

Helpful Hints

Completing the AFH provider Enrollment Agreement (PEA)

- Please **Print** clearly
- Provide all info, use NA if not applicable
- Use Legal name as it appears on your tax documents
- Provide accurate dates of birth
- Provide accurate Social Security Number or Tax ID Number

Section A - Foster Home Information

- Your provider number is the six-digit number on your foster care license
- Name to be listed on the License: Primary provider and Co-Provider name. Include business name if your foster home is registered with the Secretary of State as a business.

Section B - Provider, Co-Provider & Resident Manager Information

- It is very important to complete this section with the accurate information. Payment may be delayed if the information does not match your IRS and Social Security information.
- Check the appropriate box for Provider and Co-Provider: Do you/Does this person live in the foster home? Yes No.

Section C1 - Business Information, C2 - Information for other persons with ownership or controlling interest, and C3 - Information on ownership or controlling interest related to outside entities.

- List business name as filed with the Secretary of State or IRS.
- Check to indicate type of business (corporation, partnership, limited partnership, etc.) Please make sure you indicate if you want payment reported to your Tax ID Number or Social Security Number and include that number.

Agreement

- **Sign and date the top of Page 6.**
- Do not complete any other information on Page 6.