	Name Jacqueline	Jones Last			Service Date 04/1/20XX
2025 AUTO REPAIR	dress 123 Main Street Street Hone - (708) 555-5555 Email		rk Forest IL Site South	0	
PROGRAM VOUCHER			, , , , , , , , , , , , , , , , , , ,		
SERVICE VOUCHER DETAILS					
Date 04/1/20XX Voucher No. SA-XX-05					
2010 - 0 1/1/2010					
Make Honda Model Ac	cord	Year 2020	VIN 1G1YZ23	J9P5800	0001
Jacqueline Jones	is a	. ——— ABC Auto Repair	Inc		
Authorized Recipient		ito Repair Vendor	, IIIC.		
123 Main Street		53 South Village	Road		
Address		ddress			*
Park Forest, IL 60466		Richton Park, IL	50471		
City, ST, Zip	Ci	ty, ST, Zip			
(708) 555-5555 jjones123@gmail.com		(708) 973-5444	abcautorepa	air@gmai	l.com
Phone Email	P	hone	Email		
SERVICE DISCLAIMER This voucher is non-transferable and has no cash v voucher is valid only if an appointment for service must be completed within 45 business days from t reserves the right to request an earlier completion. The voucher can only be used for the authorized parameters of \$0 for allowable authorized parameters of \$0 for allowable authorized.	is scheduled within 14 buther first appointment date on date if required by the provider listed above. The	siness days of the do or by December 31 funding source.] FsACE Auto Repair P	ate on the vouche , 2025, whichever rogram will autho	er. All sen r comes fi orize up to	vices and products rst. [Note: CEDA to the approved
This voucher is non-transferable and has no cash voucher is valid only if an appointment for service must be completed within 45 business days from treserves the right to request an earlier completion. The voucher can only be used for the authorized pamount of \$0 for allowable auto repair services. Heligible household member will receive a separate All costs beyond the value of this voucher are the submitting the voucher for payment. CEDA FSACE repair services provided. Utilization of this voucher #VALUE!	is scheduled within 14 but the first appointment date on date if required by the provider listed above. The lowever, no household will voucher, and there is only responsibility of the service has referred the service regressional transfer of the service regressions acceptance of the service regressions.	siness days of the decorate or by December 31 funding source.] FSACE Auto Repair Particle of the control of the control of the control of the control of this release of liab	ate on the voucher, 2025, whichever rogram will author \$2,500 in total privice recipient per the collected by the service ility by the service recipient per the collected by the service responsility by the service recipient per the service responsility by the service recipient per the service responsility by the service recipient per the service responsibility by the service responsibility by the service recipient per the service	er. All sender comes find the comes find the comes are considered to the comes are comes and the comes are	vices and products rst. [Note: CEDA the approved sistance. Each der prior to iability for the auto t and/or provider.
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This voucher is non-transferable and has no cash voucher is valid only if an appointment for service must be completed within 45 business days from teserves the right to request an earlier completic. The voucher can only be used for the authorized pamount of \$0 for allowable auto repair services. Heligible household member will receive a separate All costs beyond the value of this voucher are the submitting the voucher for payment. CEDA FSACE repair services provided. Utilization of this voucher #VALUE! Upon completion of the service, please submit the Driver's License to CSBGInvoice@cedaorg.net. SERVICE REQUESTED Janet Green Ms. Jones is in need of auto repair assistance SERVICE REQUEST CERTIFICATION I certify that the above service request complies w	is scheduled within 14 but the first appointment date on date if required by the provider listed above. The lowever, no household will voucher, and there is only responsibility of the service has referred the service rear constitutes acceptance of the billing invoice along with Site South. Site South Per the estimate, she is serviced the service rearest service	siness days of the department of the control of the	ate on the vouche, 2025, whichever rogram will author \$2,500 in total privice recipient per total by the service responsility by the service e original vouche and rear brakes.	er. All send comes find the provide ibility or I e recipien and the Repair Pr	Approved Voucher Amount Not to Exceed Approved Voucher Amount Not to Exceed 2,500.00

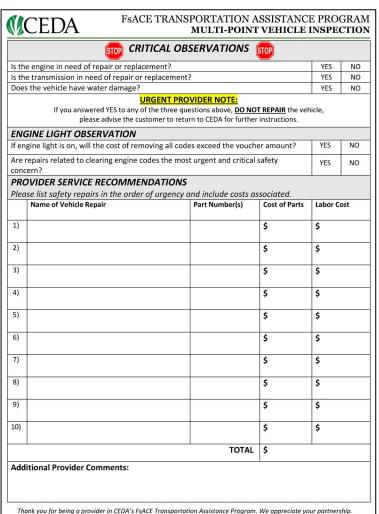


Vehicle Inspection Form

FSACE TRANSPORTATION ASSISTANCE PROGRAM



Page 1



Page 2



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 an appointment is not made 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.



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 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.

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 an appointment is not scheduled 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 customer fails to come to a scheduled appointment and it is 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 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)

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. If 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 the 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 choice, 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 <u>voucher or payment processing</u>, 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.



2025 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 differen	t):			
BUSINESS LICENSE#CITY/VILLA	GE OF REGISTRA	TION:	FEDERAL ID	# (TIN)
NAME OF OWNER:				
NAME OF MANAGER:				
STREET ADDRESS:				
СІТУ	ZIP (CODE:		
COUNTY: MULTIPLE L	OCATIONS (pleas	e submit a separate	e form for each loca	tion that will participate.)
TELEPHONE NUMBER:()		FAX NUMB	ER:()	
WEBSITE:				
EMAIL:				
REPAIR SPECIALITY:				
LANGUAGES SPOKEN:				
HOURS OF OPERATION: (Please indicate the s	pecific times you	r business opens	and closes)	
MondayTuesday	_Wednesday	Thurso	day	Friday
SaturdaySunday	_			
COSTS: (According to registration documents) *** Please Note: A multi-point vehicle inspection		or all vehicles. For	rm is provided by (CEDA.
Standard Inspection: \$ In-Depth	Inspection: \$	(in-dep	oth includes electi	rical)
METHOD OF PAYMENT ACCEPTED: □ CASH □ PERSONAL CHECK □ MC	ONEY ORDER	□ VISA	□ MASTERCARI	D 🗆 AMEX
☐ THIRD PARTY DRAFT (INSURANCE CO.) ☐ O	THER:			
Would you like to limit the number of referrals * If yes, please indicate the limit:per mo	•		ES* □ NO	
Contact information for the manager of this I	ocation:			
Name:	Phone <u>:(</u>)	Email:	
Contact information for the administrator of a	ccounts receivat	ole:		
Name:	Phone <u>:(</u>)	Email:	

l,		certify that I have read the attached
,	(Provider Name) and (Name of Practice or Business)	
	egistration Packet and understand and will com s including the following;	ply with all program policies and
	(Please initial here as your acceptance to a	ll of the following)
1. Billir	ing Procedures and Timelines	
	 Billing packets must contain all supporting the customer's ID, customer voucher (reta and if applicable, an approved payment arr CEDA is a tax-exempt organization and doc billing should reflect this status. The invoice must be submitted within 30 da one (1) invoice per voucher is accepted. 	in a copy for your records), invoice, rangement. umentation including estimates and
2. Vou	uchering Policies and Procedures	
•	 An appointment must be made within 14 d The service must be completed within 45 d The service must comply with the estimate For void and closed vouchers, see program 	ays of the first appointment date. or service plan.
3 Ann	oroval Guidelines	
3. App	 If service is anticipated to exceed beyond thave an approved CSBG Extension of Service. If service costs exceed voucher amount, fol 	e Authorization from CSBG on file.
	nd that failure to comply with all program polici egistration Packet, may result in non-payment artnership.	•
	(Date)	_
	(Printed Name)	_

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

(Signature)



Request for Taxpayer Identification Number and Certification

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

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

	I Name (as snown on your income tax return). Name is required on this line, do not leave this line blank.						
	2 Business name/disregarded entity name, if different from above						
on page 3.	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check following seven boxes. Individual/sole proprietor or C Corporation S Corporation Partnership	eck only one of t	cer	Exemptions tain entities tructions or	s, not	individu	
ns e	single-member LLC		Exe	empt payee	code	(if any)	
ty tio	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partne	rship) ▶	_				
Print or type. See Specific Instructions on page	Note: Check the appropriate box in the line above for the tax classification of the single-member of LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single is disregarded from the owner should check the appropriate box for the tax classification of its own	owner of the LLC gle-member LLC	is	emption fro de (if any)	m FA1	ГСА гер	orting
eci	☐ Other (see instructions) ▶		(Арр	lies to accounts	: mainta	ined outside	e the U.S.)
Sp	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's na	me and a	address (op	tional)	
See							
•,	6 City, state, and ZIP code						
	7 List account number(s) here (optional)						
В.	The second to differ the New York (TIM)						
Par		Social	Leogurita	y number			
	your TIN in the appropriate box. The TIN provided must match the name given on line 1 to aup withholding. For individuals, this is generally your social security number (SSN). However, to	U.U.	T	y Humber	1 [$\overline{}$	
reside	ent alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other			-	-		
	es, it is your employer identification number (EIN). If you do not have a number, see <i>How to get</i>				J		
TIN, la		or Emplo	war idan	ntification i			
	If the account is in more than one name, see the instructions for line 1. Also see What Name per To Give the Requester for guidelines on whose number to enter.	ana Emple	J L				
7 407776	or re and the requester for guidelines on whose hamber to onton		-				
Dou	t II Certification				Ш		
Par							
	r penalties of perjury, I certify that:						
2. I ar Ser	e number shown on this form is my correct taxpayer identification number (or I am waiting for not subject to backup withholding because: (a) I am exempt from backup withholding, or (bruce (IRS) that I am subject to backup withholding as a result of a failure to report all interest longer subject to backup withholding; and) I have not bee	en notifi	ed by the	Inter		
3. I ar	n a U.S. citizen or other U.S. person (defined below); and						
4. The	e FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting	na 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 tay return. For real estate transactions, item 2 does not apply. For mortgage interest paid

acquisition	or abandonment of secured p	operty, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.
Sign Here	Signature of U.S. person ►	Date▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise

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

- 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.



VALIDATED BY:

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 reaso	n for change:		
	Vendor Information		
VENDOR NAME:	venuoi imormation		
VENDOR ADDRESS:			
	Contact Information		
PRIMARY CONTACT NAME:			
E-MAIL ADDRESS:			
PHONE NUMBER:			
FAX NUMBER:			
	Vendor Mailing Address		
COMPANY NAME:			
STREET:			
CITY, STATE, AND ZIP:			
R	emittance Address (if same as Mailin	g leave blank)	
COMPANY NAME:			
STREET:			
CITY, STATE, AND ZIP:			
	Vendor Authorization		
SIGNATURE:			SIG
TITLE:			
DATE:			
	*** For CEDA Use Only **	* DATE:	

DATE: