



Dear Regulated Child Care Provider:

To be approved as a regulated child care provider with Workforce Solutions Northeast Texas, please complete the required forms and documents as requested. The packet includes a *Regulated Provider Handbook* which is yours to keep and refer to as needed.

Here's what you need to do:

Find the attached "Regulated Provider Checklist- Eligibility Determination" form. Please complete everything on this checklist and return all forms and documents as requested.

Important things to remember:

Please do not return a partial packet. When you have completed and/or collected all required documentation, return all forms and documentation by mail or fax. Our fax numbers are (903) 794-8004 or (888) 651-2038. After faxing, please wait 30 minutes before calling to confirm receipt of fax.

What to expect:

After we have received all the required documentation and determined that you are eligible, we will call you to inform you that you are an eligible regulated provider with Workforce Solutions Northeast Texas. If you have not heard from us within 10 days, please call our office to inquire about the status of your application.

This is a parent choice program. We will call you to authorize child care when an eligible parent chooses your facility.

We thank you in advance of your cooperation.

Sincerely,

Workforce Solutions Northeast Texas
Child Care Services
(903) 791-1583 or (866) 570-0028

Mount Pleasant
1902 West Ferguson Road
Mt. Pleasant, TX 75455
(903) 572-9841
(903) 572-0159 (Fax)

Paris
5210 S.E. Loop 286
Paris, TX 75460
(903) 784-4356
(903) 784-7267 (Fax)

Sulphur Springs
1110 South Como Street
Sulphur Springs, TX 75482
(903) 885-7556
(903) 439-1012 (Fax)

Texarkana
1702 Hampton Road
Texarkana, TX 75503
(903) 794-4163
(903) 792-2976 (Fax)

Child Care Services
P. O. Box 6009
Texarkana, TX 75505
(903) 794-8999
(903) 794-8012 (Fax)

YOUR CHECKLIST

(For Regulated Provider Eligibility Determination)

Please use this checklist to help you complete the application package. All of this information may be mailed or faxed to Workforce Solutions Northeast Texas Child Care Services. You may go to your nearest Workforce Solutions Northeast Texas center to use a computer, printer or fax machine free of charge. See <http://www.netxworkforce.org> for the location nearest you. For child care provider assistance call: (903) 791-1583 or (866) 570-0028.

FORMS ALL REGULATED PROVIDERS NEED TO RETURN:

Copy of your License or Registration permit from the Department of Family and Protective Services

- Please submit to us a copy of your License or Registration Certificate issued by the Texas Department of Family and Protective Services.

Regulated Provider Financial Agreement (2 pages)

- Please fill out the form by completing ALL information requested, sign and date. This verifies that you both understand and accept the policies and procedures of Workforce Solutions Northeast Texas. Return it to us.

Form W-9 request for taxpayer ID number (1 page)

- Please fill out the form, sign and date it. Return to us.

Proof of EIN business name and IRS tax number

- Please submit to us proof of the EIN business name and IRS tax number. This can be an IRS letter issuing the number or a copy of your tax payment coupon.

Assignment of Authorized Representative Form (1 page)

- Please fill out the form, sign and date it. This form is to be completed and signed by all persons you give permission to sign your billing forms, including yourself. Return it to us.

Direct Deposit Form and cancelled check (1 page)

- Please fill out the form, sign and date it. You may attach a copy of your cancelled check or saving account deposit slip. Return to us.

To be approved as a regulated child care provider with Workforce Solutions Northeast Texas, please complete the required forms and documents as requested. The packet includes your *Regulated Provider Handbook* and Regulated Provider Financial Agreement where you will find important information about your rights and responsibilities if you are approved as a regulated provider with Workforce Solutions Northeast Texas. Please read the handbook carefully. This handbook is yours to keep and refer to as needed.

To determine if you are eligible, you must complete and return all papers and all information before we can authorize child care.

If you are determined to be eligible to participate with Workforce Solutions Northeast Texas, a client services specialist will call you when an eligible parent chooses your facility. After the telephone contact, you will be mailed an **Authorization for Child Care Enrollment (Form 2450)** which will give the authorized start and end dates for care, any parent share of cost, care days and type of care.

You will also be mailed a **Declaration of Services (Form 2455A)**. If you have any questions or need assistance in completing the required forms, please call our billing department at (903) 791-1583 or (866) 570-0028.

We cannot set up to pay you to care for a child until all requested documentation is received and you and the parent have been certified to be eligible.

Return all forms to Workforce Solutions Northeast Texas:

Fax all requested documentation to: (903) 794-8004 or (888) 651-2038;

or you may

Mail all requested documentation to: Workforce Solutions Northeast Texas, Attn: Child Care Services, P.O. Box 6009, Texarkana, TX 75505

INCOMPLETE PAPERWORK MAY RESULT IN DELAYING DETERMINING ELIGIBILITY

Provider No.

REGULATED PROVIDER FINANCIAL AGREEMENT

Type of Facility			
<input type="checkbox"/> Licensed Child Care Center	<input type="checkbox"/> Licensed Child Care Home	<input type="checkbox"/> Registered Child Care Home	<input type="checkbox"/> Licensed Camp
Name of Facility		Telephone No. ()	
Address of Facility (Street, City, State, ZIP)			
Facility Owner's Name		EIN/Social Security No.	Telephone No. ()
Address of Owner (Street, City, State, ZIP)			
Mailing/Billing Address (Street, City, State, ZIP)			
Contact Person (If not owner)		Title	Telephone No. ()

PROVIDER PUBLISHED RATES:

AGES SERVED	FULL-TIME DAILY RATE*	PART-TIME DAILY RATE*
0 – 17 MONTHS	\$	\$
18 – 35 MONTHS	\$	\$
3 – 5 YEARS	\$	\$
6 – 12 YEARS	\$	\$

*The Provider's Rate is the provider's published rate plus any enrollment fee and/or activity fee(s) pro-rated to a daily rate.

What ages of children do you wish to accept in care? _____

(All information must be verifiable using the Texas Department of Family and Protective Services (DFPS) web site.)

What days of the week are you open? Mon Tues Wed Thurs Fri Sat Sun

What are your operating hours? _____

CHILD CARE REIMBURSEMENT SCHEDULE:

<input type="checkbox"/> Monthly (Submit all claim information at the end of the month for reimbursement)	<input type="checkbox"/> Bi-monthly (Submit claim information for the 1 st -15 th of the month and again for the 16 th to the end of the month)
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The provider will comply with Title VI of the Civil Rights Act of 1964 (Public Law 88-352), Section 504 of the Rehabilitation Act of 1973 (Public Law 93-112). The Americans with Disabilities Act of 1990 (Public Law 101-336), the Health and Safety Code Section 85.113 (relating to workplace and confidentiality guidelines regarding AIDS and HIV), and all amendments to each, and all requirements imposed by the regulations issued pursuant to these acts. In addition, the provider agrees to comply with Title 40, Chapter 73, of the Texas Administrative Code. These provide in part that no persons in the United States shall, on the grounds of race, color, national origin, sex age, disability, political beliefs or religion be excluded from participation in, or denied any aid, care, service, or other benefits provided by federal and/or state funding, or otherwise be subjected to discrimination.

I have received a *Regulated Provider Handbook* and I understand and agree to abide by the rules and procedures described within.
 Yes No

I understand that I must provide Workforce Solutions Northeast Texas with a completed and signed W-9, a copy of my signed Social Security card or proof of EIN and name recognized by the IRS, and a current copy of my Texas Department of Family & Protective Services license or registration. I also understand that I must keep all of the information requested above accurate and up to date by submitting any changes in writing. I will not receive payment for any child care services provided during any time period not covered by: a current license or registration, or a signed agreement, or if debarred from other state or federal programs unless and until the debarment is removed.

I attest that the information provided above is true and accurate. I understand that if the above information is misrepresented or untrue, it may be grounds for non-payment of child care services and removal of all children receiving child care assistance. I further agree to the reimbursement terms described on the back of this form.

Signature—Authorized Provider Representative

Date

REIMBURSEMENT TERMS

REIMBURSEMENT FOR CHILD CARE: Workforce Solutions Northeast Texas will reimburse the child care provider after services are rendered. The provider will request reimbursement by completing a Declaration of Services (Form 2455) in accordance with the *Regulated Provider Handbook*.

Workforce Solutions will reimburse the provider for absences when the child is scheduled to attend under the following conditions:

- Up to 3 days of absence when the child is scheduled to begin enrollment **if the provider notifies Workforce Solutions on the 3rd day the child does not attend.**
- Up to 5 consecutive days of absence without word from the parent **if the provider notifies Workforce Solutions on the 5th day the child does not attend.**
- Up to 30 days of absence per year.
- For days the child does not attend but is authorized by Workforce Solutions to attend due to the parent's irregular work schedule.

Workforce Solutions will reimburse the child care provider for each child currently enrolled with the provider during the following 9 holidays:

New Years	Independence Day	2 Days at Christmas
MLK Jr.'s Birthday or Good Friday	Labor Day	
Memorial Day	2 Days at Thanksgiving	

Workforce Solutions will also reimburse the child care provider for each child currently enrolled when they are closed due to emergency situations such as icy roads (when the local school is also closed for that day), fire, electrical or gas outage, etc. for up to 5 business days per calendar year. Workforce Solutions must be notified that the facility is closed before payment can be authorized for an emergency closing.

REIMBURSEMENT RATES: Providers will be reimbursed for child care services rendered at the provider's published rate up to the maximum reimbursement rate established by Workforce Solutions Northeast Texas. Providers will not be reimbursed at a rate higher than their published rate for the age of the child receiving child care services.

Effective November 1, 2007, the current maximum reimbursement rates are as follows:

Age of children served	Licensed Centers/Camp		Licensed Child Care Homes		Registered Child Care Homes	
	Full-time	Part-time	Full-time	Part-time	Full-time	Part-time
Infant (0-17 months)	\$ 15.24	\$15.01	\$ 11.95	\$11.16	\$11.95	\$ 11.72
Toddler (18-35 months)	\$ 13.57	\$13.34	\$11.95	\$11.16	\$11.95	\$11.16
Preschool (3-5 years)	\$ 12.62	\$12.39	\$ 11.95	\$ 6.09	\$ 10.77	\$ 6.46
School (6-12 years)	\$ 12.54	\$12.31	\$ 16.76	\$ 6.09	\$ 11.07	\$ 6.09

Note: The parent's share of cost (commonly referred to as a "parent fee" or "co-pay") will be deducted from the provider's reimbursement. It is the provider's responsibility to collect the parent share of cost before care.

REQUESTING REIMBURSEMENT: Prior to reimbursement, Workforce Solutions must have on file a verifiable copy of facility TDFPS license or registration, a signed and completed W-9, and a signed copy of provider's Social Security card or proof of EIN name and number. Workforce Solutions will reimburse the child care provider for services rendered on either a monthly or bi-monthly basis, as requested by the provider on the Regulated Provider Financial Agreement.

MONTHLY REIMBURSEMENT: The child care provider will submit a complete, signed Declaration of Services (Form 2455) and Contact Log after the last day of the month.

- Declaration of Services (Form 2455) and Contact Log must be submitted to Workforce Solutions by the 8th day of the following month in order to be paid.

BI-MONTHLY REIMBURSEMENT: The child care provider will submit a complete, signed Declaration of Services and Contact Log after the 15th day of the month and again after the last day of the month.

- Declaration of Services (Form 2455) and Contact Log for the first half of the month (1st – 15th) must be submitted by the 23rd day of the month.
- Declaration of Services (Form 2455) and Contact Log for the second half of the month (16th – end of the month) must be submitted by the 8th day of the following month.

The Declaration of Services (Form 2455) must be signed by the Authorized Representative of the facility.

Note: Requests for reimbursement that are not submitted within 30 days of the last day of the service period will not be paid.

RECEIVING REIMBURSEMENT: The reimbursement payment is directly deposited into the provider's specified checking or savings account.

Instructions for completing the Regulated Provider Financial Agreement

Please complete all of the information as payment cannot be processed until your requested data is entered into our system.

- Do not enter anything in the space labeled “Provider No.” This number is assigned by the payment system as you are added the first time.
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- Check the type of facility.
 - Facility name as it appears on your license or registration and phone number of the facility.
 - Facility physical address.
 - Facility owner’s name, EIN number (or if you are a home operating with a Social Security number, use the Social Security number, and owner’s phone number other than the facility number).
 - Address of owner.
 - Mailing address where you wish to have paperwork and billing mailed to you.
 - Contact person(s) is/are who you wish for us to ask for to discuss placement, parent share of cost, termination of care, etc. This person should generally be available to talk by phone between 8 a.m. and 5 p.m. This person’s title and phone number to be used for placements follow the contact person’s name.

The next section is for you to tell us what your rates are to the general public for each of the ages you are licensed to serve.

- Do not leave any of the 8 rate spaces blank. If, for example, you are licensed for infants, but you do not wish to ever care for infants, enter “\$0” in the infant full time and infant part time line.
 - The payment system cannot accommodate any other age, rate or fee definitions other than the ones listed on the Regulated Provider Financial Agreement.
 - Daily rate does not mean “drop in” rate. Include all of your charges and divide by 5 if you have a weekly rate to place the daily amount in the space.
 - The reverse side of the Regulated Provider Financial Agreement lists the maximum amount Workforce Solutions Northeast Texas will reimburse, depending on the type of facility.
 - Please enclose a copy of your facility’s rates. Sign and date your rate sheet.
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- Tell us what ages of children you will accept in care (within the ages you are currently licensed to care for).
 - Check the days of the week are you open (within your license).
 - The hours are you open (within your license).
 - Check whether you want to bill once or twice monthly.
 - Be certain to check the box stating you have received the *Regulated Provider Handbook* and agree to abide by the rules and procedures within.
 - Sign and date the form.

Request for Taxpayer Identification Number and Certification

**Give form to the
requester. Do not
send to the IRS.**

Print or type See Specific Instructions on page 2	Name (as shown on your income tax return)	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶	
	<input type="checkbox"/> Exempt from backup withholding	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code		
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									

or

Employer identification number									

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

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. person (including a U.S. resident alien).

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 on page 4.)

Sign Here	Signature of U.S. person ▶	Date ▶
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Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or

- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

Foreign person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien.

Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.

4. The type and amount of income that qualifies for the exemption from tax.

5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments (after December 31, 2002). This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester, or
2. You do not certify your TIN when required (see the Part II instructions on page 4 for details), or
3. The IRS tells the requester that you furnished an incorrect TIN, or
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate Instructions for the Requester of Form W-9.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name

If you are an individual, you must generally enter the name shown on your social security card. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Sole proprietor. Enter your individual name as shown on your social security card on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

Limited liability company (LLC). If you are a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Treasury regulations section 301.7701-3, enter the owner's name on the "Name" line. Enter the LLC's name on the "Business name" line. Check the appropriate box for your filing status (sole proprietor, corporation, etc.), then check the box for "Other" and enter "LLC" in the space provided.

Other entities. Enter your business name as shown on required Federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name" line.

Note. You are requested to check the appropriate box for your status (individual/sole proprietor, corporation, etc.).

Exempt From Backup Withholding

If you are exempt, enter your name as described above and check the appropriate box for your status, then check the "Exempt from backup withholding" box in the line following the business name, sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

Note. If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

Exempt payees. Backup withholding is not required on any payments made to the following payees:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2),
2. The United States or any of its agencies or instrumentalities,
3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,
4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or
5. An international organization or any of its agencies or instrumentalities.

Other payees that may be exempt from backup withholding include:

6. A corporation,

- 7. A foreign central bank of issue,
- 8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,
- 9. A futures commission merchant registered with the Commodity Futures Trading Commission,
- 10. A real estate investment trust,
- 11. An entity registered at all times during the tax year under the Investment Company Act of 1940,
- 12. A common trust fund operated by a bank under section 584(a),
- 13. A financial institution,
- 14. A middleman known in the investment community as a nominee or custodian, or
- 15. A trust exempt from tax under section 664 or described in section 4947.

The chart below shows types of payments that may be exempt from backup withholding. The chart applies to the exempt recipients listed above, 1 through 15.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt recipients except for 9
Broker transactions	Exempt recipients 1 through 13. Also, a person registered under the Investment Advisers Act of 1940 who regularly acts as a broker
Barter exchange transactions and patronage dividends	Exempt recipients 1 through 5
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt recipients 1 through 7 ²

¹See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation (including gross proceeds paid to an attorney under section 6045(f), even if the attorney is a corporation) and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees; and payments for services paid by a Federal executive agency.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-owner LLC that is disregarded as an entity separate from its owner (see *Limited liability company (LLC)* on page 2), enter your SSN (or EIN, if you have one). If the LLC is a corporation, partnership, etc., enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at www.socialsecurity.gov/online/ss-5.pdf. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/businesses/ and clicking on Employer ID Numbers under Related Topics. You can get Forms W-7 and SS-4 from the IRS by visiting www.irs.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Writing "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt recipients, see *Exempt From Backup Withholding* on page 2.

Signature requirements. Complete the certification as indicated in 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee ¹
b. So-called trust account that is not a legal or valid trust under state law	The actual owner ¹
5. Sole proprietorship or single-owner LLC	The owner ³
For this type of account:	Give name and EIN of:
6. Sole proprietorship or single-owner LLC	The owner ³
7. A valid trust, estate, or pension trust	Legal entity ⁴
8. Corporate or LLC electing corporate status on Form 8832	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership or multi-member LLC	The partnership
11. A broker or registered nominee	The broker or nominee
12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or "DBA" name on the second name line. You may use either your SSN or EIN (if you have one). If you are a sole proprietor, IRS encourages you to use your SSN.

⁴ List first and circle the name of the legal trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.)

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA, or Archer MSA or HSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, and the District of Columbia to carry out their tax laws. 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 must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 28% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.

Assignment of Authorized Representative

This is to certify that:

Name of Authorized Representative (Print), Title of Representative	Signature

and/or

Name of Authorized Representative (Print), Title of Representative	Signature

and/or

Name of Authorized Representative(Print), Title of Representative	Signature

Is/are designated as the authorized representative(s) of:

Name of Facility: _____

Address: _____

City and State: _____

Provider Number: _____

The representative(s) designated above is/are authorized on behalf of the regulated provider to sign a Regulated Provider Financial Agreement with Workforce Solutions Northeast Texas to provide child care services to self-referred clients, to sign documents, billing and/or Declaration of Services and agree to abide by the rules, policies and procedures of the *Regulated Provider Handbook* and the Regulated Provider Financial Agreement.

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Signature/Owner/Board Member

Title of Owner/Board Member

Date

Instructions for Assignment of Authorized Representative

This form is to inform Workforce Solutions Northeast Texas who you authorize to fill out and sign the billing documents and any other legal documents needing a signature. You may want this to only apply to yourself.

- Please print legibly the name(s) of who you will allow to sign documents for your facility on the left side of the page. Be sure to include yourself.
- Have those persons sign in the box on the right side of the page beside their printed name.
- Print the name, address, and your new provider number (found in the upper left corner of the Regulated Provider Financial Agreement).
- The last signature is for the owner or board member to sign, title of the person, and date.

Provider Direct Deposit Agreement

GUARANTY BANK AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

I (we), hereby authorize Workforce Solutions Northeast Texas, hereinafter called Workforce Solutions, to initiate credit entries to my (our) account indicated below and the financial institution named below, hereinafter called DEPOSITORY, to credit the same to such account. This authority is to remain in full force and effective until Workforce Solutions has received written notification from me (or either of us) of it's termination in such time and in such manner as to afford Workforce Solutions and DEPOSITORY a reasonable opportunity to act on it.

Financial Institution Name		
City	State	Zip Code
Transit/ABA Number		Account Number

Signature

✓ Mark the type of Account:

Name (Print)

____ Savings Account

Date

____ Checking Account

TAPE YOUR VOIDED CHECK HERE

Ima Sample 507 Redbud Mt. Pleasant, TX 74555	123	
PAY TO THE ORDER OF _____		
Guaranty Bank Mt. Pleasant, TX		
Memo 111915327 1234567 123		
↑	↑	↑
Transit/ABA Number	Account Number	Check Number