

Employer of Record Documents ... IRS Form SS-4

- This is a one-page form. You are asked to review, sign and date the form.
- This form tells the IRS that you are going to be an employer. After CDTN submits this form, the IRS will assign you an Employer Identification Number. This is what the IRS uses to identify employers when filing tax returns and depositing withholding taxes.
- We have entered CDTN's address in lines 4a and 4b so that IRS paperwork relating to this program will not be sent to your home – *it will come to us instead.*

Form SS-4 (Rev. December 2019) Department of the Treasury Internal Revenue Service		Application for Employer Identification Number (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) ▶ Go to www.irs.gov/FormSS4 for instructions and the latest information. ▶ See separate instructions for each line. ▶ Keep a copy for your records.		OMB No. 1545-0003		
			EIN			
1 Legal name of entity (or individual) for whom the EIN is being requested HCSR						
2 Trade name of business (if different from name on line 1)		3 Executor, administrator, trustee, "care of" name				
4a Mailing address (room, apt., suite no. and street, or P.O. box) 100 Consumer Direct Way, Suite 303-VA		5a Street address (if different) (Don't enter a P.O. box.)				
4b City, state, and ZIP code (if foreign, see instructions) Missoula, MT 59808		5b City, state, and ZIP code (if foreign, see instructions)				
6 County and state where principal business is located						
7a Name of responsible party		7b SSN, TIN, or EIN				
8a Is this application for a limited liability company (LLC) (or a foreign equivalent)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8b If 8a is "Yes," enter the number of LLC members 0				
8c If 8a is "Yes," was the LLC organized in the United States? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
9a Type of entity (check only one box). Caution: If 8a is "Yes," see the instructions for the correct box to check. <input type="checkbox"/> Sole proprietor (SSN) <input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Partnership <input type="checkbox"/> Plan administrator (TIN) <input type="checkbox"/> Corporation (enter form number to be filed) ▶ <input type="checkbox"/> Trust (TIN of grantor) <input type="checkbox"/> Personal service corporation <input type="checkbox"/> Military/National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government <input type="checkbox"/> Other nonprofit organization (specify) ▶ <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises <input checked="" type="checkbox"/> Other (specify) ▶ HCSR Group Exemption Number (or (GEN) if any) ▶						
9b If a corporation, name the state or foreign country (if applicable) where incorporated		State	Foreign country			
10 Reason for applying (check only one box) <input type="checkbox"/> Started new business (specify type) ▶ <input type="checkbox"/> Banking purpose (specify purpose) ▶ <input type="checkbox"/> Hired employees (Check the box and see line 13.) <input type="checkbox"/> Changed type of organization (specify new type) ▶ <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Purchased going business <input checked="" type="checkbox"/> Other (specify) ▶ HCSR <input type="checkbox"/> Created a trust (specify type) ▶ <input type="checkbox"/> Created a pension plan (specify type) ▶						
11 Date business started or acquired (month, day, year). See instructions.		12 Closing month of accounting year December				
13 Highest number of employees expected in the next 12 months (enter -0- if none). If no employees expected, skip line 14. <table border="1"><tr><td>Agricultural 0</td><td>Household 0</td><td>Other 0</td></tr></table>		Agricultural 0	Household 0	Other 0	14 If you expect your employment tax liability to be \$1,000 or less in a full calendar year and want to file Form 944 annually instead of Forms 941 quarterly, check here. (Your employment tax liability generally will be \$1,000 or less if you expect to pay \$5,000 or less in total wages.) If you don't check this box, you must file Form 941 for every quarter. <input type="checkbox"/>	
Agricultural 0	Household 0	Other 0				
15 First date wages or annuities were paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year) ▶ N/A						
16 Check one box that best describes the principal activity of your business. <input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input checked="" type="checkbox"/> Other (specify) ▶ HCSR <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail						
17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided. HCSR						
18 Has the applicant entity shown on line 1 ever applied for and received an EIN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," write previous EIN here ▶						
Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.					
	Designee's name Mikayla Brinda		Designee's telephone number (include area code) 406-532-8502 ext. 8			
	Address and ZIP code 100 Consumer Direct Way, Suite 304, Missoula, MT 59808		Designee's fax number (include area code) 406-532-8588			
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.			Applicant's telephone number (include area code)			
Name and title (type or print clearly) ▶ Home Care Service Recipient			Applicant's fax number (include area code)			
Signature ▶			Date ▶			
For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.						
Cat. No. 16055N		Form SS-4 (Rev. 12-2019) 03151				

Employer of Record Documents ... IRS Form 2678

- This is a 1-page form. You are asked to sign and date the form in the boxes below boxes 9 and 10.
- This form tells the IRS that you are giving CDTN permission to complete tax processes on your behalf for this program.
- This form only allows us to withhold taxes from your employee's paychecks and deposit those taxes with the IRS. It does not allow CDTN access to any of your personal income tax information.

Form **2678 Employer/Payer Appointment of Agent**
(Rev. August 2014) Department of the Treasury — Internal Revenue Service

OMB No. 1545-0748

Use this form if you want to request approval to have an agent file returns and make deposits or payments of employment or other withholding taxes or if you want to revoke an existing appointment.

- If you are an employer or payer who wants to request approval, complete Parts 1 and 2 and sign Part 2. Then give it to the agent. Have the agent complete Part 3 and sign it.
- If you are an employer, payer, or agent who wants to revoke an existing appointment, complete all three parts. In this case, only one signature is required.

Note. This appointment is not effective until we approve your request. See the instructions for filing Form 2678 on page 3.

Part 1: Why you are filing this
(Check one)

☐ You want to **appoint** an agent for tax reporting, depositing, and paying.

☐ You want to **revoke** an existing appointment.

Part 2: Employer or Payer Information: Complete this part if you want to appoint an agent or revoke an appointment.

1 Employer identification number (EIN) —

2 Employer's or payer's name
(not your trade name)

3 Trade name (if any)

4 Address

Number Street Suite or room number

City State ZIP code

Foreign country name Foreign province/country Foreign postal code

5 Forms for which you want to appoint an agent or revoke the agent's appointment to file. (Check all that apply.)

	For ALL employees/ payees/payments	For SOME employees/ payees/payments
Form 940, 940-PR (Employer's Annual Federal Unemployment (FUTA) Tax Return)*	<input type="checkbox"/>	<input type="checkbox"/>
Form 941, 941-PR, 941-SS (Employer's QUARTERLY Federal Tax Return)	<input type="checkbox"/>	<input type="checkbox"/>
Form 943, 943-PR (Employer's Annual Federal Tax Return for Agricultural Employees)	<input type="checkbox"/>	<input type="checkbox"/>
Form 944, 944(SP) (Employer's ANNUAL Federal Tax Return)	<input type="checkbox"/>	<input type="checkbox"/>
Form 945 (Annual Return of Withheld Federal Income Tax)	<input type="checkbox"/>	<input type="checkbox"/>
Form CT-1 (Employer's Annual Railroad Retirement Tax Return)	<input type="checkbox"/>	<input type="checkbox"/>
Form CT-2 (Employee Representative's Quarterly Railroad Tax Return)	<input type="checkbox"/>	<input type="checkbox"/>

*Generally you cannot appoint an agent to report, deposit, and pay tax reported on Form 940, Employer's Annual Federal Unemployment (FUTA) Tax Return, unless you are a home care service recipient.

☐ Check here if you are a home care service recipient, and you want to appoint the agent to report, deposit, and pay FUTA tax for you. See the instructions.

I am authorizing the IRS to disclose otherwise confidential tax information to the agent relating to the authority granted under this appointment, including disclosures required to process Form 2678. The agent may contract with a third party, such as a reporting agent or certified public accountant, to prepare or file the returns covered by this appointment, or to make any required deposits and payments. Such contract may authorize the IRS to disclose confidential tax information of the employer/payer and agent to such third party. If a third party fails to file the returns or make the deposits and payments, the agent and employer/payer remain liable.

Sign your name here

Date /

Print your name here

Print your title here


Best daytime phone

Now give this form to the agent to complete. ➡

For Privacy Act and Paperwork Reduction Act Notice, see the instructions. Form **2678** (Rev. 8-2014)

Employer of Record Documents...Tennessee Form LB-0927

- This is a 1-page form. You are asked to sign and date at the bottom of the first page.
- This form tells the Tennessee Department of Labor and Workforce Development that you have authorized CDTN to represent you in matters of state unemployment insurance.
- This form establishes CDTN as the mailing address on your employer account.

 State of Tennessee Department of Labor and Workforce Development Employer Services Unit 220 French Landing Drive, Floor 3-B Nashville, Tennessee 37243-1002	
DECLARATION OF REPRESENTATIVE	
This is to certify that (Representative): <u>Consumer Direct For Tennessee as Fiscal Agent</u>	
Located at: <u>100 Consumer Direct Way, Suite 304</u>	
City: <u>Missoula</u>	State: <u>MT</u> Zip Code: <u>59808</u>
Phone: <u>406.532.8502 ext 8</u>	Fax: <u>406.532.8588</u>
is authorized to represent (Employer): _____	
Employer's Federal Employer Identification Number: _____	Applied For <input type="checkbox"/>
Employer's Tennessee Employer Account Number: _____	Applied For <input type="checkbox"/>
before the Tennessee Department of Labor and Workforce Development (TDLWD) for the item(s) checked below:	
<input checked="" type="checkbox"/> for completing and filing quarterly Premium and Wage Reports	<input checked="" type="checkbox"/> for benefit charge management*
<small>*Benefit Charge Management includes receiving and responding to any time sensitive request(s) for separation information and notice(s) of claim filed and, responding to any summary of benefits charged. It also includes representation for the purpose of filing appeals and appearance in connection with those appeals before Appeal Boards of the TDLWD.</small>	
<small>Summaries of benefits charged are mailed to the primary address of record.</small>	
XXXXXXXXXXXXXXXXXXXXXXXXXXXX	
<small>This authorization supersedes all similar authorizations. This form also authorizes the TDLWD to, in accordance with applicable law, release to the Representative any documentation relating to the Employer's account that it could release to the Employer.</small>	
Employer Name: _____	
Trade Name: _____	
Mailing Address: <u>100 Consumer Direct Way, Suite 304</u>	
<u>Missoula MT 59808</u>	
Required:	
Authorized Employer Signature: _____	Date: _____
Print Name of Signer: _____	Title: <u>Household Employer</u>
Return to: Tennessee Department of Labor and Workforce Development Employer Services Unit 220 French Landing Drive, Floor 3-B Nashville, TN 37243	Phone: 615-741-2486 Fax: 615-741-7214
LB-0927 (Rev. 07-14)	RDA 1550

Employer of Record Documents - Employer of Record Attestation

- This form has many pages. You are asked to sign and date at the bottom.
- This form confirms that you are agreeing to the roles and responsibilities of being an employer in the program. You must ensure there is no fraud committed.

Member Name	Employer of Record Name
<p>COMPREHENSIVE AGGREGATE CAP WAIVER & STATEWIDE WAIVER PROGRAM EMPLOYER OF RECORD ATTESTATION</p> <p>This attestation sets forth the responsibilities of the Employer of Record (EOR). They are subject to federal and state laws. The EOR and Member might be the same person.</p> <p><u>Consumer Direct Care Network Tennessee (CDTN) Duties</u></p> <ol style="list-style-type: none">1. Provide enrollment packets.2. Pay Workers bi-weekly, on behalf of the EOR. EOR must approve service shifts for the Worker to be paid.3. Deposit employer-related taxes using the EOR's tax ID.4. Follow all IRS and state guidelines.5. Obtain all proper federal and state powers of attorney.6. Process all tax exemptions and withholdings.7. Maintain records of all:<ul style="list-style-type: none">• Withholdings• Filings• Payments8. Send the Worker a paystub for each pay period.9. Send the Worker end of year statements for filing income tax returns.10. Track all money spent from the Program budget.11. Submit all claims to the Program, on behalf of the EOR.12. Only pay for tasks approved in the Service Plan.13. Complete all required federal and state filings when this attestation is signed. <p><u>EOR Terms and Conditions</u></p> <ol style="list-style-type: none">1. I understand I am the Employer of Record for any Workers I hire. The Worker is not an employee of CDTN or the State.2. The Comprehensive Aggregate Cap Waiver Program/ Statewide does not require me to have workers' compensation insurance.3. I will:<ul style="list-style-type: none">• Select Workers. Workers will provide Member services outlined in the Individual Support Plan (ISP). Workers cannot provide services if they are not qualified. Workers must:<ul style="list-style-type: none">○ Not live with the Member.○ Have legal employment status.○ Meet program criteria.○ Complete required training based on program rules.○ Use Electronic Visit Verification to clock-in and clock-out every shift. More details below.○ Pass a background check before starting work.• Follow all state fair hiring and firing standards.• Follow all state and federal laws. This includes tax and labor laws.• Decide how I will hire Workers.	



SERVICE AGREEMENT – WAGE MEMO

Worker Name	Employer of Record Name	Member Name

Please select at least one service type below and enter the wages to be paid to the Worker. The hourly rate of pay for the Worker is based on the Consumer Direction Services budget for the Member.

! IMPORTANT: We need to know the hourly rate of pay, not the hourly rate plus employer taxes or other costs. For example: If a person works in a job, they can tell you how much money they make per hour. That is the number you enter in the “Hourly Rate” field.

To see how much the Worker’s hourly rate will cost the EOR, please refer to the *Cost to You* form.

Request Type: ☐ New Service ☐ Change Hourly Rate Effective Date: _____

Hourly Services – Service Name, Service Code, and Hour Pay Rate:		
<input type="checkbox"/> Personal Assistance	Service Code _____	\$ _____ per hour
<input type="checkbox"/> Respite (hourly)	Service Code _____	\$ _____ per hour
<input type="checkbox"/> Respite (daily)	Service Code _____	\$ _____ per day
<input type="checkbox"/> Individual Transportation	Service Code _____	\$ _____ per day

Back-up Support (check one):

☐ Yes ☐ No The Worker will serve as back-up if other Workers are unable to provide services.

Transportation

If you will transport the Member, provide the following:

- Current Driver’s License; and
- Current proof of Auto Insurance.

Agree and Sign

The Worker and Employer of Record have:

- Read all of this form.
- Agree that the details provided are accurate and complete.
- Discussed and agreed to the above-listed services and/or hourly rate details.

This form is not intended to create a contract of employment or rate of pay for a specific period of time.

_____	_____	_____	_____
Worker Signature	Date	Employer of Record Signature	Date

As the employer you have to set your workers' wages using hourly rates approved by TennCare. Below is a chart that shows you the updated rates that can apply, and what your options are for paying your workers. You must pick a rate that is in this chart. It must match with the type of service that worker is providing.

Examples of Employee Rates

Service	Service Code	Hourly Rate
Personal Assistance	T1019-UC	\$7.25 - \$23.44

Service	Service Code	Hourly/Daily Rate
Respite 1: 8-15 Hours/Day	S9125-U1-UC/H0045-U1-UC	\$73.68
Respite 2: 16-24 Hours/Day	S9125-U2-UC/H0045-U2-UC	\$226.26
Respite 3: 24 Hours Awake	S9125-U3-UC/H0045-U3-UC	\$268.03
Respite 4: Less than 8 Hours/Day-Quarter Hour	S5150-UC	\$20.44

Service	Service Code	Unit Rate
Individual Transportation	T2002	\$7.13

****Note** - The IRS has criteria to determine if your workers are exempt from certain federal taxes (FICA & FUTA) based on the employer/employee relationship. The IRS requires your worker take the exemption if the worker is your child, your parent, or your spouse. This means their net pay amount will be closer to their gross pay amount. However, no taxes will be paid into Social Security or Medicare for them.

Do you need free help with this letter?

If you speak a language other than English, help in your language is available for free. This page tells you how to get help in a language other than English. It also tells you about other help that's available.

Spanish: Español

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.

- CDTN Wellpoint: 888-398-0664 (TRS:711)
- CDTN BlueCare Tennessee: 888-450-3240 (TRS:711)
- CDTN UnitedHealthcare: 888-444-3109 (TRS:711)
- CDTN TennCare DDA: 888-450-3242 (TRS:711)

Kurdish: کوردی

ئاگاداری: ئه‌گهر به زمانی کوردی قهسه دهکهیت، خزمهتگوزاریهکانی یارمهتی زمان، بهخوڕایی، بۆ تو بهردهسته.

- CDTN Wellpoint: 888-398-0664 (TRS:711)
- CDTN BlueCare Tennessee: 888-450-3240 (TRS:711)
- CDTN UnitedHealthcare: 888-444-3109 (TRS:711)
- CDTN TennCare DDA: 888-450-3242 (TRS:711)

Arabic: ربيعة

وظةعلم: اذا ملكتت قغلا ربيعةا اتمددةعاسملا ويةغلا رفوتم لك انجام.

- CDTN Wellpoint: 888-398-0664 (TRS:711)
- CDTN BlueCare Tennessee: 888-450-3240 (TRS:711)
- CDTN UnitedHealthcare: 888-444-3109 (TRS:711)
- CDTN TennCare DDA: 888-450-3242 (TRS:711)

Chinese: 繁體中文

注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。

- CDTN Wellpoint: 888-398-0664 (TRS:711)
- CDTN BlueCare Tennessee: 888-450-3240 (TRS:711)
- CDTN UnitedHealthcare: 888-444-3109 (TRS:711)
- CDTN TennCare DDA: 888-450-3242 (TRS:711)

Vietnamese: Tiếng Việt

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn.

- CDTN Wellpoint: 888-398-0664 (TRS:711)
- CDTN BlueCare Tennessee: 888-450-3240 (TRS:711)
- CDTN UnitedHealthcare: 888-444-3109 (TRS:711)
- CDTN TennCare DDA: 888-450-3242 (TRS:711)

Korean: 한국어

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.

- CDTN Wellpoint: 888-398-0664 (TRS:711)
- CDTN BlueCare Tennessee: 888-450-3240 (TRS:711)
- CDTN UnitedHealthcare: 888-444-3109 (TRS:711)
- CDTN TennCare DDA: 888-450-3242 (TRS:711)

French: Français

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement.

- CDTN Wellpoint: 888-398-0664 (TRS:711)
- CDTN BlueCare Tennessee: 888-450-3240 (TRS:711)
- CDTN UnitedHealthcare: 888-444-3109 (TRS:711)
- CDTN TennCare DDA: 888-450-3242 (TRS:711)

Amharic: አማርኛ

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል፡

- CDTN Wellpoint: 888-398-0664 (અનેકોડ:TRS:711)
- CDTN BlueCare Tennessee: 888-450-3240 (અનેકોડ:TRS:711)
- CDTN UnitedHealthcare: 888-444-3109 (અનેકોડ:TRS:711)
- CDTN TennCare DDA: 888-450-3242 (અનેકોડ:TRS:711)

Gujarati: ગુજરાતી

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે.

- CDTN Wellpoint: 888-398-0664 (TRS:711)
- CDTN BlueCare Tennessee: 888-450-3240 (TRS:711)
- CDTN UnitedHealthcare: 888-444-3109 (TRS:711)
- CDTN TennCare DDA: 888-450-3242 (TRS:711)

Laotian: ພາສາລາວ

ໂປດຊາບ: ຖ້າວ່າ ທ່ານ ພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອ ອັດຕະໂນມັດພາສາ, ໂດຍບໍ່ ແຈ້ງຄ່າ, ແມ່ນມີ ພ້ອມໃຫ້ທ່ານ.

- CDTN Wellpoint: 888-398-0664 (TRS:711)
- CDTN BlueCare Tennessee: 888-450-3240 (TRS:711)
- CDTN UnitedHealthcare: 888-444-3109 (TRS:711)
- CDTN TennCare DDA: 888-450-3242 (TRS:711)

German: Deutsch

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung.

- CDTN Wellpoint: 888-398-0664 (TRS:711)
- CDTN BlueCare Tennessee: 888-450-3240 (TRS:711)
- CDTN UnitedHealthcare: 888-444-3109 (TRS:711)
- CDTN TennCare DDA: 888-450-3242 (TRS:711)

Tagalog: Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad.

- CDTN Wellpoint: 888-398-0664 (TRS:711)
- CDTN BlueCare Tennessee: 888-450-3240 (TRS:711)
- CDTN UnitedHealthcare: 888-444-3109 (TRS:711)
- CDTN TennCare DDA: 888-450-3242 (TRS:711)

Hindi: हिंदी

आनंद: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त भाषा सहायता सेवाएं उपलब्ध हैं।

- CDTN Wellpoint: 888-398-0664 (TRS:711)
- CDTN BlueCare Tennessee: 888-450-3240 (TRS:711)
- CDTN UnitedHealthcare: 888-444-3109 (TRS:711)
- CDTN TennCare DDA: 888-450-3242 (TRS:711)

Serbo-Croatian: Srpsko-hrvatski

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno.

- CDTN Wellpoint: 888-398-0664 (TRS- Telefon za osobe sa oštećenim govorom ili sluhom: 711)
- CDTN BlueCare Tennessee: 888-450-3240 (TRS- Telefon za osobe sa oštećenim govorom ili sluhom: 711)
- CDTN UnitedHealthcare: 888-444-3109 (TRS- Telefon za osobe sa oštećenim govorom ili sluhom: 711)
- CDTN TennCare DDA: 888-450-3242 (TRS- Telefon za osobe sa oštećenim govorom ili sluhom: 711)

Russian: Русский

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода.

- CDTN Wellpoint: 888-398-0664 (TRS:711)
- CDTN BlueCare Tennessee: 888-450-3240 (TRS:711)
- CDTN UnitedHealthcare: 888-444-3109 (TRS:711)
- CDTN TennCare DDA: 888-450-3242 (TRS:711)

Nepali:

नेपाली

❖ नानिदिनुहोस्: तपाइ❖ले नेपाली बोल्नु❖न्छ भने तपाइ❖को िन❖❖ भाषा सहायता सेवाह❖ िन: शु❖
❖पमा ॐॐ

- CDTN Wellpoint: 888-398-0664 (TRS:711)
- CDTN BlueCare Tennessee: 888-450-3240 (TRS:711)
- CDTN UnitedHealthcare: 888-444-3109 (TRS:711)
- CDTN TennCare DDA: 888-450-3242 (TRS:711)

Persian:

فارسی

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد.

- CDTN Wellpoint: 888-398-0664 (TRS:711)
- CDTN BlueCare Tennessee: 888-450-3240 (TRS:711)
- CDTN UnitedHealthcare: 888-444-3109 (TRS:711)
- CDTN TennCare DDA: 888-450-3242 (TRS:711)

- Do you need help talking with us or reading what we send you?
- Do you have a disability and need help getting care or taking part in one of our programs or services?
- Or do you have more questions about your health care?

Call us for free. We can connect you with the free help or service you need. (For TRS call: 711)

- CDTN Wellpoint: 888-398-0664
- CDTN BlueCare Tennessee: 888-450-3240
- CDTN UnitedHealthcare: 888-444-3109
- CDTN TennCare DDA: 888-450-3242

We obey federal and state civil rights laws. We do not treat people in a different way because of their race, color, birth place, language, age, disability, religion, or sex. Do you think we did not help you or you were treated differently because of your race, color, birth place, language, age, disability, religion, or sex? You can file a complaint by mail, by email, or by phone. Here are three places where you can file a complaint:

<p>TennCare Office of Civil Rights Compliance 310 Great Circle Road, 3W Nashville, Tennessee 37243</p> <p>Email: HCFA.Fairtreatment@tn.gov Phone: 855-857-1673 (TRS 711)</p> <p>You can get a complaint form online at: https://www.tn.gov/tenncare/members-applicants/civil-rights-compliance.html</p>	<p>MCO/Contractor Information</p> <p>Wellpoint Phone: 800-600-4441 (TRS 711)</p> <p>BlueCare Tennessee Phone: 800-468-9698 (TRS 711: 888-418-0008)</p> <p>UnitedHealthcare Phone: 888-383-9253 (TRS 711)</p>	<p>U.S. Department of Health & Human Services Office for Civil Rights 200 Independence Ave SW, Rm 509F, HHH Bldg Washington, DC 20201</p> <p>Phone: 800-368-1019 (TDD): 800-537-7697</p> <p>You can get a complaint form online at: www.hhs.gov/ocr/office/file/index.html Or you can file a complaint online at: ocrportal.hhs.gov/ocr/portal/lobby.jsf</p>
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