

## INSTRUCTIONS FOR VENDOR PAYMENT Self Direction Program

Request for Vendor Payment: The Request for Vendor Payment form is used to pay three different kinds of vendors:

- 1) An agency which provides workers as Community Support Workers. The agency must sign a Participant-Agency/Community Support Worker Agreement (see the Packet for Other Service Providers and Vendors for more details).
- 2) Independent contractors who provide supports but are not your employees. They must sign a Participant-Independent Contractor Work Agreement (see the Packet for Other Service Providers and Vendors for more details).
- 3) Other businesses, professionals and service providers who are not employees or independent contractors.

The Request for Vendor Payment form also is used to obtain payment for items (such as home modifications, ramps, adaptive equipment, direct therapy services, therapeutic recreation services or other allowed items). The goods, supports and services that vendors provide must be approved in your Support and Spending Plan.

The Request for Vendor payment form must be filled out completely, and you must attach the documents (paperwork) to show what was purchased and its cost. You must attach a copy of one of the following: a voided receipt, an invoice or a signed bid/estimate. Vendor payments and payments to agencies or independent contractors are made by check. Checks for a vendor (such as a business), an agency or independent contractor are made out to the vendor, agency or independent contractor. They are mailed to the Participant and the Participant gives them to the vendor, agency or independent contractor. Checks are sent on the same days as the pay dates listed on the Payroll Schedule. No check will be sent if the item is not approved on your Support and Spending Plan. Also, no check will be sent for any item you have already purchased.

When you fill out a Request for Vendor Payment form, please:

- ▶ Print the Participant's name and the Employer's ID number.
- ▶ Print the name of the vendor, agency or independent contractor that the check should be made out to.
- ▶ Print the name of the vendor, agency or independent contractor who performed the work or provided the item.
- ▶ Print the vendor's, agency's or independent contractor's address.
- ▶ Print the city, state and zip code of the vendor, agency or independent contractor.
- ▶ Under "Date of Service", write the date the service was actually provided (for example, by an agency) or write the date the voided receipt or invoice was obtained from a vendor or an independent contractor.
- ▶ Under "Category Code" write the service code (the 3 letters for the service category) that the item or service fits under
  - a. SBS, SB2, SB3 = Support Broker Support
  - b. PSS, PS2, PS3 = Personal Support
  - c. JSS, JS2, JS3 = Job Support
  - d. TSS, TS2, TS3 = Transportation Support

- e. LSS, LS2, LS3 = Learning Support
  - f. RSS, RS2, RS3 = Relationship Support
  - g. ESS, ES2, ES3 = Emotional Support
  - h. SNS, SN2, SN3 = Skilled Nursing Support
  - i. AEQ = Adaptive Equipment
- ▶ Under "Description" write the specific item or service that was purchased.
  - ▶ Under "Amount" write the exact cost (amount) of the item or service.
  - ▶ Use the four lines in the box on the form to include up to four different kinds of purchased items or services.
  - ▶ Sign and date the bottom of the form to show the your (Participant's) approval.
  - ▶ Make sure to attach the required receipt, purchase order, invoice or signed bid/estimate to the Request for Vendor Payment.
  - ▶ Remember to include sales tax for items purchased from a vendor.
  - ▶ The completed Request for Vendor Payment Form should be mailed or faxed to Consumer Direct at:

Consumer Direct  
40 West Franklin Road, Ste. C  
Meridian, Idaho 83642-2992

Toll Free Fax: 1-877-898-0417  
Fax: (208) 898-0417

**Remember to keep a copy of the Request for Vendor Payment Form when you send or fax the original to Consumer Direct.**