



# UT DSPD Employer & Employee Enrollment Paperwork

Acumen Fiscal Agent  
March 2022



# Employer Forms

To be completed by the Employer (SAS Administrator)

# A Note to DSPD Compensated Caregivers

- Acumen will need to receive the C-19 form for each compensated caregiver.
- This form is provided directly to support coordinators from DSPD – Acumen does not have a blank copy.
- For caregivers transferring from another FMS agency, we can accept the existing C-19 form that was previously submitted to the other agency.
- Reminder: if the compensated caregiver is acting as both employer and employee, the caregiver's name, information and signature go in both places on every form (not your support coordinator's).

# Employer Checklist

- Checklist for Employer to keep track of documents relating to becoming an Employer of Record
- This is a tracking mechanism for you. Acumen does not need a copy.
- Return documents to Acumen's enrollment department
- [enrollment-ut@acumen2.net](mailto:enrollment-ut@acumen2.net)
- Included "UTAH" on the subject line, pretty please!



## Employer Packet (Keep this for your records)

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

### Becoming an Employer

Inside this packet you will find the necessary forms and instructions that authorize Acumen to act on your behalf. These forms relate to the withholding and filing of employer- and employee- related taxes. This packet also provides you with reference information to assist you in being an employer.

The following forms are needed to authorize Acumen to act as your fiscal agent. Examples of these completed forms are provided separately for reference. Please check and note the date you sent each of the forms to Acumen.

\*If you currently have or have had a Federal Employer Identification Number (FEIN), please be sure to include the number in the EIN fields of the 2678 and SS-4 forms. Acumen will not apply for a new EIN, but will use the forms to designate Acumen as your fiscal intermediary with the IRS.

<input type="checkbox"/> Acumen Authorization Form	_____
	Date Sent
<input type="checkbox"/> Employer Appointment of Agent - IRS Form 2678	_____
	Date Sent
<input type="checkbox"/> Application for Employer Identification Number – IRS form SS4	_____
	Date Sent
<input type="checkbox"/> Tax Information Authorization – IRS Form 8821	_____
	Date Sent
<input type="checkbox"/> Employer/Acumen Agreement Form (page 2 only)	_____
	Date Sent
<input type="checkbox"/> Employer Designation of Secondary Authorized Rep (if applicable)	_____
	Date Sent

### Email, Fax or Mail Information to Acumen

**Email:** [enrollment-ut@acumen2.net](mailto:enrollment-ut@acumen2.net)  
(write "UTAH" on the subject line)

**Fax:** (888) 249-7023

# Authorization Form



- Completed and signed by the Employer
- Provides high level outline of Fiscal Agent duties
- Collects demographic information
- Note: Employer and Client may be the same person in some instances

Complete each item and submit to Acumen via email: [enrollment-ut@acumen2.net](mailto:enrollment-ut@acumen2.net), fax: (888) 249-7023 or mail: P.O. Box 539, Orem, UT 84059. Please call (888) 221-7014 if you have any questions.

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

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

Any limitations to this authorization must be specifically stated and attached. This authorization revokes all earlier authorizations and powers of attorney on file, and shall remain in effect until receipt of a written notice of revocation or a subsequent authorization or power of attorney by the Utah State Tax Commission and/or Utah Department of Workforce Services.

**What am I really authorizing?**

- Your appointment grants Acumen Fiscal Agent a limited power of attorney to act as your agent for acts required under Section 3504 and Chapters 21, 22, 24, and/or 25 of Subchapter C of the Internal Revenue Code, and for taxes required under 3301.
- You are appointing Acumen Fiscal Agent to act as your agent for the Utah State Tax Commission and Utah Department of Workforce Services in the fulfilling of domestic employer responsibilities relative to the employing of persons through initiatives funded by the State of Utah.

Employer	Client	
The person who hires, fires, trains and manages staff.	The individual receiving services.	
Name:	Name:	
Social Security Number:	Date of Birth:	
Street Address:	Physical Address:	
City/State/Zip:	City/State/Zip:	
Mailing Address (if different):	<b>Support Coordinator</b>	
City/State/Zip (if different):	Name:	
County of Residence:	E-mail Address:	
Phone Number:	Phone Number:	
E-mail Address:		
Your signature means that you have read and understand the above information.		
Employer's Signature:	Date:	



# Form SS-4

- Application for Federal Employer ID Number
- If you already have an EIN, Acumen will not apply for a new one. We will need your existing number and will use these forms to designate Acumen as your fiscal intermediary.
- All highlighted fields are required
- Employer signs and dates
- A “wet signature” is required on this form as well.

Form <b>SS-4</b> Application for Employer Identification Number		OMB No. 1545-0083							
<small>(Rev. December 2019)</small> <small>Department of the Treasury</small> <small>Internal Revenue Service</small>		<small>(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)</small> <small>Go to <a href="http://www.irs.gov/FormSS4">www.irs.gov/FormSS4</a> for instructions and the latest information.</small> <small>See separate instructions for each line. Keep a copy for your records.</small>							
<b>1</b> Legal name of entity (or individual) for whom the EIN is being requested	HHCSR								
<b>2</b> Trade name (if different from name on line 1)									
<b>3</b> Executor, administrator, trustee, "care of" name									
<b>4a</b> Mailing address (room, apt., suite no. and street, or P.O. box)	<b>5a</b> Street address (if different) (Don't enter a P.O. box.)								
5416 E Baseline Rd. Ste 200									
<b>4b</b> City, state, and ZIP code (if foreign, see instructions)	<b>5b</b> City, state, and ZIP code (if foreign, see instructions)								
Mesa, AZ 85206									
<b>6</b> County and state where principal business is located									
<b>7a</b> Name of responsible party	<b>7b</b> SSN, TIN, or EIN								
<b>8a</b> Is this application for a limited liability company (LLC) (or a foreign equivalent)?	<b>8b</b> If 8a is "Yes," enter the number of LLC members								
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									
<b>8c</b> If 8a is "Yes," was the LLC organized in the United States?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								
<b>9a</b> Type of entity (check only one box). Caution: If 8a is "Yes," see the instructions for the correct box to check.	<input type="checkbox"/> Sole proprietor (SSN) <input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Partnership <input type="checkbox"/> Plan administrator (TIN) <input type="checkbox"/> Corporation (enter form number to be filed) <input type="checkbox"/> Trust (TIN of grantor) <input type="checkbox"/> Personal service corporation <input type="checkbox"/> Military/National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government <input type="checkbox"/> Other nonprofit organization (specify) <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises <input checked="" type="checkbox"/> Other (specify) <b>HHCSR using Fiscal Employer Agent</b> Group Exemption Number (GRN) if any								
<b>9b</b> If a corporation, name the state or foreign country (if applicable) where incorporated	State	Foreign country							
<b>10</b> Reason for applying (check only one box)	<input type="checkbox"/> Banking purpose (specify purpose) <input type="checkbox"/> Changed type of organization (specify new type) <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) <input type="checkbox"/> Created a pension plan (specify type) <input type="checkbox"/> Hired employees (Check the box and see line 13.) <input type="checkbox"/> Compliance with IRS withholding regulations <input checked="" type="checkbox"/> Other (specify) <b>HHCSR using Fiscal Employer Agent</b>								
<b>11</b> Date business started or acquired (month, day, year). See instructions.	<b>12</b> Closing month of accounting year <u>December</u>								
<b>13</b> Highest number of employees expected in the next 12 months (enter -0- if none). If no employees expected, skip line 14.	<table border="1"> <tr> <td>Agricultural</td> <td>Household</td> <td>Other</td> </tr> <tr> <td>0</td> <td>1-9</td> <td>0</td> </tr> </table>			Agricultural	Household	Other	0	1-9	0
Agricultural	Household	Other							
0	1-9	0							
<b>14</b> If you expect your employment tax liability to be \$1,000 or less in a full calendar year and want to file Form 944 annually instead of Forms 941 quarterly, check here. (Your employment tax liability generally will be \$1,000 or less if you expect to pay \$5,000 or less in total wages.) If you don't check this box, you must file Form 941 for every quarter.	<input type="checkbox"/>								
<b>15</b> First date wages or annuities were paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year).									
<b>16</b> Check one box that best describes the principal activity of your business.	<input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input checked="" type="checkbox"/> Other (specify) <b>HHCSR using Fiscal Employer Agent</b> <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail								
<b>17</b> Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.	<b>HHCSR using Fiscal Employer Agent</b>								
<b>18</b> Has the applicant entity shown on line 1 ever applied for and received an EIN? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes," write previous EIN here								
<b>Third Party Designee</b>	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form. Designee's name: <u>Angela Moses</u> Designee's telephone number (include area code): <u>(623) 792-6100</u> Address and ZIP code: <u>5416 E Baseline Rd. Ste 200 Mesa, AZ 85206</u> Designee's fax number (include area code): <u>(877) 277-3048</u>								
<b>Employer's name here</b>	Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. Name and title (type or print clearly): <u>HHCSR</u>		Applicant's telephone number (include area code): Applicant's fax number (include area code):						
<b>Employer sign here</b>	Signature	Date	<b>Write date here</b>						

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 16019N Form **SS-4** (Rev. 12-2019)

# Form 8821

- Tax Information Authorization
- Allows Acumen to receive tax information from the IRS on the Employer's behalf
- All highlighted fields are required
- Employer signs and dates – “wet signature” required on this form

**Form 8821 Tax Information Authorization**

OMB No. 1545-0045  
For IRS Use Only

Received by:  
Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Function: \_\_\_\_\_  
Date: \_\_\_\_\_

Go to [www.irs.gov/Form8821](http://www.irs.gov/Form8821) for instructions and the latest information.  
Don't sign this form unless all applicable lines have been completed.  
Don't use Form 8821 to request copies of your tax returns or to authorize someone to represent you. See instructions.

Department of the Treasury  
Internal Revenue Service

**1 Taxpayer information.** Taxpayer must sign and date this form on line 6.

Taxpayer name and address: [Redacted]

Taxpayer identification number(s): [Redacted]

Daytime telephone number: [Redacted]

Plan number (if applicable): [Redacted]

**2 Designee(s).** If you wish to name more than two designees, attach a list to this form. Check here if a list of additional designees is attached

Name and address: Acumen Fiscal Agent, LLC  
5416 E. Baseline Rd., Ste 200  
Mesa, AZ 85206

CAF No. 0305-91435R  
PTIN  
Telephone No. 480-295-3300  
Fax No. 480-371-2241

Check if to be sent copies of notices and communications

Check if new: Address  Telephone No.  Fax No.

Name and address: \_\_\_\_\_

CAF No. \_\_\_\_\_  
PTIN \_\_\_\_\_  
Telephone No. \_\_\_\_\_  
Fax No. \_\_\_\_\_

Check if to be sent copies of notices and communications

Check if new: Address  Telephone No.  Fax No.

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

By checking here, I authorize access to my IRS records via an Intermediate Service Provider.

(a) Type of Tax Information (Income, Employment, Payroll, Excise, Estate, Gift, Civil Penalty, Sec. 4980H Payments, etc.)	(b) Tax Form Number (1040, 941, 720, etc.)	(c) Year(s) or Period(s)	(d) Specific Tax Matters
Employment, Income Tax With	941, 940	2020-2024	Tax Liability & EIN Verify

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

**5 Retention/revocation of prior tax information authorizations.** If the line 4 box is checked, skip this line. If the line 4 box isn't checked, the IRS will automatically revoke all prior tax information authorizations on file unless you check the line 5 box and attach a copy of the tax information authorization(s) that you want to retain . . . . .

To revoke a prior tax information authorization(s) without submitting a new authorization, see the line 5 instructions.

**6 Taxpayer signature.** If signed by a corporate officer, partner, guardian, partnership representative (or designated individual, if applicable), executor, receiver, administrator, trustee, or individual other than the taxpayer, I certify that I have the legal authority to execute this form with respect to the tax matters and tax periods shown on line 3 above.

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

**DON'T SIGN THIS FORM IF IT IS BLANK OR INCOMPLETE.**

Signature: [Redacted] Date: [Redacted]

Print Name: [Redacted] Title (if applicable): HHCSR

For Privacy Act and Paperwork Reduction Act Notice, see the instructions. Cat. No. 11596P Form 8821 (Rev. 01-2021)





# Secondary Authorized Representative Form

- This form is optional
- Enables Employer to approve other representatives to communicate or receive sensitive information from Acumen.
- Acumen only shares protected client services information with the Employer/Client, support coordinator and program authorities.
- Other parents, spouses, step parents (etc) must be approved formally before Acumen can speak freely with them.



## UTAH EMPLOYER'S DESIGNATION OF SECONDARY AUTHORIZED REPRESENTATIVE

Acumen Fiscal Agent (Acumen) is required to protect the privacy of client information and the services being provided to them. Submit this form if you want Acumen to be able to speak freely with anyone other than you as the Employer, the Client themselves or your support coordinator/case manager. (Consider spouses, adult siblings, parents, step parents and grandparents as possible representatives. Acumen is not automatically permitted to share protected information with any of these people without this authorization in place first.)

Please complete a separate form for each person you would like to authorize.

I, \_\_\_\_\_, ("the Employer") hereby request Acumen to accept  
Employer's Full Name  
the following individual as a duly appointed Secondary Authorized Representative:

Full Name of Authorized Representative: \_\_\_\_\_

Phone Number of Authorized Representative: \_\_\_\_\_

Representative's Relationship to the Employer: \_\_\_\_\_

This secondary Authorized Representative is approved to request access to the same information regarding services, payments, employees, enrollment, and eligibility that I, as the Employer, am permitted to receive in overseeing services for the following individual(s):

Full Name of Individual/Client: \_\_\_\_\_

Full Name of Individual/Client: \_\_\_\_\_

Terms and Conditions of this Authorization:

- I may revoke this authorization at any time by checking the box below and returning the form to Acumen. I understand that revocation is not effective until received and processed by Acumen.
- I am wholly liable for the actions of this secondary contact regarding the information they have access to.
- Appointment of this secondary contact does not relieve me of my legal obligations and responsibilities as an employer.
- I agree to indemnify Acumen against any and all actions arising out of the authorization of this secondary representative.

I would like to **revoke** authorization given for this secondary representative. \_\_\_\_\_  
Employer initials and date

Under penalty of perjury, I have read and understand this authorization and agree to its terms and conditions.

\_\_\_\_\_  
Signature of Employer Date

\_\_\_\_\_  
Signature of Secondary Authorized Representative Date

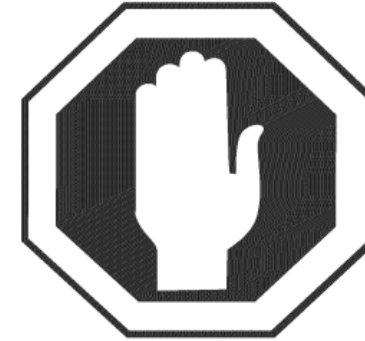
Please return completed form using one of the below methods:

Email: [enrollment-ut@acumen2.net](mailto:enrollment-ut@acumen2.net) Mail Acumen Fiscal Agent  
PO Box 539  
Orem, UT 84059

FAX: 888-249-7023

# Worker's Comp Info

- Information about Worker's Compensation
- This document is important information for Employers to make available to their employees
- Includes important contact information if there is a workplace injury or accident
- No signatures required and Acumen does not need this back.



## Worker's Compensation Claim Reporting Guidelines for Employees

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

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

Timely reporting of accidents is important because:

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

# Client/Employer Information Changes

- Keep this for future use if needed.
- Complete and submit to Acumen anytime there's a change to Client and/or Employer information:
  - ✓ Name change
  - ✓ Address change
  - ✓ Phone number change
  - ✓ Email address change
- There's a separate form for Employee changes

## CHANGE INFORMATION FORM: CLIENT or EMPLOYER



It is important to notify Acumen as quickly as possible when a change occurs to client and/or employer information. Simply complete this form and return it to Acumen by one of the following methods:

Mail: P.O. Box 539, Orem, UT 84059  
 Fax: (888) 249-7023  
 Email: enrollment-ut@acumen2.net

### Change CLIENT Information

Complete this section when there is a change in client information. The client is the individual receiving services. If the client is also the employer, please complete this section **only**. For a name change, please provide the current and new name. For all other changes, only the new information is required.

Change In (select all that apply):	Name <input type="checkbox"/>	Address <input type="checkbox"/>	Phone Number <input type="checkbox"/>	E-mail Address <input type="checkbox"/>
Current/Previous Name:	New Name (if changed):			
Street Address:				
City/State/Zip:				
Phone Number:				
E-mail Address:				
Client ID Number:				
Signature (Employer or Authorized Rep):				
Date:				

### Change EMPLOYER Information

Complete this section when there is a change in employer information. The employer is the individual who hires, trains, and manages staff. If the client is also the employer, please complete the client section only. For a name change, provide the current and new name and please fax or mail a copy of a legal document for name change. For all other changes, only the new information is required.

Change In (select all that apply):	Name <input type="checkbox"/>	Address <input type="checkbox"/>	Phone Number <input type="checkbox"/>	E-mail Address <input type="checkbox"/>
Current/Previous Name:	New Name (if changed):			
Street Address (if changed):				
City/State/Zip (if changed):				
Phone Number (if changed):				
E-mail Address:				
Client ID Number:				
Signature (Employer or Authorized Rep):				
Date:				

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REV March 2002



# Employee Forms

To be completed by ALL paid employees

# Employee Checklist

- Checklist of essential documents required to hire an employee
- Created to help Employers keep track of items collected and submitted to Acumen
- All documents must be received complete and correct for an Employee to receive a “Good to Go”
- You do NOT need to send this checklist to Acumen
- The two highlighted items are not mandatory – only submit if applicable.

## Employee Packet (Keep this for your records)



### The following steps are required in order to hire an employee:

- Communicate with your Support Coordinator about the services and units authorized under SAS.
- Interview applicants and decide who you think would be the best fit for your particular needs.
- Have the person you decide to hire complete and send the following to Acumen:
  - Employee Information Form
  - UT DSPD Employee Rate Sheet
  - I-9 Employment Eligibility Verification (pages 1 and 2)
    - Your employee fills out **Section I**.
    - As the Employer, you fill out **Section II**.
    - The I-9 is the form most frequently submitted with errors that will hold up the enrollment process until the errors are corrected. To review Frequently Asked Questions about Form I-9, please visit [www.acumenfiscalagent.com](http://www.acumenfiscalagent.com), and click on Resources. Or give us a call and we'll walk you through it!
  - Photocopies of the IDs used for the I-9 (see pg 3 of the I-9 for a list of acceptable IDs)
  - Background Screening Application (if the employee is a minor under 18, include the “Criminal Background Screening Authorization Form” with the guardian’s signature at the bottom.)
  - Photocopy of the employee’s government issued photo ID and social security card (these are required for the background screening process)
  - W-4 Employee’s Withholding Allowance Certificate
  - Pay Selection Options Form
  - FLSA Live-In Attestation Form** – only for employees who reside with the client, to exempt from overtime pay at the “time and a half” rate for hours worked over 40 in a work week.
  - Electronic Visit Verification (E.V.V.) Worksheet for Employers
  - E.V.V. Live-In Attestation Form** – only for employees who reside with the client, to exempt them from having to comply with the electronic visit verification (E.V.V.) mandate.

### The following forms must be completed but are not required to be submitted to Acumen:

- ✓ Provider Code of Conduct
- ✓ Application for Certification (2-9C) - Your Support Coordinator must sign this form.
- ✓ Employment Agreement (2-9EA)

Email, Fax or mail completed forms to Acumen. Acumen will notify you when your employee can begin working. Do not allow any work to be performed prior to this notification. Under normal circumstances, it will take approximately 5-7 business days before an applicant is clear for hire. However, it could take longer. Please stay on the lookout for phone call and/or email communication from Acumen and respond quickly to minimize delays. Examples of completed forms filled out correctly can be found in the back of this packet.

Also, because the forms are updated regularly, please check with Acumen to ensure you have the most current versions before spending time completing the new hire paperwork. The latest forms can be found on Acumen’s website: <https://www.acumenfiscalagent.com/utah/#DSPD>

# Employee Info Form

- Discloses relationship between Employer and Employee
- One of the 4 relationship checkboxes must be selected
- This matters because the relationship type may impact the taxes an Employer is liable for
- Acumen will take care of setting this up based on the disclosed relationship
- Note: it's the relationship between Employee and Employer (not the Client, unless the client is the employer)
- Signed/dated by Employee



## Employee Information Form Relationship Disclosure

Employee Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
Physical Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Mailing Address (if different): \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
County of Physical Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email (optional): \_\_\_\_\_  
Name of Client: \_\_\_\_\_  
Name of Employer (if applicable): \_\_\_\_\_

**Instructions:** There are some tax exemptions for certain domestic employer and employee relationships. Please select any of the below boxes if a relationship exists between you as the employer and the employee:

- None**, no relation to employer
- \*Spouse** of the employer,
- \*Child** of the employer and under the age of 21
- \*Parent** of the employer - if this option is marked, read below and check all that apply:
  - You are employed by your son or daughter**
  - Your son or daughter has a child or stepchild living in the home**
  - Your son or daughter is a widower, divorced, or is living with a spouse who, because of a mental or physical condition, cannot care for the child or stepchild for at least 4 continuous weeks in a calendar quarter**
  - Your son or daughter's child or stepchild is under the age of 18 and requires the personal care of an adult for at least 4 continuous weeks in a calendar quarter due to a mental or physical condition**

*Internal Use Only
<ul style="list-style-type: none"><li>• If Parent (employee) selected all 4 parent conditions, parent/employee is FUTA and SUTA Exempt</li><li>• If Parent (employee) did NOT select all 4 parent conditions, parent/employee is FICA, FUTA, SUTA Exempt</li></ul>
<ul style="list-style-type: none"><li>• If Spouse or Child are selected, employee is FICA, FUTA, SUTA Exempt</li></ul>

The fine print - under IRS guidelines, Publication 15 (Circular E) Section 3, employees are not subject to Social Security, Medicare and federal unemployment tax (FUTA) if these relationships exist. The exemptions are as follows:

- A. Child employed by parents - Payments for work other than in a trade or business, such as domestic work in the parent's private home, are not subject to Social Security, Medicare, and FUTA tax until the child reaches age 21. (IRS Pub.15, Section 3, Paragraph 1)
- B. One spouse employed by another - Payments for services of one spouse employed by another in other than a trade or business, such as domestic service in a private home, are not subject to Social Security, Medicare, and FUTA tax. (IRS Pub.15, Section 3, Paragraph 2)
- C. Parent employed by child - Payments for the services of a parent employed by his or her child in other than a trade or business, such as domestic services, are not subject to Social Security, Medicare and FUTA tax as long as the above conditions apply. (IRS Pub.15, Section 3, Paragraph 4)

The State of Utah follows the federal guidelines in applying liability for state unemployment tax (SUTA). If the employee falls into the category of Spouse or Child as outlined above, Social Security and Medicare tax will not be withheld from their checks. If the employee falls into the category of Parent and meets all 4 parent conditions, Social Security and Medicare tax will be withheld from their checks. If the employee is exempt from FUTA, SUTA, Social Security and Medicare, the employer will not be charged for their share of Social Security and Medicare or FUTA and SUTA withholdings.

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

# Employee Rate Sheet

- Employer tells Acumen the pay rate for each service code the employee is authorized to provide.
- Effective date for new hires/transfers should be the same date as the Employer's signature. (Good to Go date might not match.)
- For new hires or transfers, select the first checkbox for "New hire or Re-hire"
- Select the checkbox to the left of the service to be authorized, then write in the hourly wage on that line
- Do not write "Max" – we need an actual hourly dollar amount
- Refer to the Show Me the Money table
- Signed and dated by Employer



## UT DSPD EMPLOYEE RATE SHEET

Employee Name _____	Employee SSN (last 4 digits) _____
Client Name _____	Effective Date (see guidelines) _____

**This employee is a NEW hire or RE-hire** (The effective date above should be the first date of employment.)

**This is a revision for an existing employee** (Acumen requires at least two weeks' advance notice of rate changes and the effective date must be either the 1<sup>st</sup> or the 16<sup>th</sup> of a month. Retroactive rate changes or effective dates that do not follow these guidelines will not be processed.)

Each rate sheet should be a complete snapshot of ALL services the employee is authorized to provide for this client as of the effective date listed above. Include a rate for ALL services you wish this employee to provide. Write "END" on the rate line if an existing service will no longer be provided by this employee going forward.

Refer to the current "Show Me the Money" table for the allowable hourly wage range of each service code.

- |  |                          |
|--|--------------------------|
| <input type="checkbox"/> AC1 – Attendant Care <small>(LSW only)</small>              | \$ _____ Per hour        |
| <input type="checkbox"/> CH1 – Chore Service   | \$ _____ Per hour        |
| <input type="checkbox"/> CO1 – Companion Hourly                                      | \$ _____ Per hour        |
| <input type="checkbox"/> HS1 – Homemaker   | \$ _____ Per hour        |
| <input type="checkbox"/> PA1 – Personal Assistance                                   | \$ _____ Per hour        |
| <input type="checkbox"/> PA2 – Personal Assistance <small>(spouse of client)</small> | \$ _____ Per hour        |
| <input type="checkbox"/> PA3 – Personal Assistance <small>(limited)</small>          | \$ _____ Per hour        |
| <input type="checkbox"/> RP1 – Respite Care  | \$ _____ Per hour        |
| <input type="checkbox"/> RL1 – Respite Care <small>(LSW only)</small>                | \$ _____ Per hour        |
| <input type="checkbox"/> RP6 – Respite with Room & Board (R&B)                       | \$ _____ Per hour        |
| <input type="checkbox"/> RL6 – Respite with R&B <small>(LSW only)</small>            | \$ _____ Per hour        |
| <input type="checkbox"/> RP7 – Group Respite without R&B                             | \$ _____ Per hour        |
| <input type="checkbox"/> RP8 – Group Respite with R&B                                | \$ _____ Per hour        |
| <input type="checkbox"/> SL1 – Supported Living*                                     | \$ _____ Per hour        |
| <small>*Employees must be at least 18 to provide SL1</small>                         |                          |
| <input type="checkbox"/> SL2 – Supported Living <small>(spouse of client)</small>    | \$ _____ Per hour        |
| <input type="checkbox"/> SL3 – Supported Living <small>(limited)</small>             | \$ _____ Per hour        |
| <input type="checkbox"/> TF1 – Family Training                                       | \$ _____ Per hour        |
| <input type="checkbox"/> DTP – Mileage Reimbursement                                 | \$ 0.42 (cents) Per mile |
| <input type="checkbox"/> Other Code _____  | \$ _____ Per hour        |

Employer name (please print): \_\_\_\_\_

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

Fax: (888) 249-7023

Email: [enrollment-ut@acumen2.net](mailto:enrollment-ut@acumen2.net) (add "UTAH" to the subject line for the fastest routing)

Mail: Acumen Fiscal Agent, P.O. Box 539, Orem, UT 84059-0539



# Show Me the Money

- This table provides the allowable hourly wage ranges for each service code. It is located toward the end of the packet.
- Employers cannot pay less than minimum wage, and cannot exceed the “Max Pay Rate” listed in the right hand column.
- This table is updated every year on July 1. DSPD rate changes and employer taxes rate changes can impact the max allowable pay rate.
- Acumen does NOT need to receive this with the rest of the Employee paperwork



## UT DSPD- SHOW ME THE MONEY (HOW MUCH CAN I PAY?) April 1, 2022 – June 30, 2023

The following table provides the pay range for each service. Employers are free to set an employee's wage at any amount within the pay ranges listed below, but must pay at least minimum wage per hour and cannot exceed the "max pay rate" which is established by the state. On the Employee Rate Sheet, add an hourly wage (in a dollar amount) for the code(s) the employee is authorized to provide. Do NOT write "MAX" as this will be returned for correction.

Service Code	Minimum Pay Rate (Per Hour)	Max Pay Rate (Per Hour)
AC1	\$7.25	\$18.66
CH1	\$7.25	\$18.59
CO1	\$7.25	\$17.54
HS1	\$7.25	\$18.59
PA1 / PA2 / PA3	\$7.25	\$15.99
RP1	\$7.25	\$14.93
RL1	\$7.25	\$14.93
RP6	\$7.25	\$16.83
RL6	\$7.25	\$16.83
RP7	\$7.25	\$9.96
RP8	\$7.25	\$11.34
SL1 / SL2 / SL3	\$7.25	\$21.06
TF1	\$7.25	\$17.01
DTP	\$0.42 (Per Mile)	N/A

The Department of Labor requires that any hours worked over 40 in a work week (Sunday – Saturday) must be paid at "time and a half" (or 1.5 x the hourly wage) unless a live-in exemption has been submitted to Acumen for the employee. Overtime (OT) will be deducted from the budget at a rate of 1.5 units for each OT unit worked, which equates to 6 units per overtime hour. However, the additional half units are not deducted in real time, but rather are deducted when the Payroll Team is processing the hours. Be careful when scheduling employees to work when remaining units are nearing depletion. Do the math in advance and make absolutely sure there will be enough units to cover 1.5 units per quarter hour of OT worked.

# I-9 (Page 1)

- It's very important that this is returned absolutely correct
- If a field in Section 1 is not applicable, it CANNOT be left blank. It must state "N/A"
- In the middle section, one of the four boxes must be checked
- If status 4 is applicable, provide one of the document numbers listed in that section
- This page is signed by Employee - "Wet signature" required
- Lower grey box – must check one.
- If the second box is checked, the preparer or translator must complete and sign underneath

EMPLOYMENT ELIGIBILITY VERIFICATION		USCIS	
Department of Homeland Security		Form I-9	
U.S. Citizenship and Immigration Services		OMB No. 1615-0047	
		Expires 10/31/2022	
<b>▶ START HERE:</b> Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.			
<b>ANTI-DISCRIMINATION NOTICE:</b> It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.			
<b>Section 1. Employee Information and Attestation</b> (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)			
Last Name (Family Name)		First Name (Given Name)	Middle Initial
Other Last Names Used (if any)			
Address (Street Number and Name)		Apt. Number	City or Town
State		ZIP Code	
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number	Employee's E-mail Address	Employee's Telephone Number
I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.			
I attest, under penalty of perjury, that I am (check one of the following boxes):			
<input type="checkbox"/> 1. A citizen of the United States			
<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions)			
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number):			
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy):			
Some aliens may write "N/A" in the expiration date field. (See Instructions)			
Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.			GIT Code - Section 1 Do Not Write in This Space
1. Alien Registration Number/USCIS Number:			
OR			
2. Form I-94 Admission Number:			
OR			
3. Foreign Passport Number:			
Country of Issuance:			
Signature of Employee		Today's Date (mm/dd/yyyy)	
<b>Preparer and/or Translator Certification (check one):</b>			
<input type="checkbox"/> I did not use a preparer or translator.	<input type="checkbox"/> A preparer(s) and/or translator(s) assisted the employee in completing Section 1.		
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)			
I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.			
Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State
			ZIP Code

# I-9 (Page 2)

- This page verifies the Employee's citizenship status with IDs
- For the "Citizenship/Immigration Status" field in the upper right, enter "U.S. Citizen" or just the number "1" (if employee is a citizen).
- All fields highlighted are required; if N/A, must write "N/A". Highlighted boxes can not be left blank
- Employees first date of employment should match the Employer's signature date
- *Title of Employer* = Household Employer
- *Employer's Business or Org Name* = Employers first and last name
- Let's spend some time on List A or List B and List C – see the following slide
- Note: Copies of documents are required. **Please submit to Acumen.**

Employee Info from Section 1		Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status						
<p><b>Section 2. Employer or Authorized Representative Review and Verification</b>  <small>(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")</small></p>		<p><b>List A</b>                      Identity and Employment Authorization</p>		<p><b>OR</b></p>		<p><b>List B</b>                      Identity</p>		<p><b>AND</b></p>		<p><b>List C</b>                      Employment Authorization</p>	
Document Title		Document Title		Document Title							
Issuing Authority		Issuing Authority		Issuing Authority							
Document Number		Document Number		Document Number							
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)							
Document Title		Additional Information		<small>QR Code - Sections 2 &amp; 3                      Do Not Write In This Space</small>							
Issuing Authority											
Document Number											
Expiration Date (if any) (mm/dd/yyyy)											
Document Title											
Issuing Authority											
Document Number											
Expiration Date (if any) (mm/dd/yyyy)											
Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States. The employee's first day of employment (mm/dd/yyyy): <input type="text"/> (See instructions for exemptions)											
Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)		Title of Employer or Authorized Representative							
Last Name of Employer or Authorized Representative		First Name of Employer or Authorized Representative		Employer's Business or Organization Name							
Employer's Business or Organization Address (Street Number and Name)			City or Town		State						
					ZIP Code						
<p><b>Section 3. Reverification and Rehires</b> (To be completed and signed by employer or authorized representative.)</p>											
A. New Name (if applicable)			B. Date of Rehire (if applicable)								
Last Name (Family Name)		First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)							
C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.											
Document Title		Document Number		Expiration Date (if any) (mm/dd/yyyy)							
I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.											
Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)		Name of Employer or Authorized Representative							

# I-9 (Page 3)

- If Employee is using a document from List A, only one document is required. Fill out one segment of List A (back on page 2) and you're all set.
- If using a document from List B, an accompanying document from List C must also be submitted
- The most common documents provided are current state driver's license and social security card.
- Again, photocopies of whichever documents are used must be submitted.

LISTS OF ACCEPTABLE DOCUMENTS		
All documents must be UNEXPIRED		
Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.		
LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity AND LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		<b>1.</b> A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION  <b>2.</b> Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)  <b>3.</b> Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal  <b>4.</b> Native American tribal document  <b>5.</b> U.S. Citizen ID Card (Form I-197)  <b>6.</b> Identification Card for Use of Resident Citizen in the United States (Form I-179)  <b>7.</b> Employment authorization document issued by the Department of Homeland Security
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		
4. Employment Authorization Document that contains a photograph (Form I-788)		
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.	<b>1.</b> Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address  <b>2.</b> ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address  <b>3.</b> School ID card with a photograph  <b>4.</b> Voter's registration card  <b>5.</b> U.S. Military card or draft record  <b>6.</b> Military dependent's ID card  <b>7.</b> U.S. Coast Guard Merchant Mariner Card  <b>8.</b> Native American tribal document  <b>9.</b> Driver's license issued by a Canadian government authority  <b>For persons under age 18 who are unable to present a document listed above:</b>  <b>10.</b> School record or report card  <b>11.</b> Clinic, doctor, or hospital record  <b>12.</b> Day-care or nursery school record	
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		

Examples of many of these documents appear in the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

Form I-9

# Background Screening Application

- Every paid employee must have a background screening through the Office of Licensing, including compensated caregivers.
- Even if the Employee has existing clearance, this form and IDs must be submitted to transfer the clearance to Acumen. Existing fingerprints will also transfer.
- Employee completes sections 1-4 then signs and dates section 5. Leave the rest blank.
- Copies of current government issued photo ID and social security card are required (no exceptions).

DHS OL  
September 2019

Live Scan completed

TCN: \_\_\_\_\_

UTAH DEPARTMENT OF HUMAN SERVICES OFFICE OF LICENSING  
195 North 1950 West, Salt Lake City, Utah 84116

**CBS USE ONLY**

BACKGROUND SCREENING APPLICATION for All Program Employees and all  
Adoption Agency Staff and SAS & DSPD Certified Providers

New Applicant  
 Renewal – has a current approved screening  
 Transfer of or concurrent use of approved Rap Back screening from:

**1. APPLICANT INFORMATION, AUTHORIZATION AND RELEASE**  
This section must be completed by the Applicant. Missing information or unreadable applications will be returned unprocessed.

Legal First Name: \_\_\_\_\_ Given Middle Name: \_\_\_\_\_ Current Legal Last Name: \_\_\_\_\_  
Indicate if middle name is an initial only. Use N/A if no middle name.

List ALL Maiden, Alias & Previous Married Names: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number: \_\_\_\_\_ Email address: \_\_\_\_\_  
MM DD YYYY

Permanent / Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

2. Have you ever been arrested or charged with a crime by any law enforcement authority (local, state, federal or international)? Disclose ALL CRIMINAL OFFENSES even if they were later dismissed, you completed a plea in abeyance or diversion program, whether you pled guilty or not guilty to an offense, or if you are waiting to enter a plea to the court.  
 Yes  No If yes to 2, please attach a certified court docket or other certified record (available from the court that handled your case) indicating the disposition of each charge or offense, or the status of each plea in abeyance or diversion agreement.

3. Have you ever been investigated for child or adult abuse, neglect or exploitation by Child Protective or Adult Protective Services?  
 Yes  No If yes to 3, please attach complete case report showing final outcome. If previously submitted, provide a detailed explanation of the investigation including the names, dates, location and the case number if known.

4. Are you applying to work in a youth residential program?  Yes  No 4a. If yes to 4, Have you lived outside the State of Utah in the last 5 years?  Yes  No  
4b. If YES to 4a, please submit out of state registry records for each state resided in. Instructions are located at <https://hslc.utah.gov/Out-of-state-registry>  
 I certify out-of-state registry records are in process and I will be ineligible for renewal if this process is not completed.  
4c. If YES to 4a, please list city and state with the last 5 years: \_\_\_\_\_

5. I authorize the Utah Department of Human Services Office of Licensing to investigate and continually monitor my past and present child and adult abuse, neglect and exploitation records, law enforcement, driver license, and any information which may be pertinent to my application according to Utah Code 60A-2-120, 121, 122, and Administrative Rule 501-14. I authorize the release of all information and I release and hold harmless the Department of Human Services from any damages resulting from the Department of Human Services furnishing such information to authorized agencies. I certify my answers contain no misrepresentations or falsifications, and the information is true and complete. I understand that providing false or inaccurate information or failing to provide information may result in my background screening being denied. I have read and understand the Consent and Privacy Statement on page 2. DHS may contact me to complete, fill out or correct technical omissions such as a date or other typographical errors.

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

**TO BE COMPLETED BY PROGRAM REPRESENTATIVE BASED ON APPLICANT'S OFFICIAL IDENTIFICATION DOCUMENTATION**

Please visit our website for full information and instructions prior to signing. [www.hslc.utah.gov](http://www.hslc.utah.gov)

Print Applicant Legal Full Name: \_\_\_\_\_ Is this a Youth Residential Program?  Yes  No  
If yes, please verify that the applicant submits the required out of state registry checks with this application.

Valid Identification Type: (Driving Privilege Cards are not acceptable forms of I.D.)  Driver License  Passport  State ID  Military ID State/Country Issued by: (See #4) ID Number: \_\_\_\_\_ Expiration Date: mm/dd/yyyy Gender:  Female  Male

Race:  Asian  Black  White  Native American  Unknown Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

6. Initial Applications and renewal applicants not on rap back: Submit two completed, properly rolled fingerprint cards along with a company check, cashier's check or money order made payable to: Department of Human Services  
 \$38.25 - Ongoing Nationwide Rap Back Subscription & Fingerprint Fee

Program Name: \_\_\_\_\_ Site Name or Address: \_\_\_\_\_ Program Phone Number: \_\_\_\_\_  
Acumen Fiscal Agent, LLC. P.O. Box 539, Orem, UT 84059 888-221-7014

License Type:  Out Patient Treatment  Adult Day Care  Adult Foster Care  Child Placing Adoption Employee  Day Treatment  SAS  Intermediate Secure Care  Outdoor Youth Treatment  Recovery Residence  Residential Support (Adult/Youth)  DSPD Certified  Residential Treatment (Adult/Youth)  Social Detoxification  Therapeutic School  Child Placing Foster Employee

7. I certify that I have inspected and entered accordingly the applicant's social security card and passport, state driver license or state identification card issued by the Driver License Division and they do not appear to have been forged or altered. I have reviewed the entire completed application, applicant and licensed program sections, and they contain no misrepresentations or falsifications to the best of my knowledge. The licensed program releases the Department of Human Services from any damages resulting from disclosing information to authorized agencies. The licensed program shall not disclose this form or its contents except as authorized by Utah or federal law.

Signature of verifying representative: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office of Licensing Use Only**

FBI Date: \_\_\_\_\_ DHS/Office of Licensing Screening Approval Date: \_\_\_\_\_

# Background Screening for Minors

- If your employee is a minor under the age of 18, the background screening application form (previous slide) must be submitted along with this form
- The applicant's legal guardian must give consent in the lower section.
- Fingerprints are not required for minors until their 18<sup>th</sup> birthday.

## Criminal Background Screening Authorization Form

Applicant Name: \_\_\_\_\_

### Applicant Background Clearance Disclosure

I authorize the Utah Department of Human Services (DHS) Office of Licensing (OL) to investigate my past and present child abuse, neglect and exploitation records, law enforcement, driver license and any other information which may be pertinent to my application according to Utah Code 62A-2-120, 121, 122 and Administrative Rule R501-14. I authorize the Department of Human Services Office of Licensing to continually monitor state, regional and nationwide criminal background databases and the Management Information System in order to identify criminal, abuse, neglect, exploitation activity for as long as I am associated with DHS licensed, contracted or certified programs. I authorize the release of all information and I release and hold harmless the Department of Human Services from any damages resulting from DHS furnishing such information to authorized agencies. I certify that my answers contain no misrepresentations or falsifications and the information is true and complete.

I have read and understand the FBI RapBack Consent and Privacy statement located on the DHS Office of Licensing website ( [www.hslic.utah.gov](http://www.hslic.utah.gov) ).

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

### Legal Guardian Consent for Youth Background Screening (If applicable)

I authorize the Utah Department of Human Services Office of Licensing to investigate and continually monitor the youth provider's past and present child and adult abuse, neglect and exploitation records, law enforcement, driver license, and any information which may be pertinent to my application according to Utah Code 62A-2-120, 121, 122, and Administrative Rule 501-14. I authorize the release of all information and I release and hold harmless the Department of Human Services from any damages resulting from the Department of Human Services furnishing such information to authorized agencies.

I have read and understand the FBI RapBack Consent and Privacy statement located on the DHS Office of Licensing website ( [www.hslic.utah.gov](http://www.hslic.utah.gov) ).

Applicant Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Guardian's Full Name: \_\_\_\_\_

Print Guardian's Email Address: \_\_\_\_\_

Please note: Guardian will receive an email with a link to digitally approve of the background screening for the minor applicant listed above. Please watch for this email and respond promptly.

# W-4

- Employee Tax Withholding Certificate
- All highlighted fields must be completed.
- Do not use a P.O. Box for the address
- Read Step 2 carefully and check the box if it is determined to be applicable.
- If dependents are claimed, it's no longer a number but a dollar amount explained in Step 3
- If someone writes "EXEMPT" this means no federal or state taxes will be withheld, but wages will still be reported and Employee will receive a W2 for tax filing purposes
- Employee's "wet signature" required
- NOTE: Don't forget Employer's name and address at the very bottom!

Form **W-4** **Employee's Withholding Certificate** OMB No. 1545-0074  
 Department of the Treasury Internal Revenue Service  
 Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.  
 Give Form W-4 to your employer.  
 Your withholding is subject to review by the IRS.  
**2022**

**Step 1: Personal Information**  
 (a) First name and middle initial: [redacted] Last name: [redacted] (b) Social security number: [redacted]  
 Address: [redacted]  
 City or town, state, and ZIP code: [redacted]  
 (c)  Single or Married filing separately  
 Married filing jointly or Qualifying widow(er)  
 Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)

**Step 2: Multiple Jobs or Spouse Works**  
 Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.  
 Do **only one** of the following.  
 (a) Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for most accurate withholding for this step (and Steps 3-4); or  
 (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; or  
 (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld.   
**TIP:** To be accurate, submit a 2022 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

**Step 3: Claim Dependents**  
 If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):  
 Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ [redacted]  
 Multiply the number of other dependents by \$500 . . . . ▶ \$ [redacted]  
 Add the amounts above and enter the total here . . . . . **3** \$ [redacted]

**Step 4 (optional): Other Adjustments**  
 (a) **Other income (not from jobs).** If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . . **4(a)** \$ [redacted]  
 (b) **Deductions.** If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . . **4(b)** \$ [redacted]  
 (c) **Extra withholding.** Enter any additional tax you want withheld each pay period . . . . . **4(c)** \$ [redacted]  
 If filing exempt, leave Step 3 & 4 blank. Write EXEMPT here --->

**Step 5: Sign Here**  
 Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.  
 Employee's signature (This form is not valid unless you sign it.) [redacted] Date [redacted]

**Employers Only**  
 Employer's name and address: [redacted] First date of employment: [redacted] Employer identification number (EIN): [redacted]

For Privacy Act and Paperwork Reduction Act Notice, see page 3. **Employer Name & Address Required.** Cat. No. 102200 Form **W-4** (2022)

# Pay Select Forms

- Establishes how an Employee would like to be paid
- Must select one of the checkbox options at the top
- If selecting direct deposit, a voided check or bank letter with account information is required
- Must be signed by Employee
- Note: If bank account is under someone else's name, must be indicated on form



## Pay Selection Options

Below are the options employees have for receiving their paychecks through Acumen. Please read the information about each option and select the one that is right for you. Paystubs will be sent to the email provided. You will need to provide account information for direct deposit or pay card.

I choose to receive my pay by (select only one)  Check  Direct Deposit  Pay Card

### DIRECT DEPOSIT INFORMATION

**Direct Deposit**  
With this option, your paychecks will be deposited directly into your bank account. There is no need to mail or receive a check. If you have not yet set up your bank account, you must enroll. If you are enrolling, fill out this form along with the required account information.

Acumen cannot process a request for Direct Deposit without a voided check or a direct deposit authorization (bank letter) corresponding to the account(s) listed on this form. For savings accounts, please send a printout from your bank that provides the routing number and account information. If proper documentation is not provided, Acumen will default to paper paycheck until the supporting documentation is received. It can take up to two pay periods for direct deposit to take effect. Paychecks will be mailed until full setup is complete.

<b>Primary Account 1</b> What type of account is this? <input type="checkbox"/> <b>Checking</b> (Include a voided check or bank letter) <input type="checkbox"/> <b>Savings</b> (Include routing & account information printout)	<b>Secondary Account 2</b> (Mandatory for flat dollar option) Account Type: <input type="checkbox"/> <b>Checking</b> (attach a voided check or bank letter) <input type="checkbox"/> <b>Savings</b> (attach routing & account information printout)
Financial Institution Name:	Financial Institution Name:
Financial Institution Address:	Financial Institution Address:
Routing Number:	Routing Number:
Account Number:	Account Number:
Skip this section if there is no Secondary Account 2. How much of each paycheck should be deposited into Primary Account 1? <input type="checkbox"/> A flat dollar amount of: \$ _____ <input type="checkbox"/> A percentage of each paycheck: _____ % If not specified, Acumen will deposit entire paycheck into Primary Account 1.	All remaining funds exceeding Primary Account 1 allocations will deposit into this account.

**Pay Card**  
Pay cards – a card that can be used for payroll deposits. There are no fees for certain services. Pay Card section (bottom) of the form. You will need to provide account information.

Are you the account holder for the account(s) listed above?  Yes  No

Please return this form to:

If "no," what is the name of the account holder? \_\_\_\_\_

If "no," employee agrees to have their funds deposited into this account. \_\_\_\_\_  
Employee's Signature

Note: if you do not have the account information established however it is in any delays or if

**AUTHORIZATION FOR DIRECT DEPOSIT or PAY CARD or PAPER CHECK**  
I hereby authorize Acumen Fiscal Agent, LLC (herein after "Company") to deposit any amount owed to me for wages and/or reimbursements by initiation of credit entries to my account at the financial institution (hereinafter "Bank") handling my choice indicated above. Further, I authorize Bank to accept and credit any credit entries indicated by Company to my account. In the event that Company deposits funds erroneously into my account, I authorize Company to debit my account for an amount not to exceed the original amount of the erroneous credit. This authorization is to remain in full force and effect until Company receives written notice from me of its termination in such time and in such a manner as to afford a reasonable opportunity to act on it. If my method of payment is pay card, as the pay card holder, it is my responsibility to close this account should I no longer choose to have payments deposited in this manner. If I selected Check, I understand that Acumen will issue my check on payday and that it is impossible to guarantee the date that my paper check will arrive. Acumen is not responsible for any delays or misdirected mail after checks have been submitted to the U.S. Postal Service. If my paper check does not arrive within 5 business days after payday, I can call Acumen to issue a stop payment and have a new check issued. I understand that if I request a stop payment, a processing fee of \$35.00 will be deducted from my new check. If I require that this fee be waived, I must sign up for either direct deposit or a Pay Card.

Print Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Email Address for Paystub Delivery \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Return this form by email [enrollment-ut@acumen2.net](mailto:enrollment-ut@acumen2.net), fax (888) 249-7023 or mail: PO Box 539, Orem, UT 84059



# FLSA Live-In Exemption (overtime)

- Optional form
- This only applies for Employees who reside with the client.
- The purpose is to exempt the Employee from receiving the “time and a half” (overtime) pay rate if they work more than 40 hours per work week.
- Employee can work more than 40 hours but would be paid at straight time.
- Both Employer and Employee sign



## Attestation to the Employee Live-in Exemption

Under the U.S. Department of Labor Fair Labor Standards Act (FLSA) – Home Care Rule revised regulations, I confirm that my employee listed below qualifies as a live-in domestic service worker and is exempt from the Fair Labor Standards Act overtime requirements.

I attest to the following:

- My worker resides on my premises either “permanently” or for “extended periods of time”:
  - “Permanently” – My worker resides on my premises permanently by living, working and sleeping on my premises seven days per week and therefore has NO home of his or her own; OR
  - “Extended Periods of Time” – My worker resides on my premises for an extended period of time by living, working and sleeping on my premises for five days a week (120 hours or more) OR My worker spends less than 120 hours per week working and sleeping on my premises, but spends five consecutive days or nights residing on my premises.
- My worker is/will be paid at least minimum wage for all hours worked.
- There is a written agreement signed by my worker and myself to determine the number of hours that my worker will work.
  - Sleep time, meal time and other periods of time of complete freedom from work duties are excluded from work hours.
  - If any of the designated freedom of time periods are interrupted, I must pay for that time worked.
  - My worker may either leave the premises or stay on the premises during the designated freedom time periods.
  - If there is ANY deviation to the written agreement, a new agreement must be made.

By signing below, I acknowledge that I am the employer for this stated employee and that by declaring this exemption, I have complied with the requirements for this exemption and accept any and all legal responsibility including but not limited to any cost associated with litigation or fines that may result by falsely claiming this exemption. I understand that this attestation form does not constitute the written agreement between me and my worker.

Participant/Client Name: \_\_\_\_\_ (PLEASE PRINT)

State: \_\_\_\_\_

Employer Name: \_\_\_\_\_ (PLEASE PRINT)

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

Employee/Worker Name: \_\_\_\_\_ (PLEASE PRINT)

Employee/Worker Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

# E.V.V. Worksheet

- No signature required, but this form does give Employer and Acumen an idea as to how the E.V.V. requirements will be met for each Employee
- If more than 3 Employees, simply make more copies.
- The highlighted items will be discussed next
- If concerned about E.V.V. and you need to talk through the options a bit further, please call:

888-221-7014



## Acumen Fiscal Agent ELECTRONIC VISIT VERIFICATION (E.V.V.) WORKSHEET

Please complete this worksheet to give Acumen a better understanding of how E.V.V. requirements will be met for each employee.

Employee #1: Name \_\_\_\_\_

- Does this employee reside at the same address as the client who receives services?
  - Yes (submit "E.V.V. Live-In Caregiver Attestation" form to exempt employee from E.V.V. requirements – end survey for this employee)
  - No (employee must comply with E.V.V. – proceed to the next bullet)
- Does the employee have access to a web enabled smartphone or tablet to clock in and out using a mobile app at the beginning and ending of each shift?
  - Yes (employee will use the DCI mobile app to record hours – end survey)
  - No (purchase a FOB by submitting a **FOB order form and a check for \$20.00**)

Employee #2: Name \_\_\_\_\_

- Does this employee reside at the same address as the client who receives services?
  - Yes (submit "E.V.V. Live-In Caregiver Attestation" form to exempt employee from E.V.V. requirements – end survey for this employee)
  - No (employee must comply with E.V.V. – proceed to the next bullet)
- Does the employee have access to a web enabled smartphone or tablet to clock in and out using a mobile app at the beginning and ending of each shift?
  - Yes (employee will use the DCI mobile app to record hours – end survey)
  - No (purchase a FOB by submitting a **FOB order form and a check for \$20.00**)

Employee #3: Name \_\_\_\_\_

- Does this employee reside at the same address as the client who receives services?
  - Yes (submit "E.V.V. Live-In Caregiver Attestation" form to exempt employee from E.V.V. requirements – end survey for this employee)
  - No (employee must comply with E.V.V. – proceed to the next bullet)
- Does the employee have access to a web enabled smartphone or tablet to clock in and out using a mobile app at the beginning and ending of each shift?
  - Yes (employee will use the DCI mobile app to record hours – end survey)
  - No (purchase a FOB by submitting a **FOB order form and a check for \$20.00**)

# E.V.V. Live-In Caregiver Attestation

- If the E.V.V. worksheet indicated your employee is eligible for exemption due to being a live-in employee/caregiver, complete and submit this form.
- One of the checkboxes must be selected
- Employer signs/dates
- If the Employee moves away from the Client's address in the future, the E.V.V. exemption no longer applies and Acumen must be notified right away.



## Electronic Visit Verification (EVV) Live-In Caregiver Attestation Form

Electronic visit verification (EVV) is a technology solution which electronically verifies visit information to ensure that home and community-based services are delivered to the client. States are permitted to exempt live-in caregivers from EVV requirements for services provided to the client within the shared home setting. This form is intended to document that an employee resides with the client in services, either permanently or for extended periods of time.

Employee Name: \_\_\_\_\_ SSN (last 4 digits): \_\_\_\_\_

Name of Client: \_\_\_\_\_ DOB: \_\_\_\_\_

Shared Physical Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

### **EMPLOYER'S ATTESTATION:**

Please indicate which of the below scenarios is applicable.

"Permanently" – this employee resides on the same premises as the client permanently by living, working and sleeping on the premises seven days per week and has no separate home of his/her own.

"Extended Periods of Time" – this employee resides on the same premises as the client for an extended period of time by living, working and sleeping on premises for five days a week (120 hours or more) OR spends less than 120 hours per week working and sleeping on premises but spends five consecutive days or nights residing on premises.

I understand that hours submitted by this employee for services provided to this client within the shared home setting are exempt from EVV requirements. I also understand that services provided in any other community-based setting outside of the shared home location must meet EVV requirements in order for Acumen to issue payroll. I also agree to notify Acumen immediately if this shared living arrangement ever changes in the future, resulting in this employee and this client residing separately. When this happens, this employee will begin meeting EVV requirements for all services provided no matter the setting.

Name of Employer: \_\_\_\_\_

Employer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# E.V.V. FOB Order Form

- If the E.V.V. worksheet indicated the DCI mobile app is not a workable solution for your Employee(s), a low-tech FOB option can be purchased for a one-time cost of \$20.00 (per FOB/client)
- FOBs can only be ordered by Employers (or support coordinators)
- Employer signs/dates even if form is submitted by support coordinator
- FOBs are sent via USPS mail



## E.V.V. FOB Order Form – UT DSPD (To be completed by Employers)

Self-directed employees serving clients in Utah Medicaid programs must submit their hours using electronic visit verification. The only exception is for employees who reside at the same address as the client receiving the services, and for whom an EVV Live-In Caregiver Attestation Form has been submitted to Acumen.

Fiscal agents (FMS agencies) are required to offer solutions to help employers and employees to comply with the federal E.V.V. mandate. Acumen's solution is the easy-to-use DCI Mobile App which can be downloaded free of charge to any web-enabled smartphone or tablet. Employees who have access to a web enabled smartphone or tablet must use this option to record and report their hours in real time.

If an employee does not have access to such technology, you as their employer can purchase a low-tech FOB option at a one-time cost of \$20.00 per FOB. These devices are only issued TO THE EMPLOYER (not to individual employees).

The employee would press the FOB and record the readouts in real time at the beginning and end of each shift. The FOB tokens and other shift information is then entered into the DCI web portal to electronically verify each shift.

### Order a FOB for a specific client/participant

If you are an employer for more than one client/participant, complete separate forms and send \$20.00 for each client. Each FOB has a unique serial number which will be entered into the client's DCI profile. As such, that FOB can only be used for services provided to that specific client and cannot be used interchangeably or across multiple clients. Make every effort to distinguish or mark each FOB so that employees clearly know which FOB belongs to which client and that they use the correct one. FOB devices must remain with the client/participant at all times and should not be allowed to be taken away from the client/participant by an employee. Such activity will be reported to Medicaid as EVV fraud.

In addition, FOBs will NOT function for EVV reporting unless it is set up for a specific client's services in advance by Acumen. Do not share a FOB or "hand down" a FOB that is no longer needed because the FOB will not work properly for anybody other than the client that the FOB was originally issued to.

Please specify which participant/client this order is for:

Client's First and Last Name: \_\_\_\_\_ DOB: \_\_\_\_\_

As the employer, I acknowledge that I am responsible to ensure my employees submit their hours using E.V.V. compliant methods and that they will not be paid for shifts reported to Acumen without the E.V.V. step being completed. I am responsible for safe keeping of the FOB that is issued to me for the participant/client listed above and acknowledge that it can only be used for services provided to this participant/client. If the FOB is ever lost, stolen or broken, it is my responsibility to order and pay for a replacement. Until a replacement arrives, my employees must use an alternative E.V.V. method to submit their hours or cannot be paid through Acumen for services rendered.

Employer's Name (please print): \_\_\_\_\_

Employer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

To which address would you like this FOB to be mailed?

Street or P.O. Box: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

To place your order, mail this form along with a check or money order in the amount of \$20.00 (made payable to Acumen) to the below address. Please allow at least 2-3 weeks for processing and shipping.

Acumen  
ATTN: FOB Order  
P.O. Box 539  
Orem, UT 84059

# Employee Termination Form

- When an Employee quits or is terminated, it's important to let Acumen know right away.
- We need to know what the termination date was, whether the termination was voluntary or involuntary, and the reason.
- Employees often file for unemployment and DWS comes to Acumen for termination information.
- Notifying Acumen timely also helps eliminate timesheet fraud by Employees who are no longer eligible to receive payment with your budget funds.



**EMPLOYEE TERMINATION FORM**

Employers must complete the following information when an employee stops working for them. Please complete this form and return it to Acumen in one of the following ways:

Mail: P.O. Box 539, Orem, UT 84059  
Fax: (888) 249-7023  
E-mail: Payroll-UT@acumen2.net

Your state has laws regarding how quickly an employee's final paycheck must be issued. Please make sure the final hours owed to your employee have been approved and submitted so Acumen can help you comply with the final paycheck laws in your state.

EMPLOYEE NAME:	
EMPLOYEE ID #:	
LAST DATE OF EMPLOYMENT:	<b>CHECK ONE</b> VOLUNTARY <input type="checkbox"/> INVOLUNTARY <input type="checkbox"/>
REASON FOR ENDING EMPLOYMENT:	
IF YOUR EMPLOYEE RECEIVES PAYCHECKS IN THE MAIL, THE FINAL PAYCHECK WILL BE SENT TO THE ADDRESS ON FILE. IF THE CHECK NEEDS TO BE SENT TO A DIFFERENT ADDRESS, PLEASE PROVIDE THAT ADDRESS BELOW:	
IF YOUR EMPLOYEE RECEIVES PAYCHECKS ELECTRONICALLY (DIRECT DEPOSIT OR PAYCARD), THE FINAL PAYCHECK WILL BE DELIVERED ELECTRONICALLY. IF A PAPER CHECK IS NEEDED INSTEAD, PLEASE PROVIDE THE ADDRESS WHERE THAT CHECK SHOULD BE SENT BELOW:	
CLIENT NAME AND ID #:	
EMPLOYER NAME:	
EMPLOYER SIGNATURE:	DATE:

UT  
REV 01 31 14

Acumen Fiscal Agent P.O. Box 539 Orem, UT 84059 Phone (888) 221-7014 Fax (888) 249-7023 payroll-UT@acumen2.net

# Payment Schedule

- Schedule of pay period start/end dates, time submission due dates and corresponding pay dates.
- Should be followed closely and provided to Employees.
- Non-adherence to Payment Schedule could mean late payments to Employees.
- If transferring from a different FMS agency, keep in mind the deadlines and paydays are not necessarily the same as your previous provider.
- Remember, all hours up to and including June 30th each fiscal year must be approved/submitted by July 1st or be denied payment. This is a DSPD requirement and is strictly enforced.



## UT DSPD Payroll Schedule Effective July 1, 2021 - June 30, 2022

To ensure that your employees are always paid on time, please approve and submit all time entries by the "Submissions Due NO Later Than" date, **even if it falls on a weekend or holiday**. These dates are strictly enforced and time submissions approved/received after that date will be processed in the following payment period.

Unless an employee has been granted formal electronic visit verification (EVV) live-in exemption, they must use the DCI mobile app to clock in and out in real time using a smart phone or web enabled tablet. Employees should go to their Google Play Store or Apple App Store and install the free app called "DCI Mobile EVV." When prompted, enter the System Identifier [228636](#).

Employees who are formally approved as live-in exempt from the EVV mandate can enter their hours using the online DCI portal website using a laptop, computer or any other type of web enabled device. To access the site go to:

<https://acumen.dcisoftware.com/>

If you need help using DCI, contact your local Utah-based agent or Acumen's Customer Service Department at (888)221-7014.

MONTH	Payment Period End Date	Submissions Due NO Later Than	Direct Deposit/Check Date
JULY	07/15/21	Fri, 07/16/21	Fri, 07/23/21
	07/31/21	Sun, 08/01/21	Tue, 08/10/21
AUGUST	08/15/21	Mon, 08/16/21	Wed, 08/25/21
	08/31/21	Wed, 09/01/21	Fri, 09/10/21
SEPTEMBER	09/15/21	Thu, 09/16/21	Fri, 09/24/21
	09/30/21	Fri, 10/01/21	Fri, 10/08/21
OCTOBER	10/15/21	Sat, 10/16/21	Mon, 10/25/21
	10/31/21	Mon, 11/01/21	Wed, 11/10/21
NOVEMBER	11/15/21	Tue, 11/16/21	Wed, 11/24/21
	11/30/21	Wed, 12/01/21	Fri, 12/10/21
DECEMBER	12/15/21	Thu, 12/16/21	Fri, 12/24/21
	12/31/21	Sat, 01/01/22	Mon, 01/10/22
JANUARY	01/15/22	Sun, 01/16/22	Tue, 01/25/22
	01/31/22	Tue, 02/01/22	Thu, 02/10/22
FEBRUARY	02/15/22	Wed, 02/16/22	Fri, 02/25/22
	02/28/22	Tue, 03/01/22	Thu, 03/10/22
MARCH	03/15/22	Wed, 03/16/22	Fri, 03/25/22
	03/31/22	Fri, 04/01/22	Fri, 04/08/22
APRIL	04/15/22	Sat, 04/16/22	Mon, 04/25/22
	04/30/22	Sun, 05/01/22	Tue, 05/10/22
MAY	05/15/22	Mon, 05/16/22	Wed, 05/25/22
	05/31/22	Wed, 06/01/22	Fri, 06/10/22
JUNE	06/15/22	Thu, 06/16/22	Fri, 06/24/22
	06/30/22	Fri, 07/01/22	Fri, 07/08/22

"MONTH" refers to the month that services were provided.

"Payment Period End Date" is the last day of services in the pay period.

"Direct Deposit/Check Date" shows the date that payment will be issued. For those payees that have selected direct deposit or pay card, this is also the date that funds will be available in their accounts.

"Submissions Due NO Later Than" is the last date that your timesheets can be received or that your DCI time entries can be entered and approved for the pay period.

# General Reminders

- The IRS is particular!
  - NO white out allowed
  - NO cross-outs allowed on the federal forms
  - In other words, please submit clean copies
- If sending any Federal or State form as an attachment to an email, it is very important that it does not look like picture of the document taken by a phone
- It must be a clean, non-blurred, non-shadowed image that looks as much like a scan as possible
- **KEEP THE ORIGINALS!** If mailing documents, make copies. Not only do you need copies for your own records, but sometimes things get lost in transit and having a back-up copy saves the day!
- Finally, it's best practice not to send things piecemeal. Please, as much as possible, submit everything together. We can't issue a "Good to Go" until we have everything, so might as well wait until it's ready to submit all at once.

# We're here to help!

Submit forms to:

**Email:** [enrollment-ut@acumen2.net](mailto:enrollment-ut@acumen2.net)

**\*\*include "Utah" on the subject line\*\***

**Fax:** (888) 249-7023

**Mail:** Acumen Fiscal Agent

P.O. Box 539

Orem, UT 84059

**Call if you need help:**

Customer Service – (888) 516-2432

[customerservice@acumen2.net](mailto:customerservice@acumen2.net)