



FMS-Applications Department  
 P.O. Box 509, East Windsor CT. 06088-0509  
 Phone: (860) 627-9500 Fax: (860) 627-0330  
 Toll-Free Fax: 1-866-598-2227

Date: \_\_\_\_\_

From: \_\_\_\_\_

Fax to: 860-627-0330

# of Pages: \_\_\_\_\_ of \_\_\_\_\_

**Environmental/Vehicle Modifications CHECKLIST: DDS Program**

*The attached packet is complete when all items have been checked off. All forms must be completed and submitted to Allied Community Resources prior to starting Environmental or Vehicle Modification Services. Please use this page as a cover sheet when mailing or faxing your forms to Allied.*

- 1. Provider Agreement *(signed by the Provider)*
- 2. W-9 Form-Explanation of Taxpayer Identification Number & Certification *(required by the IRS)*

**Additional Required Documentation**

**Environmental Modifications**

- 1. Copy of State Issued Applicable license (Home Improvement, Electrical, Plumbing, Etc.)
- 2. The Building Permit from the Town in which work is being completed (if required for job)
- 3. Certificate of Insurance, listing the name of the individual the work is being done for
- 4. Signed contract with family detailing work to be performed including total cost
- 5. Certificate of Occupancy/Proof of Inspection, once work has been completed

**Vehicle Modifications**

- 1. Copy of State Issued Vehicle Repairer License
- 2. Official invoice of work to be performed with cost, signed by the customer

# STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES  
25 SIGOURNEY STREET • HARTFORD, CONNECTICUT 06106-5033

## Provider Agreement

Date: \_\_\_\_\_

### Agreement between the Connecticut Department of Social Services (DSS) and

Provider: \_\_\_\_\_

#### A. Address

\_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

The provider agrees to accept check(s) for item(s) or service(s) purchased for individuals served through the DDS Individual and Family Support Waiver or the DDS Comprehensive Waiver. Financial management, for these purchases, is provided by DDS contracted fiscal intermediaries, which is not a Connecticut government agency. Acceptance and endorsement of the check(s) will signify that the provider agrees to the following terms and conditions:

- a. Accept payment, in form of check(s), from DDS contracted fiscal intermediaries doing business in Connecticut.
- b. Agree to keep records of the service(s) or purchase(s).
- c. Provide only the service(s) or item(s) authorized on the check(s).
- d. Accept the check(s) as payment in full for the service(s) or item(s) purchased.
- e. No additional charges will be made or accepted from clients.
- f. Upon request, provide DSS or its designee information regarding the service(s) or purchase(s) for which payment was made.

\_\_\_\_\_  
DSS Representative

\_\_\_\_\_  
Provider Representative

An Equal Opportunity / Affirmative Action Employer  
Printed on Recycled or Recovered Paper

Appendix R 10/13/2005

## Request for Taxpayer Identification Number and Certification

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

<b>Print or type See Specific Instructions on page 2.</b>	Name (as shown on your income tax return)	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ ..... <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
	List account number(s) here (optional)	

### Part I Taxpayer Identification Number (TIN)

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

Social security number
or
Employer identification number

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

### Part II Certification

Under penalties of perjury, I certify that:

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

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
------------------	----------------------------	--------

## General Instructions

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

### Purpose of Form

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

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

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

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

**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 on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the 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 withholding on your share of partnership income.

The person who gives 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 is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,