



Vendor Enrollment Package

NJ DDD Self Directed Option Program

Vendor Enrollment Package

Congratulations! A participant in the NJ DDD Self-Directed Option program has identified you as a provider of services. To ensure you're successfully enrolled as a Community Vendor and have insight into the processes that must be followed to submit completed invoices accurately and check on payment status, please find in this Vendor Enrollment Package the following documents:

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Here at Public Partnerships LLC (PPL) we strive to provide excellent customer service. We urge you to reach out to our Customer Service Department by emailing njddd@pcgus.com or dialing 1-844-842-5891 with any questions and concerns you may have. Our office hours are Monday through Friday, 8:00 am to 6:00 pm EST.

Again, Congratulations!

PPL Management



New Jersey Self-Directed Employee Option Vendor Enrollment Packet

Welcome to the New Jersey Self-Directed Employee (NJ SDE) Option! Public Partnerships is excited to serve as your Fiscal Intermediary agent (FI). For Public Partnerships to assume responsibility for paying you as a vendor in the NJ SDE Option, you and your agency must complete and submit a W-9 and Payment Information Form.

- Form W-9 (required)
- Payment Information Form (optional)

After you have completed all enrollment forms, please send them to NJ DDD through Public Partnerships by fax or by email.

If you have questions, please call Public Partnerships customer service at 1-844-842-5891.

You can also send us an e-mail at njddd-cs@pcgus.com.

Si tiene alguna pregunta o necesita formas en Español, por favor llame al servicio al cliente Public Partnerships a 1-844-842-5892. También nos puede enviar un correo electrónico a njddd-cs@pcgus.com.

How to Contact Us

Customer Service: 1-844-842-5891

Paperwork Fax: 1-844-561-5978

Email: njddd-cs@pcgus.com

Paperwork Email: njddd@pcgus.com

TTY: 1-800-360-5899

Hours of Operation

Monday – Friday: 8:00 AM to 6:00 PM EST (excluding NJ holidays)

By signing the filled-out form, you:

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. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting*, later, for further information.

Note: If you are a U.S. person and 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.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 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 payee 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, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, 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,
2. You do not certify your TIN when required (see the instructions for Part II for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
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 *Exempt payee code*, later, and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships*, earlier.

What is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

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

Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note: ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or “doing business as” (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C corporation, or S corporation.** Enter the entity’s name as shown on the entity’s tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. 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 line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a “disregarded entity.” See Regulations section 301.7701-2(c)(2)(iii). Enter the owner’s name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner’s name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity’s name on line 2, “Business name/disregarded entity name.” If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

Line 3

Check the appropriate box on line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3.

IF the entity/person on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation
• Individual • Sole proprietorship, or • Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes.	Individual/sole proprietor or single-member LLC
• LLC treated as a partnership for U.S. federal tax purposes, • LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or • LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes.	Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C corporation; or S= S corporation)
• Partnership	Partnership
• Trust/estate	Trust/estate

Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys’ fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 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 U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 5 ²
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

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

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

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

Note: You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, write NEW at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

Line 6

Enter your city, state, and ZIP code.

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.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note: See *What Name and Number To Give the Requester*, later, 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 SSA office or get this form online at www.SSA.gov. 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 Identification Number (EIN) under Starting a Business. Go to www.irs.gov/Forms to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to www.irs.gov/OrderForms to place an order and have Form W-7 and/or SS-4 mailed to you within 10 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and 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: Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded U.S. 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 item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

Signature requirements. Complete the certification as indicated in items 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 made in settlement of payment card and third party network transactions, 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), ABLE accounts (under section 529A), 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) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor ²
5. 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
6. Sole proprietorship or disregarded entity owned by an individual	The owner ³
7. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor*
For this type of account:	Give name and EIN of:
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity ⁴
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee

For this type of account:	Give name and EIN of:
14. 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
15. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

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 "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the 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.) Also see *Special rules for partnerships*, earlier.

*Note: The grantor also must provide a Form W-9 to trustee of trust.

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.

Secure Your Tax Records From Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes.

Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at spam@uce.gov or report them at www.ftc.gov/complaint. You can contact the FTC at www.ftc.gov/idtheft or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see www.IdentityTheft.gov and Pub. 5027.

Visit www.irs.gov/IdentityTheft to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and 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. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

VENDOR DETAILS

This form is used to capture details about vendors (independent contractors or agencies) providing goods or services to individuals of a self-directed program.

PPL is the Fiscal Intermediary for the New Jersey Division of Developmental Disabilities (NJ DDD) for the Self-Directed Option (SDO). PPL assumes the duty for paying you as a Vendor in the NJ SDO.

Vendor Details

Name:

Address

Street:

Street 2 (APT., STE., etc.):

City:

State:

Zip Code:

County:

Mailing Address

Complete this section if Vendor mailing address is different than the one above.

Address:

Address 2 (APT., STE., etc.):

City:

State:

Zip Code:

Contact

Contact Name:

Phone Number:

Ext.

Email Address:

Billing Contact

Contact Name:

Contact Title:

Phone Number:

Ext.

Email Address:

Payment Details

Select method of payment. If direct deposit, Vendor bank details must be entered.

Payment Type: Check Direct Deposit

Direct Deposit to Bank Account

Account Type (select one): Checking Savings

Bank Name:

Routing Number:

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Account Number:

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Pay Stub and Payment Advice

Go green! The Program makes your pay stub available through the BetterOnline™ web portal. To access our web portal, you can use a:

- Computer
- Tablet
- Smart phone

If you do not have access to the internet, check the box below.

I do not have access to the internet. Send my pay stub in the mail.

I authorize New Jersey Division of Developmental Disabilities (NJ DDD) through Public Partnerships, LLC (PPL) to:

- Use an Automated Clearing House (ACH) to deposit my payment
- Deposit my payment directly into my account

I know that if I fail to provide complete and accurate information on this form, processing of my payment:

- May be delayed
- May not be possible
- Or electronic payment(s) may be made in error

I authorize NJ DDD through PPL to withdraw from the designated account all amounts deposited by electronic means that are in error. If that designated account is closed or has a balance too low to allow withdrawal, then I authorize NJ DDD through PPL to withhold any payment owed me until the amounts deposited in error are repaid. If I decide to cancel direct deposit, I will contact PPL Customer Service and provide my:

- Routing number
- Account number

License and Certification

The Vendor must have licenses and/or certifications that apply to the services they provide. Prior to the start of services, these documents must be reviewed by:

- The individual served
- And/or their guardian (if this applies)
- And/or the Authorized Representative (if this applies)

The Vendor may need to submit proof of qualifications.

W-9 Details

All vendors must submit a complete and valid W-9. These details will be used to report income that the vendor receives for providing services.

Invoices

All invoices must be submitted within 90 days from the date of service. Invoices submitted after 90 days from the date of service will require DDD approval.

Agree and Sign

I confirm:

- I have read all of this form.
- The details provided are accurate and complete.
- This form is not a contract between the Vendor, Public Partnerships LLC (PPL), or the State.
- The Vendor will send this completed form and the W-9 to PPL by fax or email. See the "Contact Us" section below.
- Vendor payment will not occur until the details on the completed W-9 are reviewed.

Vendor Representative Name:

Vendor Representative Signature:

Date:

You are required to complete and submit a W-9 and this Payment Information Form. After you have completed all enrollment forms, send them to NJ DDD through PPL by fax or by email.

How to Contact Us

- Customer Service: 1-844-842-5891
- Paperwork Fax: 1-844-561-5978
- Email: njddd-cs@pcgus.com
- Paperwork Email: njddd@pcgus.com
- TTY: 1-800-360-5899
- Customer Service Hours of Operation:
 - Monday – Friday: 8:00 AM to 6:00 PM EST (excluding NJ Holidays)



Request for Payment

For use in NJ Division of Developmental Disabilities Fiscal/Employer Agent Model of Self-Direction, administered by Public Partnerships LLC

Invoice Date:	PO Number (if applicable):	Payee type: <input type="checkbox"/> Vendor <input type="checkbox"/> SDE
Individual Name:	Individual DDD ID:	
Vendor/SDE Name:	Vendor FEIN/SDE PPL ID:	
Vendor/SDE Phone:	Vendor/SDE Email:	

Payments are issued to the vendor/self-directed employee (SDE) only. Payment checks are mailed to the vendor/SDE's address on file unless a different address is requested. To request to have the payment check for this invoice only mailed to a different address, check the box below and identify the name and address where the check will be mailed:

Mail vendor/SDE payment check to (name): _____

Mailing Address: _____ **City:** _____ **State:** _____ **Zip Code:** _____

Date of Service (mm/dd/yy)	Start Time (am/pm)	End Time (am/pm)	Procedure Code	Plan Number	Outcome Number	Service Number	Number of Units Rendered (whole #s Only)	x Unit Rate	= Total Per Line
									\$
									\$
									\$
									\$
									\$

FOR PAYMENT TO BE ISSUED:

Total Payment Requested:	\$
---------------------------------	----

- **Copy of vendor quote/invoice or vendor/SDE receipt MUST be included with this form, and billed amount(s) must match invoice/receipt amount(s).**
- **Copy of the vendor's IRS Form W-9 must be on file with Public Partnerships LLC (PPL). This does not apply to SDEs.**

I certify that the representations made on this Request for Payment are true, accurate and correct, and that if any statements are willfully false, I may be subject to punishment, including suspension, debarment, or disqualification from participating as a vendor in state or federal programs, as well as criminal sanctions, as may be applicable. I understand that payment will be from federal and/or state funds, and that any falsification or concealment of a material fact may be prosecuted under federal and state laws.

Vendor Representative or Self-Directed Employee	Individual, Employer of Record, or Authorized Representative for the Individual Receiving Services
Name:	Name:
Signature:	Signature:
Date:	Date:



Submit Request for Payment to Public Partnerships by email: njddd@pcgus.com or by fax: 1-844-561-5978
For faster processing, please fax/email only one invoice and receipt combo per fax/file attachment.

Questions? Call Public Partnerships Customer Service at 1-844-842-5891



New Jersey Self-Directed Employee Option

NJ DDD Request for Payment Instructions

Request for Payment

For use in NJ Division of Developmental Disabilities Fiscal/Employer Agent Model of Self-Direction, administered by Public Partnerships LLC

Invoice Date: A	PO Number (if applicable): B C Payee type: <input type="checkbox"/> Vendor <input type="checkbox"/> SDE
Individual Name: D	Individual DDD ID: E
Vendor/SDE Name: F	Vendor FEIN/SDE PPL ID: G
Vendor/SDE Phone: H	Vendor/SDE Email: I

Payments are issued to the vendor/self-directed employee (SDE) only. Payment checks are mailed to the vendor/SDE's address on file unless a different address is requested. To request to have the payment check for this invoice only mailed to a different address, check the box below and identify the name and address where the check will be mailed:

Mail vendor/SDE payment check to (name): **J**

Mailing Address: **K** City: State: Zip Code:

Date of Service (mm/dd/yy)	Start Time (am/pm)	End Time (am/pm)	Procedure Code	Plan Number	Outcome Number	Service Number	Number of Units Rendered (whole #s Only)	x Unit Rate	= Total Per Line
L	M	N	O	P	Q	R	S	T	U
									\$
									\$
									\$
									\$
									\$
FOR PAYMENT TO BE ISSUED:								Total Payment Requested: \$	

- Copy of vendor quote/invoice or vendor/SDE receipt **MUST** be included with this form, and billed amount(s) must match invoice/receipt amount(s).
- Copy of the vendor's IRS Form W-9 must be on file with Public Partnerships LLC (PPL). This does not apply to SDEs.

I certify that the representations made on this Request for Payment are true, accurate and correct, and that if any statements are willfully false, I may be subject to punishment, including suspension, debarment, or disqualification from participating as a vendor in state or federal programs, as well as criminal sanctions, as may be applicable. I understand that payment will be from federal and/or state funds, and that any falsification or concealment of a material fact may be prosecuted under federal and state laws.

Vendor Representative or Self-Directed Employee	Individual, Employer of Record, or Authorized Representative for the Individual Receiving Services
Name: V	Name: Y
Signature: W	Signature: Z
Date: X	Date: AA

Submit Request for Payment to Public Partnerships by email: njddd@pcgus.com or by fax: 1-844-561-5978
For faster processing, please fax/email only one invoice and receipt combo per fax/file attachment.

Questions? Call Public Partnerships Customer Service at 1-844-842-5891

INTRODUCTION

The Request for Payment form is used to request payment by a vendor, for services provided and as authorized in an Individual's Service Plan (ISP).

Please clearly print the following fields in dark ink so they are easy to read and understand.

- A. Invoice Date:** The date that the invoice is prepared in an MM/DD/YYYY format where MM = Month, DD = Day and YYYY = the four (4) digit year. For example: 05/10/2018.
- B. PO Number (if applicable):** If applicable, a vendor can complete this field with an associated Purchase Order Number.
- C. Payee Type:** Select if payment should be sent to the identified vendor or a Self-Directed Employee (SDE).
- D. Individual Name:** The first and last name of the individual enrolled in the NJ DDD SDO program and to whom goods and services have been provided (i.e. Jane Doe).
- E. Individual DDD ID:** Each numerical digit of the six-digit DDD ID Number. (DDD assigns the DDD ID at the time an individual applies for DDD services.). Example: 123456.
- F. Vendor/SDE Name:** The legal business name of the vendor/SDE. Example: Sam's Power Yoga.
- G. Vendor/SDE FEIN:** The Federal Employer Identification Number, a unique nine-digit number assigned by the Internal Revenue Service (IRS), associated with the vendor's legal business name. For example: 22-1234567.
- H. Vendor/SDE Phone:** The business phone number of the vendor to include the area code. For example (609) 555-1212.
- I. Vendor/SDE Email:** The business email address of the vendor. For example: janesmith@poweryoga.com.
- J. Mail vendor/SDE payment check to (name):** This is the name of the vendor or SDE that payment will be made.
- K. Mailing Address:** This is the name of the individual, employer of record or authorized representative to which actual payment will be mailed, when different from the address that PPL has on file for a vendor or SDE. If these fields are not completed, the check will be mailed to the vendor or SDE's address on file with PPL.
- L. Date of Service (mm/dd/yy):** The date that the service was performed in an mm/dd/yy format where mm = Month, dd = Day and yy = the two (2) digit year. For example: 05/10/18.
- M. Start Time (am/pm):** The start time of the service provided. Please also indicate if the start time is am or pm.
- N. End Time (am/pm):** The end time of the service provided. Please also indicate if the end time is am or pm.
- O. Procedure Code:** The individual's most current approved Waiver/Procedure Code associated with the authorized service. (Each authorized service is assigned a Procedure/Waiver Code in the service plan. If you do not know the Procedure/Waiver code, contact the individual's Support Coordinator.) For example: H2016ISE.
- P. Plan Number:** Enter the individual's most current approved Plan ID in the right-hand box. (The Plan ID is in the individual's service plan. If you do not know the individual's Plan ID, contact the individual's Support Coordinator.) Do not print a zero before the Plan ID number, and only print the Plan ID number that appears BEFORE the decimal point in the service plan. Example: Plan ID is 3.15 in the service plan, print 3 in this field.
- Q. Outcome Number:** The Outcome Number is the number associated with the authorized service. (Each authorized service has at least one associated Outcome Number. If you do not know the

Outcome Number, contact the individual's Support Coordinator.) Do not print any zeros before the Outcome Number. Example: 5.

- R. Service Number:** The Service Number associated with the authorized service. (Each authorized service is assigned a Service Number in the service plan. If you do not know the Service Number, contact the individual's Support Coordinator.) Do not print any zeros before the number.
- S. Number of Units Rendered:** The number of units provided for a specific service on a specific date. For example: if 1 hour of service is provided, then the units will be 1 – which presumes the service unit rate provided is hourly. If a 15-minute increment service unit rate is provided, then the units to total 1 hour would be 4 – four 15-minute unit increments equals one hour.
- T. Unit Rate:** A rate that is associated with the authorized service. (Each authorized service has a specific service unit rate. If you do not know the Service Unit Rate, contact the individual's Support Coordinator.) For example: \$16.74.
- U. Total Per Line:** Calculate the total cost for the authorized service on that date by using this formula
Service Unit(s) x Service Unit Rate.
- V. Vendor Representative or Self-Directed Employee Name:** The name of the vendor representative or SDE completing the payment request.
- W. Vendor Representative or Self-Directed Employee Signature:** The vendor representative or SDE, should provide their signature.
- X. Date:** The date that the payment request is signed in a mm/dd/yyyy format where mm = Month, dd = Day and YYYY = the four (4) digit year. For example: 05/10/2018.
- Y. Individual, Employer of Record, or Authorized Rep Name:** The name of the Individual receiving services or that individual's employer of record or authorized representative.
- Z. Individual, Employer of Record, or Authorized Rep Signature:** The Individual receiving services or that individual's employer of record or authorized representative should provide their signature.
- AA. Date (mm/dd/yyyy):** The date that the payment request is signed in a mm/dd/yyyy format where mm = Month, dd = Day and YYYY = the four (4) digit year. For example: 05/10/2018.

IMPORTANT RULES TO REMEMBER

- Print clearly! If Public Partnerships cannot read the payment request, payment may be delayed. Fill in all the required fields. Vendors cannot be paid unless all fields are filled in.
- Use dark ink.
- The exact Start Time and End Time must be recorded – times should not be rounded up or down. PPL's system automatically rounds times as appropriate.
- When a service code is entered on an invoice, PPL will convert the unit type, based on the transmitted authorization in order to capture the appropriate time increments: 15 min, 30 min, 1 hour, etc. and control the rate paid out in payroll.
 - For example: if you enter 2 units for a unit type of 30 mins (T2015- Z2) that has rate of \$40, it would pay one hour of work: 2 units * rate of \$40 = \$80 OR if you enter .5 for that same unit type, it would pay 15 minutes for that 30 minute unit: .5 units * rate of \$40 = \$20.
- Modifiers ONLY appear in the PPL system. The PPL system adds the modifier based on the unit type that is transmitted to PPL in the authorization. This is a list of PPL modifiers being applied:
 - Z1= 15 min (Note: if 1 unit is entered, you will be paid for 15 mins; if you bill 4 units, you will be paid 4 times this specific unit rate).
 - Z2=30 mins
 - Z3=hour

- Z4= day (NOTE: if two units are billed on a specific service date, it may pend because there are not two 24-hour units available in one day)
- Z5= Month
- Z6= service
- Z7= trip
- Z8= mile
- PPL electronically receives approved authorizations as allotted by the Support Coordinator in the Service Plan. For example: if 1 unit per week is allotted for the week of March 1–8, then as a vendor you are not authorized to invoice for 5 units in the 1st week or to invoice for any period before that date. The service must have occurred in the time period associated with that specific service line.
- If a mistake is made on a payment request, it should be discarded, and a new payment request started. Using correction fluid/tape on a payment request to attempt to correct mistakes may delay payment.
- Only submit a payment request ONCE – either by fax or by mail. If a payment request is submitted more than once, PPL’s system will recognize a duplicate and payment will be delayed.
- It is highly recommended that as a vendor, you obtain a copy of the individual’s Service Plan, from the individual’s Support Coordinator, to ensure you are informed of the details of the services you are authorized to provide.

COMMON MISTAKES

- Payment request fields are entered incorrectly including Plan ID, Service Number, or Outcome Number. To avoid entering incorrect information, be sure to have a current copy of the individual’s service plan. Please note that when the Plan Year changes, there may also be changes to this information.
- Forgetting to fill in the Procedure Code circle or filling in the wrong one.
- Forgetting to have both the vendor and the individual/employer of record/authorized representative sign the payment request.

SUBMITTING PAPER PAYMENT REQUESTS

- The preferred method for submitting requests for payment to Public Partnerships is electronically, by submitting to njddd@pcgus.com.

Payment requests can be emailed to njddd@pcgus.com or faxed to 1-844-561-5978.

INVOICE SCHEDULE

CALENDAR YEAR 2023

Please remember to submit invoices by the deadlines listed below. Public Partnerships cannot guarantee on-time payment for invoices received after the deadline.

Invoice Deadline	Posting Date
Invoice Due	Checks Mailed/Issued
Wednesday, December 21, 2022	Wednesday, January 4, 2023
Wednesday, January 4, 2023	Wednesday, January 18, 2023
Wednesday, January 18, 2023	Wednesday, February 1, 2023
Wednesday, February 1, 2023	Wednesday, February 15, 2023
Wednesday, February 15, 2023	Wednesday, March 1, 2023
Wednesday, March 1, 2023	Wednesday, March 15, 2023
Wednesday, March 15, 2023	Wednesday, March 29, 2023
Wednesday, March 29, 2023	Wednesday, April 12, 2023
Wednesday, April 12, 2023	Wednesday, April 26, 2023
Wednesday, April 26, 2023	Wednesday, May 10, 2023
Wednesday, May 10, 2023	Wednesday, May 24, 2023
Wednesday, May 24, 2023	Wednesday, June 7, 2023
Wednesday, June 7, 2023	Wednesday, June 21, 2023
Wednesday, June 21, 2023	Wednesday, July 5, 2023
Wednesday, July 5, 2023	Wednesday, July 19, 2023
Wednesday, July 19, 2023	Wednesday, August 2, 2023
Wednesday, August 2, 2023	Wednesday, August 16, 2023
Wednesday, August 16, 2023	Wednesday, August 30, 2023
Wednesday, August 30, 2023	Wednesday, September 13, 2023
Wednesday, September 13, 2023	Wednesday, September 27, 2023
Wednesday, September 27, 2023	Wednesday, October 11, 2023
Wednesday, October 11, 2023	Wednesday, October 25, 2023
Wednesday, October 25, 2023	Wednesday, November 8, 2023
Wednesday, November 8, 2023	Wednesday, November 22, 2023
Wednesday, November 22, 2023	Wednesday, December 6, 2023
Wednesday, December 6, 2023	Wednesday, December 20, 2023
Wednesday, December 20, 2023	Wednesday, January 3, 2024

BetterOnline™

Save time and learn of errors right away by switching from paper timesheets to e-timesheets!

BetterOnline™ is our online web portal that allows for the submission and approval of e-timesheets. Digitally filling out and submitting timesheets online results in any errors being flagged on-screen so that support/care workers can immediately identify and correct any issues! Also saves time by not having to fax paper timesheets.

BetterOnline™ also provides account-specific information, enrollment paperwork, timesheets, and real-time financial and service utilization reports to make sure you can be in control of your information 24/7!

BETTERONLINE™ REGISTRATION

Vendor Registration Instructions

- 01 Open your browser.
- 02 Go to <https://fms.publicpartnerships.com/PPLPortal>
- 03 Click on the **Sign Up** link .

- 04 Select **New Jersey** from State dropdown menu.
- 05 Select **NJ DDD** from the Program dropdown menu
- 06 Select **Self-Directed Employee or Vendor** from the Role dropdown menu and **click Next**

07 Enter **Provider ID** in the corresponding field. This is the PPL number assigned to your organization. It begins with PONJD and is followed by 6 digits.

08 Enter the EIN in the **Provider nine-digit Social Security Number or EIN** field.

09 Enter **Provider Last Name** in the corresponding field and **click Next**

public partnerships PPL

Contact Us

New User Registration

Step 2: Enter Credentials

Required fields *

Provider ID *

Social Security Number or Tax Identification Number *

Last Name *

10 The Vendor name will automatically populate the **First Name** and **Last Name** fields .

11 Enter a **Username**.

Username:

12 Enter an **Email Address**.

Email Address:

13 Enter a **Password**.

Password:

14 Re-enter your **Password** for confirmation.

Confirm Password:

15 Select three security questions and enter an answer in each corresponding field.

Security Questions:	
What was the name of your childhood best friend?	Andrew
What city were you born in?	Newark
What is the name of your sibling?	Mike

16 Click **Submit**.

Submit

17 Your Username has been created. Click on the link to login.

New User Registration

User Creation Completed:
Online user registration has been completed! Your account has been created successfully.

[Click here](#) to login

18 Enter your **Username** and **Password**. Then click on the **LOG IN** button.

19 Read and Accept the PPL Terms of Use Agreement.

PPL TERMS OF USE AGREEMENT

REPRESENTATIONS REGARDING THE AVAILABILITY, USE, TIMELINESS, SECURITY, VALIDITY, ACCURACY, OR RELIABILITY OF, OR THE RESULTS OF THE USE OF, OR OTHERWISE RESPECTING, THE CONTENT OF THE PORTAL OR ANY OTHER PORTALS LINKED TO OR FROM THE SITE, ANY MATERIAL DOWNLOADED OR OTHERWISE OBTAINED THROUGH THE USE OF THE PORTAL IS DONE AT USER'S OWN DISCRETION AND RISK AND USER IS SOLELY RESPONSIBLE FOR ANY DAMAGE TO USER'S COMPUTER SYSTEM OR LOSS OF DATA THAT RESULTS FROM THE DOWNLOAD OF ANY SUCH MATERIAL, OR USE OF THIS PORTAL. NO ADVICE OR INFORMATION, WHETHER ORAL OR WRITTEN, PROVIDED BY PPL WILL BE DEEMED TO ALTER THIS DISCLAIMER OF WARRANTY, OR TO CREATE ANY WARRANTY.

LIMITATION OF LIABILITY
IN NO EVENT WILL PPL BE LIABLE, WHETHER IN CONTRACT, TORT, OR OTHERWISE, FOR ANY INCIDENTAL, SPECIAL, INDIRECT, CONSEQUENTIAL OR PUNITIVE DAMAGES, INCLUDING, BUT NOT LIMITED TO, DAMAGES FOR ANY LOSS OF USE, LOSS OF TIME, INCONVENIENCE, COMMERCIAL LOSS, OR LOSS OF PROFITS, SAVINGS, OR REVENUES TO THE FULL EXTENT SUCH MAY BE DISCLAIMED BY LAW.

INDEMNITY
User agrees to fully defend and indemnify PPL from any and all claims, liabilities, and costs (including reasonable attorney's fees) related to (1) use or misuse of the Portal, (2) use or misuse of any Confidential Information or (3) violation of the terms and conditions of this Agreement.

Accept | Cancel

Congratulations! You are now ready to use BetterOnline .

VIEWING INVOICES IN BETTERONLINE








Login to BetterOnline

1. Open your internet browser
2. Go to <https://fms.publicpartnerships.com/PPLPortal>
3. Enter your User ID and Password that you selected during registration
4. Click Log In

View Invoices

1. Click “Invoices” from the menu bar at the top
2. Searching for Invoices can be done by entering the individual/employee’s ID# in the search boxes, example below.
 - You can change the Invoice status to only see search results with that status.
 - You can select DETAILS to view more information regarding specific invoices.

Your search found 151063 records.

Action	Invoice ID	Invoice Date(s)	Self-Directed Employee Name	Submitted By	Total Amount	Check No	Payment Date	Status
DETAILS 	TS0312285	4/2/2020			\$300.00	1031047	04/03/2020	PAID
DETAILS 	TS0311338	4/1/2020			\$7,680.00	RA076735	04/01/2020	PAID
DETAILS 	TS0311328	4/1/2020			\$7,360.00	RA076735	04/01/2020	PAID
DETAILS 	TS0311313	4/1/2020			\$7,520.00	RA076735	04/01/2020	PAID
DETAILS 	TS0311293	4/1/2020			\$8,000.00	RA076735	04/01/2020	PAID
DETAILS 	TS0311313	4/1/2020			\$7,520.00	RA076735	04/01/2020	PAID
DETAILS 	TS0311293	4/1/2020			\$8,000.00	RA076735	04/01/2020	PAID



Authorized Representative Form

Individual's Six-Digit DDD ID Number: _____
Individual's First Name: _____
Individual's Last Name: _____

This form is required if the individual wishes to designate an Authorized Representative to speak to Public Partnerships on behalf of the individual, if/when necessary, and to:

1. Manage some or all Employer of Record responsibilities on the individual's behalf
AND/OR
2. Approve and sign all payment request forms submitted to Public Partnerships

An Authorized Representative must:

- Be at least 18 years of age
- Act in the best interest of the individual
- Respect the individual's preferences
- Maintain regular contact with the individual
- Be willing and able to meet and uphold all program requirements on behalf of the individual

An Authorized Representative cannot be:

- A self-directed employee who is working/providing services for the individual
- A vendor of services for the individual

Authorized Representative First Name:
Authorized Representative Last Name:
Authorized Representative Address (include city, state, zip code):
Authorized Representative Phone:
Authorized Representative Email:

Signature of Individual or Legal Guardian Date

Signature of Authorized Representative Date

If the individual's **Legal Guardian** is signing this form on behalf of the individual, please provide a copy of the guardianship order. If the individual's **Legal Guardian** is signing this form on behalf of the individual, and will also be the Authorized Representative, please sign both lines.

**Submit this Authorized Representative Form to Public Partnerships:
Email: njddd@pcgus.com | Fax: 1-844-561-5978**