



Community Based Care: Hardee, Highlands & Polk Counties

Network Provider Application Packet

Background

HFC is the non-profit lead agency overseeing Community Based Care in Circuit 10, which encompasses Polk, Hardee and Highlands Counties. HFC is responsible for the provision of services for children who have been abused and/or neglected. These services include foster care, case management, independent living and adoption.

Since 2004, Heartland for Children has been in operation in the community implementing the new System of Care to better service children and families that are in need of support and services to prevent child abuse and neglect getting help to families before harm occurs through our prevention efforts.

As the Child Welfare Lead Agency, Heartland is concerned with the safety and well being of children in our community. HFC currently oversees on a daily basis the care of 1800 - 2000 children who have experienced abuse and / or neglect right here in our community. HFC is charged with the responsibilities of ensuring that the children in Circuit 10 (Polk, Hardee and Highlands Counties) are safe from abuse/neglect and are receiving services for their mental health and physical well being.

Mission

Improving safety, permanency and well being for all children in Hardee, Highlands and Polk Counties.

Vision

To eliminate child abuse and neglect in Hardee, Highlands and Polk Counties.

Values

Heartland for Children will

- approach relationships with **respect, integrity** and **transparency**
- utilize **innovation** and **excellence** to promote best practices
- approach work and problem solving with **creativity** and **flexibility**
- utilize **resourcefulness, accountability** and **efficiency**



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In an effort to streamline the credentialing, negotiation and contracting processes, Heartland for Children has developed this Network Provider Application Packet. Completion of this packet will serve as a request from the Provider to become or remain a member of the Heartland for Children Provider Network.

Directions:

Please complete the application below and submit the following documents along with any additional supporting documentation you or your agency feels would be beneficial in Heartland for Children’s review:

- Copies of the program’s or practitioner’s license(s) and licensing summary(ies) (if applicable)
- Resume (for individual Vendors and/or practitioners)
- Copies of external monitoring reports or accreditation reports (if applicable)
- Three (3) Professional References
- Program budget and budget narrative that includes a projection of monthly income, funding sources, and expenditures (if applicable)
- Completed form W-9

A. Program/Service Information (Attach additional sheets for each program)

Practitioner, Program, and or Service Name:
Location(s):
Services Description (Please provide detailed information, if necessary, you may reference and attach additional supporting documents):
Accreditation/Licenses:
Identify any Lead Community Based Care Organizations That Have Contract Agreements With This Program/Service:
Program Funding Sources (please indicate funding sources covering the proposed services included in this application):
Proposed Method of Payment (if program is not funded by another source): <input type="checkbox"/> Unit Rate <input type="checkbox"/> FTE <input type="checkbox"/> Cost Reimbursement <input type="checkbox"/> Combination Unit Rate/Cost Reimbursement
Proposed Rate (if program is not funded by another source): _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Day <input type="checkbox"/> FTE <input type="checkbox"/> Other _____
Have You or This Program Been the Subject of Disciplinary Action by any Regulatory Agency, Lead Agency, or Accrediting Organization Within the Last Year? (Explanation Required if Yes)



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FOR AGENCIES PROVIDING DIRECT CHILD/FAMILY SERVICES ONLY:

Service Capacity:
Staffing Pattern: <input type="checkbox"/> House Parent (Residential Providers Only) <input type="checkbox"/> 24 Hr. Awake (Residential Providers Only) Please indicate shift times _____ <input type="checkbox"/> FTE (Please indicate hours of staff availability) _____ <input type="checkbox"/> Other Staffing Pattern (Please provide explanation) _____
Admission Process:
Discharge Criteria:
Indicate the Program's Success With the Target Population. Include Quantifiable Data From Performance Measures, QA/QI Studies, Etc.:

B. Agency Representatives

AGENCY OFFICAL AUTHORIZED TO SIGN CONTRACTS	
Name:	
Title:	
Address:	
Phone Number:	
Fax Number:	
Email:	
AGENCY OFFICAL AUTHORIZED TO RECEIVE PAYMENTS	
Name:	
Title:	
Address:	
Phone Number:	
Fax Number:	
Email:	



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C. Authorized Signature

I attest to the fact that the answers given by me are true and correct to the best of my knowledge and ability. I understand that any omission (including any misstatement) of material fact on this application or any document can be grounds for rejection of this application or termination of any contract awards.

Name

Title

Signature

Date



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Form **W-9**
(Rev. August 2013)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

Name (as shown on your income tax return)

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification:
 Individual/sole proprietor C Corporation S Corporation Partnership Trust/estate
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____
 Other (see instructions) ▶ _____

Exemptions (see instructions):
 Exempt payee code (if any) _____
 Exemption from FATCA reporting code (if any) _____

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)

Print or type
See Specific Instructions on page 2.

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line 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.

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

Social security number								
				-				

Employer identification number								
				-				

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below), and
- 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 on page 3.

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. The IRS has created a page on IRS.gov for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

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, payments made to you in settlement of payment card and third party network transactions, 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:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- 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.

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.