

Tracy Stein Management Services, Inc.

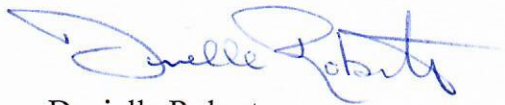
Welcome to Tracy Stein Management Services, Inc.

Tracy Stein Management Services is pleased that you have chosen us to be your Financial Management Services provider. TSM has provided FMS services to participants of the State of California Self-Determination Pilot Project since its inception. It is with great enthusiasm that we expand our services to include new participants of the Self Determination Program as the program rolls out statewide.

Tracy Stein Management Services believes in and fully supports the “person centered approach” of the Self-Determination Program. We will work with you, your Regional Center Service Coordinator and your circle of support to safeguard your interests and manage your Self Determination budgetary funds as outlined in your individual spending plan. We believe that you will find the service we provide to be personalized to meet your needs, efficient and accurate.

Please complete and return the attached Financial Management Services Agreement and Intake Packet to your Service Coordinator for processing. Please also complete a vendor information sheet and W9 for each vendor providing services under the current Self-Determination Plan.

Thank you again for choosing Tracy Stein Management Services and we look forward to being of service to you!



Danielle Robertson
Director

Tracy Stein Management Services, Inc.

Financial Management Services Agreement

Consumer Name: _____ UCI# _____

Mailing Address: _____

City, State, Zip: _____

Phone Number: _____

Email: _____

Plan Dates: From _____ To _____
Month/Day/Year Month/Day/Year

Monthly Rate for FMS as Bill Payer:

1-3 Services/Monthly Payments- \$50.00 per month

4-6 Services/Monthly Payments - \$75.00 per month

7+ Services/Monthly Payments - \$100.00 per month

- Monthly FMS Rate will be agreed upon based on the average number of services/ payments made on the clients behalf each month. The rate will be included in the Self Determination Budget/Spending Plan.

Services, Supports, Responsibilities of Financial Management Services

1. Receive and Account for Regional Center funding of Self-Determination budget.
2. Process vendor invoices & check requests through the DDS eBilling System to obtain budgetary funds from Regional Center.
3. Make disbursements as outlined in Individual Spending Plan/Budget.
4. Maintain receipts/supporting documentation for all disbursements.
5. Ensure providers are qualified to deliver services.
6. Mail Monthly Participants Budget Reports to:
 - a. Participant/Representative
 - b. Regional Center
 - c. Independent Facilitator (if needed)

Completed by: _____

Signature: _____

TSM Self Determination Program Intake Form

CONSUMER INFORMATION

(Last Name) (First Name) (M.I.)

UCI #: _____ DOB: _____

Address: _____

City, State, Zip: _____

Phone #: _____ Cell Phone #: _____
(Area Code-Phone #) (Area Code-Phone #)

Email Address: _____

Plan Dates: From _____ To _____
Mo/Day/Yr Mo/Day/Yr

REGIONAL CENTER INFORMATION

RC Name: _____

RC Mailing Address: _____

City, State, Zip: _____

Service Coordinator: _____

SC Phone #: _____ SC Cell: _____
(Area Code-Phone #) (Area Code-Phone #)

SC Fax #: _____ Email: _____
(Area Code-Phone #)

FAMILY INFORMATION

Family Name: _____
(Last) (First) (M.I.)

Family Address: _____

Family City, State, Zip: _____

Family Phone #: _____ Family Cell #: _____
(Area Code-Phone #) (Area Code-Phone #)

Family Email Address: _____

Does Family member need copy of monthly reports? ___ Yes ___ No

INDEPENDENT FACILITATOR INFORMATION

Independent Facilitator Name: _____

Independent Facilitator Mailing Address: _____

City, State, Zip: _____

Phone #: _____ Cell: _____
(Area Code-Phone #) (Area Code-Phone #)

Fax #: _____ Email: _____
(Area Code-Fax #)

Does Independent Facilitator need copy of monthly reports? ___ Yes ___ No

COMPLETED BY:

Name: _____
(Please Print) (Date)

Signature: _____

TSM Self-Determination Program

Vendor Information

Vendor Name: _____

Vendor Address: _____

Contact Person: _____

Phone Number: _____ Fax Number: _____

Email: _____

Service Type Information

Service: _____

Service Start Date: _____ Hours per Week: _____

Bill Rate: _____

Service Setting: _____

Additional Information: _____

- A completed Vendor Information Form and W9 is needed for each Self Determination Program service provider.

Tracy Stein Management Services, Inc.
P.O. Box 580631, Elk Grove, CA 95758
Phone: 916-287-9146 · Fax: 916-399-9787
www.trustmgmtservices.com
danielle@trustmgmtservices.com

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	Exempt payee code (if any) _____
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.	Exemption from FATCA reporting code (if any) _____
	<input type="checkbox"/> Other (see instructions) ▶ _____ (Applies to accounts maintained outside the U.S.)	
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
6 City, state, and ZIP code		
7 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 generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number																		
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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); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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 for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.