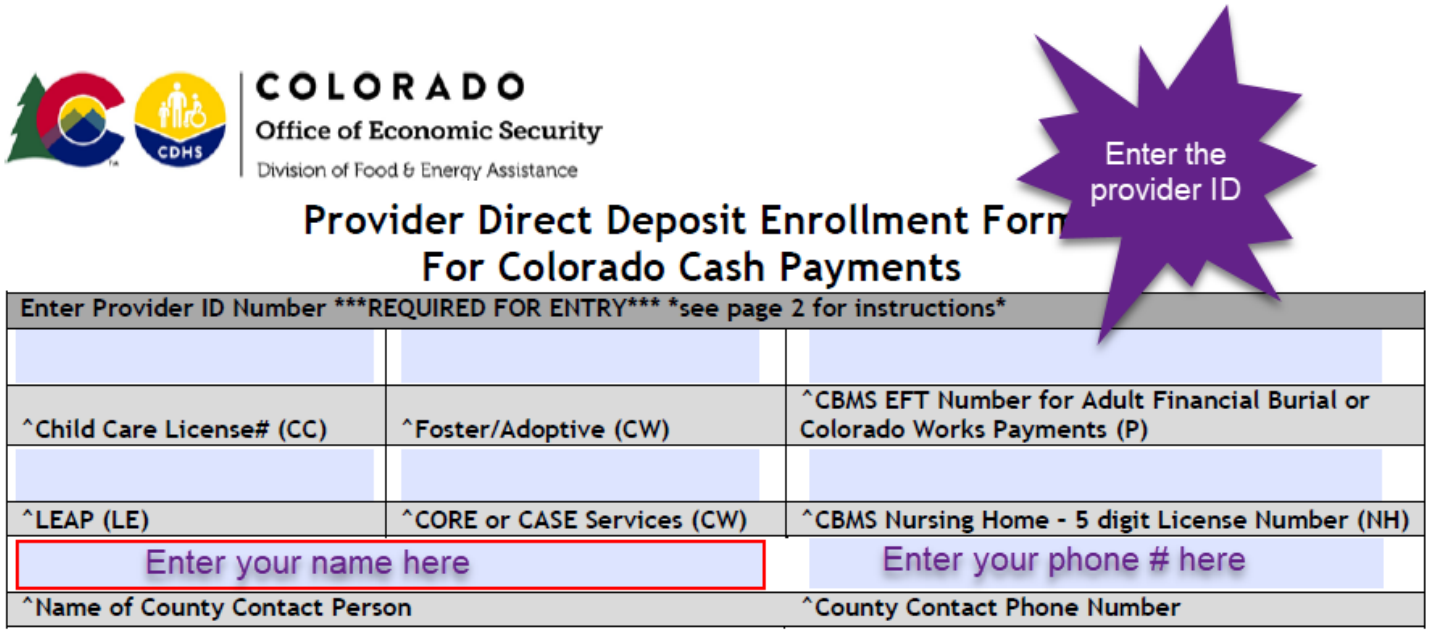
Ideally the county should complete the top portion of the form before giving it to the provider. This will help to avoid confusion for all.



- A provider number/ID must be added to one of the program boxes on page 1. If you are unsure of your provider number/ID, please work with your county contact to obtain that number. If you are an existing provider, your number should be listed on your remittance statements
    - CCCAP - This is your license number
    - Child Welfare - This is the provider#/ID from your payment roster document
    - LEAP this is the provider ID listed in SalesForce
    - Nursing Homes - this is the license number from the eligibility system. Work with the county to obtain this number
    - Burial/Diversion - This is the EFT number from the eligibility system. Work with the county to obtain this number

Form Guidance and Instructions

- The person completing this form should list the name of the person or business that holds the agreement with the CDHS. This would be the name on the license/contract or case
    - CCCAP - Name on your license
    - Child Welfare - Case Payee Name / Applicant 1
    - LEAP - Name on Provider Contract
    - Nursing Home - Name associated with your NPI
- If you are operating under, doing business as (dba), or would like a payment to go to a bank account that does not have the same name as above we will require additional documentation to process your enrollment or change. This could be a W-9, a document from the source system or a bank letter/voided check that displays both names.
- A provider number/ID must be added to one of the program boxes on page 1. If you are unsure of your provider number/ID, please work with your county contact to obtain that number. If you are an existing provider, your number should be listed on your remittance statements
    - CCCAP - This is your license number
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    - Nursing Homes - this is the license number from the eligibility system. Work with the county to obtain this number
    - Burial/Diversion - This is the EFT number from the eligibility system. Work with the county to obtain this number
- Remittance statement, please contact your county contact regarding access to remittance statements
- You **must** include a copy of a voided check (see example below) or a bank letter with the enrollment form. This verification document must include the account holder's name, account number and the bank external routing number. The document cannot be handwritten. Please work with your bank to obtain this verification
- EBT does not determine the amount paid to you or your agency. Please review your agreement or speak to your county contact regarding payments
- Please complete the **entire form clearly** to avoid delay in payment. We are unable to process unless the form is complete
- The signature date must be within 60 days of the submission date of this form. It must also be a physical signature or electronic signature software must be used.
- Monthly ongoing payments may be released up to 5 days prior to their due date to accommodate standard ACH processing time

Example of an **acceptable signature**:

<-----Date/timestamp required