

## Family Support Services Program Application / 2023-2024

Eligible Individual's name	DOB
Eligible Individual lives with	
Parent/Guardian's name	
Mailing address	C. B
rnone nome	Cell
Email Address	
Does Individual currently receive HCBIYes.	DD Services?
If yes, please identify program	I
Early Intervention	
School	
Preschool	
Adult Day Program	
Lynn Hope	(F)
SSA	
No	
Were you referred to HCBDD I	by an agency or individual? If so, please list name(s)
Please check and describe the assistant disability support from groups listed be	ce you receive in caring for your family member with a elow.
Private Insurance Co	
Bureau of Children w Medical Handicaps_	
Church	
Community Service Organization	
Medicaid	
IVICUICAIU / VVAIVEI	
Social Security	
HCAHC	
Other (Explain)	
certify that the information contained on this SSS program does not necessarily qualify me or	application is accurate. I understand that eligibility in the r my dependents for other HCBDD Services
ignature	Date

## 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.

	1 Name (as shown on your income tax return). Name is required on this line	e; do not leave this line blank				
	2 Business name/disregarded entity name, If different from above					
Print or type. Specific Instructions on page 3.			4 Exemptions (codes apply only to certain entitles, not individuals; see instructions on page 3):			
	☐ Individual/sole proprietor or ☐ C Corporation ☐ S Corporation ☐ S Corporation ☐ S Corporation	tion Partnership	☐ Trust/estate	Exempt payee code (if any)		
	☐ 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)		
	Other (see instructions) >			(Applies to accounts maintained outside the U.S.)		
See S	5 Address (number, street, and apt. or suite no.) See instructions.  Requester's nan		Requester's name a	e and address (optional)		
ഗ്	6 City, state, and ZIP code					
	7 List account number(s) here (optional)					
Par						
Enter y backu	our TIN in the appropriate box. The TIN provided must match the no withholding. For individuals, this is generally your social security n	name given on line 1 to av	oid Social sec	curity number		
reside	it allen, sole proprietor, or disregarded entity, see the instructions fo	or Part I. later. For other	1   1			
entitie: 77N, la	s, it is your employer identification number (EIN). If you do not have :	a number, see How to ge				
-	f the account is in more than one name, see the instructions for line	1 Also soo Mhat Name	Or Employer	Identification number		
Numb	er To Give the Requester for guidelines on whose number to enter.	a I. Also see what wame	and Employer	identification number		
				-		
Part	I Certification					
Jnder	penalties of perjury, I certify that:					
2. I am Sen	number shown on this form is my correct taxpayer identification nu not subject to backup withholding because: (a) I am exempt from b ice (IRS) that I am subject to backup withholding as a result of a fall enger subject to backup withholding; and	packup withholding, or (b)	I have not been no	ntified by the Internal Revenue		
	a U.S. citizen or other U.S. person (defined below); and					
	FATCA code(s) entered on this form (if any) indicating that I am exer					
ou na cquisi other ti	ation instructions. You must cross out item 2 above if you have been be failed to report all interest and dividends on your tax return. For real clion or abandonment of secured property, cancellation of debt, contribution an interest and dividends, you are not required to sign the certification.	estate transactions, item 2 utions to an individual retire	does not apply. For	r mortgage interest paid,		
Sign Here	Signature of U.S. person ▶	Signature of J.S. person ► Date ►				
	eral Instructions	• Form 1099-DIV (div funds)	vidends, including	those from stocks or mutual		
ection references are to the Internal Revenue Code unless otherwise oted.		Form 1099-MISC (v proceeds)	Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)			
Future developments. For the latest information about developments elated to Form W-9 and its instructions, such as legislation enacted			Form 1099-B (stock or mutual fund sales and certain other			
	ey were published, go to www.irs.gov/FormW9.	• Form 1099-S (proc	•	ate transactions)		
Purpose of Form			Form 1099-K (merchant card and third party network transactions)			
An individual or entity (Form W-9 requester) who is required to file an Form of ormation return with the IRS must obtain your correct taxpayer 1098-			Form 1098 (home mortgage interest), 1098-E (student loan interest), 098-T (tultion)			
1entific SSN1	ation number (TIN) which may be your social security number ndividual taxpayer identification number (ITIN), adoption	•	• Form 1099-C (canceled debt)			
axpay	r identification number (ATIN), or employer identification number		Form 1099-A (acquisition or abandonment of secured property)			
EIN), to	report on an information return the amount paid to you, or other	Use Form W-9 only if you are a U.S. person (including a resident				

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,

returns include, but are not limited to, the following.

• Form 1099-INT (interest earned or paid)