FAX

TO: Advancing Connecticut Together- Client Assistance, Fax # 860-761-6711

FROM:_____ Email:_____

DATE:_____ PAGES:_____ (including cover)

RE: ACT Client Assistance Request

Required Checklist

Service Category:

- ❑ Health Insurance Premium & Cost Sharing Assistance
  - ❑ W9 for Healthcare Provider

- ❑ Transportation Assessment Form
  - ❑ *Uber:* Request Form, Ride Chart, & ROI to Uber Health
  - ❑ *Uber Voucher:* Request Form & Ride Chart
  - ❑ *Buss Pass*: Request Form & Ride Chart
  - ❑ *Gas Card:* Request Form & Ride Chart

- ❑ Food Voucher

- ❑ EFA Utilities
  - ❑ Request Form & Billing Statement
  - ❑ W9 if applicable (i.e individual business)

Intake Packet

In CW	Attached	
❑	❑	Signature of Medical Case Manager & Supervisor
❑	❑	CAREWare Referral
❑	❑	CAREWare Demographic Report & Up-to-date Annual Review
❑	❑	Signed Eligibility Worksheet and Income Verification (or Zero Income Affidavit)
❑	❑	Release of Information to ACT
❑	❑	Signed ACT Bill of Rights
❑	❑	Signed Ryan White Consent
❑	❑	Signed ACT CAREWare Consent for Sharing
❑	❑	Lab report of CD4 and/or Viral Load within the past 12 months

Ryan White Request for Client

HEALTH INSURANCE PREMIUM AND COST SHARING/ EFA MEDICATIONS

Client URN: _____

Case Manager: _____ **Email:** _____

Agency: _____

Address: _____

Phone: _____ **Fax:** _____

Request: ◯ **Health Insurance Premium & Cost Sharing**
◯ **EFA Medications**

Reason for Request (Please be specific. "No other funding available" is not acceptable):

Identify all other funding sources you have applied to in order to get this request paid, and note amount(s) received. That amount will be deducted from the requested amount, unless otherwise indicated.

☐ **Medicaid/Husky** _____ ☐ **ACA** _____ ☐ **CADAP** _____ ☐ **CIPA** _____

☐ **Medicare** _____ ☐ **Other (e.g. VA)** _____

Amount of Request: _____ **Check Payable to:** _____

Mail payment to:

Case Manager Signature: _____ **Date:** _____

Case Manager Supervisor Signature: _____ **Date:** _____

FOR OFFICE USE ONLY	**Funds Used:** ☐ **RWA** ☐ **RWB**

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

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

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.

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ 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.

☐ Other (see instructions) ►

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(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

			–			–				

or

Employer identification number

		–							

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** ►

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.*