

Request for Proposal
Curriculum Development for Peer Recovery Coaches & Certified Peer Specialists
Bringing Recovery Supports to Scale
Implementation of Ohio's Plan

I. Introduction of the Project

The Ohio Department of Mental Health, in partnership with the Ohio Department of Alcohol and Drug Addiction Services is managing a federal \$50,000 mini-grant awarded through the Center for Social Innovation, which is funded by a contract with the SAMHSA (Substance Abuse and Mental Health Services Administration). Additional organizational partners in this project are Ohio Citizen Advocates, Ohio Empowerment Coalition, Rehabilitation Services Commission, and Ohio Department of Job and Family Services. The budget to expend these funds was developed by representatives of these organizations, ODMH and ODADAS at an April 25 – 27, 2012 Policy Academy.

In this project, Ohio will focus on bringing recovery supports to scale in a rapidly changing health care system by strategizing its work around cross-system collaboration. Ohio has direct challenges to the accessibility, quality of clinical services, and availability of recovery supports; including peer services. As our health care system is changing due to state and federal health care reform, we need to ensure inclusion of recovery and peer services and supports. Recovery and peer services and supports are defined as services provided by persons who are in recovery from mental illness and/or addiction to alcohol and other drugs for the purposes of this proposal.

The Ohio Department of Mental Health (ODMH) and The Ohio Department of Alcohol and Drug Addiction Services (ODADAS) hope to utilize this Policy Academy as a catalyst to collectively examine opportunities to improve accessibility, quality, and cost-effectiveness of Peer Services among the landscape of change. Ohio's proposal focuses on recovery and peer supports and services. These services and supports are provided by credentialed persons in recovery, as an expanding service prioritized by the persons who are receiving the services. Ohio's proposal will also address inclusion of peer and recovery services and supports in Health Homes for persons with serious and persistent mental illness who often have co-occurring addiction to alcohol and other drugs.

Funding: The amount of funding available for this project is \$10,000

Scope of Work: Working with existing Ohio stakeholders, the contractor will devise a new two-pronged training model that addresses the needs of both Certified Peer Specialists (CPS) and Peer Recovery Coaches (PRC). Development of a model that maximizes efficiencies for common elements of the training fits well with the current statewide efforts to merge mental health and addiction services in Ohio. By capitalizing on these synergies, Ohio will have services that incorporate a more holistic philosophy. It is expected that this holistic approach will produce better outcomes and provide assistance that is more closely aligned to the needs of clients who have been difficult to engage.

The overarching goal of this project is to design a single training curriculum with a module that addresses the shared core competencies needed by both CPS and PRCs. Additionally, the curriculum needs to include two additional modules that are specific to CPS and specific to PRCs. Also, the curriculum must:

- Be compatible with a train the trainer model.
- Address physical and mental health as well as addiction and co-occurring disorders
- Be a curriculum that is derived from a recognized model of CPS and PRC training
- Be a design that looks at the individual holistically that considers physical and mental health needs as well as addiction
- Delivered in electronic form, so that future revisions can be made

- Be in the public domain so that persons in recovery in Ohio can use it without charge
- Be ready for implementation
- Include a project design that incorporates a stakeholder review of draft curriculum (small group convened by state agencies and advocacy groups)

III. Availability of Funds

Funding for this project has been through a contract with Center for Social Innovation. The award is contingent upon the availability of those funds.

IV. Proposal Requirements

- Be concise
- Experience in curriculum development for peer support and/or recovery coaches, as well as training experience
- Experience in working with behavioral health training and curriculum development
- Budget
- The proposal will include a work plan that includes goals and objectives and how those objectives will be achieved with a time line.
- Include specific deliverables
- Complete work by December 31, 2012
- References
- Work product will be available for use by Ohio residents at no cost, and subject to requirements of federal funder (SAMHSA).

V. Submission Process

All proposals are to be submitted by 4:00 pm on September 12, 2012 to:

Ohio Department of Mental Health

Attention: Lucille Fuller

(BRSS TACS Grant –Recovery Coach Job Analysis)

Bid DMH13038

30 E. Broad St., 11th Floor

Columbus, OH 43215

Method for Submission: Proposals may be hand delivered, mailed, delivered by courier, or submitted electronically to DMHBidOpportunity@mh.ohio.gov format or PDF, but must be received at ODMH by the deadline above. Incomplete or late submissions will not be considered.

Conditions for Submission: Proposals must include a cover sheet that includes the applicant's name, address, phone number, and e-mail. Proposals must be submitted in 12 point type with 1" margins. Proposals must meet the Conditions section.

Time frames:

- All questions need to be submitted to www.ohio.gov/procure by 8:00 am on September 11, 2012
- Responses to questions will be posted to the State Procurement website at www.ohio.gov/procure by 4:00 pm on September 11, 2012
- Proposals are due by 4:00 pm. on September 12, 2012
- Opening date of the proposals is 9:00 am on September 13, 2012
- Estimated date of award is September 17, 2012.
- Work to begin September 19, 2012

- Reports twice a month to be sent to ODMH starting September 30, 2012 and bi-monthly until funds are exhausted or returned
- Additions and/or corrections and final report completed by January 15, 2013

Inquiries: Inquiries about the content of this RFP or the process for submission or evaluation of a proposal hereunder may be submitted only by electronic query sent to www.ohio.gov/procure on or before 4:00 pm on September 11, 2012. Responses to inquiries will be posted to the State Procurement website at www.ohio.gov/procure by 4:00 pm on September 11, 2012.

Award Date: Written notice of award shall be sent to the successful applicant. Notice of the award shall be provided to all other applicants within a reasonable period, and notice of an award shall be made available to the public. After either award of the contract or cancellation of the RFP, contents of proposals are a matter of public record under Ohio law.

Contract: The Contract resulting from an award hereunder will consist of the ODMH Personal Services Contract, incorporating this RFP including all attachments, written addenda to this RFP, the accepted Proposal, and written, authorized addenda to the Proposal. If there are conflicting provisions between the documents that make up the Contract, the order of precedence for the documents is as follows: The Personal Services Contract, this RFP, as amended; documents incorporated into the RFP; the Proposal, as amended, clarified and accepted by ODMH; and, documents incorporated into the Proposal.

VI. Evaluation Criteria

- | | |
|---|-----|
| 1. Contractor’s experience in curriculum development | 50% |
| 2. Contractors experience in training with CPS and RC training preferred. | 15% |
| 3. Quality of the deliverables specific to CPS and RCs curriculum | 35% |

VII. Conditions

In addition to the conditions of the department’s personal service agreement and accompanying documents attached to this agreement, the Department reserves the right to reject, in whole or in part, any and all proposals where the Department, taking into consideration factors including but not limited to, cost and the results of the evaluation process, has determined that the award of a contract would not be in the best interests of the Department or the state.

Discussions and/or negotiations may be conducted with applicants who submit proposals for the purpose of clarification and/or correction, including any revisions that may occur during negotiations, to assure full understanding of, and responsiveness to the requirements, terms and conditions and specifications of the RFP. Applicants shall be accorded fair and equal treatment in any clarification and/or correction and/or negotiation process.

Applicant will be solely responsible for reporting, withholding, and paying all employment related taxes, payments, and withholdings for his/her self and any personnel, including but not limited to: Federal, State, and local income taxes, Social Security, unemployment or disability deductions, withholdings and payments.

The Department reserves the right to reject any and all proposals where the applicant takes exception to the terms and conditions of the RFP or fails to meet the terms and conditions, including but not limited to, standards, specifications, and requirements as specified in the RFP.

Attachments: Ohio BRSS TACS Workplan

OHIO
Bringing Recovery Supports to Scale
Action Planning – Vision and Priorities

<p>Our State’s Existing Recovery Vision Statement(s)</p>	<p>Ohio Department of Mental Health (ODMH) - We envision a sustainable system of care where recovery is expected for people with mental illness and all Ohioans can access quality treatment and supports that are responsive to their cultures, preferences and values.</p> <p>Ohio Department of Alcohol and Drug Addiction Services (ODADAS) - An addiction-free Ohio that promotes health, safety, and economic opportunity.</p>
<p>What We See on Our Blueprint</p>	<p>See attached blueprint in “house format”</p>
<p>Our Bringing Recovery Support to Scale Action Planning Vision</p>	<p>In Ohio communities, people in or in need of recovery will have awareness and access to recovery supports that incorporate mutual understanding and transformed culture and practices among persons in recovery as well as in their supports, providers, practitioners, policy makers and funders.</p> <p>Ohio’s recovery supports will be integrated, consumer-determined, state-wide, sustainable, culturally responsive, and will incorporate a philosophy of hope.</p>
<p>Priority Areas to Address</p>	<ol style="list-style-type: none"> 1. Establish a shared Ohio definition of recovery 2. Establish and expand partnerships and collaborations among state agencies, Ohio Governor’s Office of Health Transformation, and community stakeholders to bring services and supports provided by persons in recovery to scale. 3. Develop a mechanism that promotes a recovery orientation in all services and supports including Health Care Homes which expands access to recovery and peer services and supports. 4. Create partnership(s) to establish a trained credentialed, workforce to develop high quality recovery and peer services and supports.

**Bringing Recovery Supports to Scale
Action Planning – Priorities and Strategies**

Priority Area	1. Establish a shared Ohio definition of recovery
Desired Change	1. Mutually agreed upon elements of a shared recovery system
Strategies for Creating this Change (these form the basis for the BRSS Action Plan)	1. Review and consider adopting SAMHSA’s (Substance Abuse and Mental Health Services Administration’s) definition of recovery which addresses differences as well as similarities between AoD (alcohol and other drug) & MH (mental health) recovery.

Bringing Recovery Supports to Scale			
Action Plan – Strategy Development Worksheet (Complete one for each strategy in the priority area)			
Priority Area	1 Establish a shared Ohio definition of recovery		
Strategy	1.1 Review and consider adopting SAMHSA’s (Substance Abuse and Mental Health Services Administration’s) definition of recovery which addresses differences as well as similarities between AoD (alcohol and other drug) & MH (mental health) recovery.		
ACTION STEPS		Person Responsible (Primary and Secondary)	Timeline*
1) Request information from other states & BRSS TACS Team on how other states have done this.		“Go to Lead” Alisia Clark Co-lead: Sharon Fitzpatrick Participants will include OEC/Jack, OCA/Donna, 2 providers 2 Board reps 3 MH consumers 3 in AOD recovery 1 NAMI 1 OH Federation Other staff named in 6/21/12 minutes	By 8/20/2012
2) Convene stakeholder group in Ohio to get common understanding, input and acceptance of the BRSS (Bringing Recovery Supports to Scale) vision, mission and definition of recovery and peer services and supports			Meeting by 8/31/2012
3) Consider adoption of SAMHSA’s definitions of recovery			Completed by 12/15/2012
4) Educate mental health and substance abuse agencies and stakeholders in the understanding of recovery through ODMH, ODADAS, OCA and OEC websites and meetings. Engage department’s communication staff to disseminate the shared definition of recovery.			8/31/2012 – 12/15/2012
<p>Note: Each priority will have co-leads from ODMH & ODADAS with one of the co-leads designated to serve as the “Go to Lead” who is the primary point of contact for the group. Liz Gitter will serve as the overall Project Manager, and be responsible for meeting BRSS Agreement reporting requirements.</p> <p>Timeline assumes that contract will start 6/15/2012. With the contract date starting later, the expenditures for activities that use BRSS funding will be delayed by the number of days after the 6/15/2012 that the contract starts.</p>			
Go next page			

**Bringing Recovery Supports to Scale
Action Plan – Strategy Development Worksheet (continued)**

Progress Outcomes	Outcomes (tangible and measurable accomplishments of implementing action steps)	Date to be Completed
	1) Behavioral health shareholder group will meet to develop a common understanding of vision, mission and definition of recovery---within 4 months of when the governor announced that Ohio’s two behavioral health departments will merge.	Meeting by 8/31/2012
	2) Benchmark: Ohio’s behavioral health system will have a written definition of recovery, as well as a written vision and mission statement of recovery.	Completed by 12/15/2012
	3) Ohio’s mental health and substance abuse state agencies and their stakeholders will continue to work on developing a shared understanding of the diversity of experiences of persons in recovery.	Addressed in BRSS activities by 12/15/2012 with work continuing after BRSS contract ends
Methods of Accountability and Celebrating of Progress	Work products named in progress outcomes are completed. Reports required by BRSS agreement are completed. The behavioral health shareholder group will determine how it will celebrate its success.	
Communication and Resource Needs	ODMH and ODADAS will enlist the support of their communications staff to communicate the written definition of recovery, as well as the written vision and mission statement of recovery. Advocacy organizations will be asked to communicate with their constituents regarding this work.	
Next Action Step	Pending legislative approval, ODMH and ODADAS will merge July 1, 2013.	

**Bringing Recovery Supports to Scale
Action Planning – Priorities and Strategies**

Priority Area	2. Establish and expand partnerships and collaborations among state agencies, Ohio Governor’s Office of Health Transformation, and community stakeholders to bring services and supports provided by persons in recovery to scale.
Desired Change	2. Increased availability, access and quality of recovery services and supports statewide
Strategies for Creating this Change (these form the basis for the BRSS Action Plan)	2.1 Convene a workgroup to expand partnerships and collaboration to bring services provided by persons in recovery to scale.

Bringing Recovery Supports to Scale
Action Plan – Strategy Development Worksheet (Complete one for each strategy in the priority area)

Priority Area	2. Establish and expand partnerships and collaborations among state agencies, Ohio Governor’s Office of Health Transformation, and community stakeholders to bring services and supports provided by persons in recovery to scale.		
Strategy	2.1 Convene a workgroup to expand partnerships and collaboration to bring services provided by persons in recovery to scale.		
ACTION STEPS		Person Responsible (Primary and Secondary)	Timeline
1) Identify who is missing; do GAP analysis. Ask BRSS TACS Team to identify any information that they have that might be useful.		“Go to Lead” Karin Carlson Co-lead Liz Gitter; Include Boards, providers Medicaid, OHT, Boards & other staff in 6/21 minutes	6/15/2012 – 7/15/2012
2) Contact identified stakeholders to determine level of interest in participation			6/15/2012 – 7/15/2012
3) Develop a draft charter to elicit response from key stakeholders			7/15/2012 – 8/15/2012
4) Convene group of stakeholders to revise the charter		Debbie Nixon-Hughes & James Lapczynski with Karin & Liz	9/15/2012 – 10/31/2012
5) Departments and stakeholder group will finalize the charter.		Debbie Nixon-Hughes & James Lapczynski with staff	10/31/2012 – 12/15/2012

Go next page

**Bringing Recovery Supports to Scale
Action Plan – Strategy Development Worksheet (continued)**

Progress Outcomes	Outcomes (tangible and measurable accomplishments of implementing action steps)	Date to be Completed
	1) GAP analysis completed, and report to Policy Academy Team and leadership of ODMH & ODADAS completed	7/15/2012
	2) A list of stakeholders with their interest in participation noted is available	7/15/2012
	3) <u>Benchmark</u>: A draft charter is completed	8/15/2012
	4) A group of stakeholders meets to revise charter with minutes taken	10/31/2012
	5) <u>Benchmark</u>: Charter is approved by Departments	12/15/2012
Methods of Accountability and Celebrating of Progress	Work products named in progress outcomes are completed. Reports required by BRSS agreement are completed.	
Communication and Resource Needs	Deputy Directors and Directors will be asked to share this information with other state agencies, especially other human service agencies as well as the Governor’s Office of Health Transformation. Resources are needed to provide recovery and peer services and supports to persons with behavioral health disorders which may require reengineering existing services and supports to become more recovery oriented.	
Next Action Step	The work outlined in the charter begins.	

**Bringing Recovery Supports to Scale
Action Planning – Priorities and Strategies**

Priority Area	3. Establish a mechanism that promotes a recovery orientation in all services including Health Homes through expanded access to recovery and peer services and supports.
Desired Change	3. Establish a sustainable funding mechanism to fund recovery and peer services and supports.
Strategies for Creating this Change (these form the basis for the BRSS Action Plan)	3.1 Explore various options of financing including, but not limited to Medicaid, SAMHSA Block Grants (Mental Health Services and Substance Abuse Prevention & Treatment).

to Scale

Action Plan – Strategy Development Worksheet (Complete one for each strategy in the priority area)

Priority Area	3. Establish a mechanism that promotes a recovery orientation in all services including Health Homes through expanded access to recovery and peer services and supports.
Strategy	3.1 Explore various options of financing including, but not limited to Medicaid, SAMHSA Block Grants (Mental Health Services and Substance Abuse Prevention & Treatment).

ACTION STEPS	Person Responsible (Primary and Secondary)	Timeline
1) Do a needs assessment and gap analysis to determine what services and supports are needed. Request BRSS TACS Team to provide information on what other states have done.	Go to Lead Liz Gitter Co-lead: Karin Carlson with Afet Kilinc for Health Care Homes Participants include OCA/Donna, OEC/Jack, 3 MH consumers & 3 persons in AoD recovery, providers, Ohio Council, & others in 6/21/12 minutes	6/1/2012 – 7/15/2012
2) Identify financing options and their requirements.		7/15/2012 – 8/15/2012
3) Determine what is needed to promote a recovery orientation in Community Behavioral Health Care Homes and publicly funded behavioral health services.		8/15/2012 – 11/25/2012
4) Summarize findings for ODMH & ODADAS leadership. OEC, OCA, provider and board representatives will be asked to communicate the findings to the organizations and constituencies that they represent.	Debbie Nixon-Hughes & James Lapczynski with assistance from persons identified for Action Steps 1-3	11/25/2012 – 12/15/2012

Go next page

**Bringing Recovery Supports to Scale
Action Plan – Strategy Development Worksheet (continued)**

Progress Outcomes	Outcomes (tangible and measurable accomplishments of implementing action steps)	Date to be Completed
	1) Needs assessment completed	7/15/2012
	2) Benchmark: Written description of financing options and their requirements shared with Policy Academy Team	8/15/2012
	3) Written recommendations on what is needed to promote a recovery orientation in Health Care Homes and in other publicly funded behavioral health services.	11/25/2012
	4) Benchmark: Findings shared with ODMH & ODADAS leadership	12/15/2012
Methods of Accountability and Celebrating of Progress	Work products named in progress outcomes are completed. Reports required by BRSS agreement are completed.	
Communication and Resource Needs	State agency Policy Academy Team members will communicate the findings to their state agencies, divisions and offices. Persons in recovery and their advocates will communicate the findings to their constituent groups.	
Next Action Step	Leadership of ODMH and ODADAS will determine how to use the findings as changes are made during the merger of the two state agencies.	

**Bringing Recovery Supports to Scale
Action Planning – Priorities and Strategies**

Priority Area	4. Create partnership(s) to establish a trained, credentialed workforce to develop high quality recovery peer services and supports.
Desired Change	4. A cadre of trained, credentialed workforce to provide high quality recovery and peer services and supports.
Strategies for Creating this Change (these form the basis for the BRSS Action Plan)	4.1 Develop a process to establish credentialing and core competency standards.

Bringing Recovery Supports to Scale

Action Plan – Strategy Development Worksheet (Complete one for each strategy in the priority area)

Priority Area	4. Create partnership(s) to establish a trained, credentialed workforce to develop high quality recovery and peer services and supports	
Strategy	4.1 Develop a process to establish credentialing and core competency standards.	
ACTION STEPS	Person Responsible (Primary and Secondary)	Timeline
1) Hire a consultant to develop core competencies for Recovery Coaches. (Note: Core competencies for Recovery Coaches will be added to a set of core competencies for each professional group prepared by university research staff for Health Care Homes. Core competencies can also be used to develop training and credentialing processes for Recovery Coaches, as well as increase the credibility of Recovery Coaching with funders.)	Go to Lead: Sharon Fitzpatrick Co-lead: Alisia Clark Participants: Afet, OCA/Donna, OEC/Jack, providers, Boards & staff in 6/21/12 minutes	6/15/2012 – 9/30/2012
2) Request information from BRSS TACS Team on what other states have done.		
3) Policies & practice guidelines completed.		10/1/2012 – 12/15/2012
4) Establish a credentialing process for Recovery Coaches.	Alisa Clark & Donna Conley & Larry Parsons	6/15/2012 – 12/15/2012
5) Identify training resources to expand the number of Certified Peer Specialists and Recovery Coaches (Note: Training and credentialing is required for inclusion of recovery and peer services in Medicaid-funded Health Care Homes and traditional services.)	Sharon Fitzpatrick with assistance from Donna Conley, Jack Cameron & Larry Parsons	6/15/2012 – 12/15/2012
Go next page		

**Bringing Recovery Supports to Scale
Action Plan – Strategy Development Worksheet (continued)**

Progress Outcomes	Outcomes (tangible and measurable accomplishments of implementing action steps)	Date to be Completed
	1) <u>Benchmark</u> : Core competencies developed for Recovery Coaches	9/30/2012
	2) Practice policies and guidelines completed	12/15/2012
	3) <u>Benchmark</u> : Recommendations are made to ODADAS management for a credentialing process for Recovery Coaches.	12/15/2012
	4) A list of training resources is developed	12/15/2012
Methods of Accountability and Celebrating of Progress	Work products named in progress outcomes are completed. Reports required by BRSS agreement are completed.	
Communication and Resource Needs	Ohio Citizen Advocates and ODADAS communicate with their stakeholders regarding Recovery Coaches. Funding resources are needed for Recovery Coaching, as well as Certified Peer Support.	
Next Action Step	A credentialing process for Recovery Coaches is authorized by ODADAS and established in Ohio. A process for accessing resources to train Recovery Coaches and Certified Peer Specialists is developed.	

REQUIRED CERTIFICATION FOR BIDDING

Those bidders claiming preference for Domestic Source End Products and/or the Ohio preference, pursuant to Revised Code Sections 125.09 and 125.11 and Administrative Code Section 123:5-1-06 must complete the following information. Bidders who qualify as an "Ohio" bidder (offer an Ohio product or who have significant Ohio economic presence) or who qualify as a Border State bidder are eligible to receive a five percent (5%) preference over non-Ohio/Border state bidders. The state reserves the right to clarify any information during the evaluation process. **BIDDERS MUST COMPLETE THIS CERTIFICATION TO RECEIVE THE PREFERENCE.**

A. DOMESTIC PREFERENCE (BUY AMERICA): [Not applicable to "Excepted Products"]

1. Where is each product/services being offered mined, raised, grown, produced or manufactured?

United States: _____(State) Canada Mexico (Go to B-1)

Other: (Specify Country) _____ (Go to A-2)

2. End product is manufactured outside the United States and at least 50% of the cost of its components are produced, mined, raised, grown or manufactured within the United States. The cost of components may include transportation costs to the place of manufacture and, in the case of components of foreign origin, duty whether or not a duty free entry certificate is issued.

Yes (Go to Section B-1) No (Go to Section A-3)

3. The Bidder hereby certifies that each end product, except the products listed below, is a domestic source end product as defined in the Buy America Act and that components of unknown origin have been considered to have been mined, produced, grown or manufactured outside the United States.

_____ (Item) _____ (Country of Origin)

_____ (Item) _____ (Country of Origin)

A domestic end source product is deemed to be excessively priced if it exceeds the cost of the foreign product by more than 6%. Pursuant to FAR, Part 25, the state of Ohio does not acquire supplies or services that cannot be imported lawfully into the United States. The contractor, their subcontractor(s) and any agent of the contractor or subcontractor must not acquire any supplies or services originating from sources within, or that were located in or transported from or through Cuba, Iran, Iraq, Libya, North Korea, Sudan Territory of Afghanistan controlled by the Taliban, or Serbia (excluding the territory of Kosovo).

B. OHIO PREFERENCE (BUY OHIO):

1. The products/services being offered are raised, grown, produced, mined or manufactured in Ohio.

Yes (Go to C) No (Go to B-2)



2. Bidder has significant economic presence within the state of Ohio. Yes (Answer a, b, c, d below) No (Go to B-3)

a) Bidder has paid the required taxes due the state of Ohio Yes No

b) Bidder is registered with the Ohio Secretary of State

Yes (Charter/Registration No.: _____) No

Questions regarding registration should be directed to (614) 466-3910 or visit their web site at:

<http://www.sos.state.oh.us/>

c) Bidder has ten or more employees based in Ohio or border state. Yes No (Go to B-2d)

d) Bidder has seventy-five percent or more employees based in Ohio or border state. Yes No (Go to B-3)

3. Border state bidder:

Yes (Specify which state then go to B-2c): KY MI NY PA IN No (Go to B-4)

4. Border state bidder: mined products mined in respective border state Yes No Not Applicable

C. E.D.G.E. DESIGNATION

Bidder is certified E.D.G.E. business Yes No

For information on E.D.G.E. designation, please visit the DAS Equal Opportunity Division website at:

<http://das.ohio.gov/Eod/Edge/Index.htm>

D. DECLARATION REGARDING MATERIAL ASSISTANCE/NON-ASSISTANCE TO A TERRORIST ORGANIZATION (DMA)

The Bidder being awarded this Contract must:

1. review the Terrorist Exclusion List at http://www.publicsafety.ohio.gov/links/terrorist_exclusion_list.pdf

2. complete the Declaration Regarding Material Assistance/Non-Assistance to a Terrorist Organization (DMA) form <http://www.publicsafety.ohio.gov/links/HLS0038.pdf> and submit this with your bid response.

Failure to complete the Declaration Regarding Material Assistance/Non-Assistance to a Terrorist Organization (DMA) form may result in the bidder being deemed not responsive and/or may invalidate any Contract award. If not submitted with the bid response, the bidder will have seven (7) calendar days, after notification, to submit the form.



VENDOR INFORMATION FORM

All parts of the form must be completed by the vendor and returned to Ohio Shared Services. The information must be legible.

SECTION 1 – PLEASE SPECIFY TYPE OF ACTION

- NEW (W-9 OR W-8ECI FORM ATTACHED) CHANGE OF CONTACT PERSON/INFORMATON
 ADDITIONAL ADDRESS (PLEASE PROVIDE COPY OF INVOICE OR LETTER OF EXPLANATION)
 CHANGE OF ADDRESS – ENTER OLD ADDRESS
 CHANGE OF TIN (NEW W-9 AND LETTER OF EXPLANATION OF CHANGE, WHICH INCLUDES OLD TIN, IS REQUIRED)
 CHANGE OF NAME (NEW W-9 AND LETTER OF EXPLANATION OF CHANGE IS REQUIRED)
 CHANGE OF PAY TERMS CHANGE OF PO DISPATCH METHOD OTHER _____

SECTION 2 – PLEASE PROVIDE VENDOR INFORMATION

LEGAL BUSINESS OR INDIVIDUAL NAME: (MUST MATCH W-9 OR W-8ECI FORM)

BUSINESS NAME, TRADE NAME, DOING BUSINESS AS: (IF DIFFERENT THAN ABOVE)

FEDERAL TAX ID (TIN), EMPLOYER ID (EIN) OR SOCIAL SECURITY NUMBER (REQUIRED):

BUSINESS ENTITY: (IF A SOLE PROPRIETOR, THE INDIVIDUAL'S NAME MUST APPEAR IN LEGAL BUSINESS NAME) **CHECK ONE:**
 INDIVIDUAL/SOLE PROPRIETOR CORPORATION S CORPORATION PARTNERSHIP TRUST/ESTATE
 LIMITED LIABILITY COMPANY **CIRCLE THE TAX CLASSIFICATION (C=CORPORATION, S= S CORPORATION, P=PARTNERSHIP)** _____
 OTHER (PLEASE EXPLAIN)

SECTION 3 – PLEASE PROVIDE COMPLETE ADDRESS 1 (IF MORE THAN 2 ADDRESSES, INCLUDE A SEPARATE SHEET)

ADDRESS: <input type="text"/>		COUNTY: <input type="text"/>
CITY: <input type="text"/>	STATE: <input type="text"/>	ZIP CODE: <input type="text"/>

SECTION 4 – PLEASE PROVIDE COMPLETE ADDRESS 2

ADDRESS: <input type="text"/>		COUNTY: <input type="text"/>
CITY: <input type="text"/>	STATE: <input type="text"/>	ZIP CODE: <input type="text"/>

SECTION 5 – CONTACT INFORMATION AND PERSON TO RECEIVE PURCHASE ORDER

NAME:

WEBSITE:

PHONE:

FAX:

E-MAIL:

**SECTION 6 - STRATEGIC SOURCING CONTACT INFO (PERSON TO RECEIVE E-MAIL NOTICE OF BID EVENTS)
THE USER ID & PASSWORD TO COMPLETE STRATEGIC SOURCING REGISTRATION WILL BE SENT TO E-MAIL ADDRESS BELOW.**

NAME::

E-MAIL:

PHONE NUMBER:

SECTION 7 – IS YOUR BUSINESS CURRENTLY CERTIFIED AS? (PLEASE CHECK)

MBE (MINORITY BUSINESS ENTERPRISE) EDGE (ENCOURAGING DIVERSITY, GROWTH, & EQUITY) N/A

SECTION 8 – PAYMENT TERMS (PLEASE CHECK ONE, OTHERWISE NET 30 WILL BE APPLIED BY DEFAULT)

2/10 NET 30 NET 30 NET 45 NET 60 NET 90

SECTION 9 – PURCHASE ORDER DISTRIBUTION-OTHER THAN USPS MAIL (NOTE: APPLICABLE FOR VENDORS THAT RECEIVE PO ONLY (INPUT E-MAIL ADDRESS OR FAX NUMBER BELOW)

E-MAIL OR FAX:

SECTION 10 – PLEASE SIGN AND DATE

PRINT NAME:

DATE:

SIGNATURE:

SECTION 11 – STATE OF OHIO AGENCY CONTACT INFORMATION (AGENCY WHERE GOODS OR SERVICES ARE DELIVERED)

AGENCY NAME: **OHIO DEPARTMENT OF MENTAL HEALTH**

E-MAIL: Lucille.Fuller@mh.ohio.gov

PHONE NUMBER: 614-466-7697

COMMENTS:

Note: This document does contain sensitive information. Sending via non-secure channels, including e-mail and fax can be a potential security risk.

SUBMIT FORM TO:

Mail: Ohio Shared Services
P.O. Box 182880 Cols., OH 43218-2880
Fax: (614) 485-1052
E-mail: vendor@ohio.gov

QUESTIONS? PLEASE CONTACT:

Phone: 1 (877) OHIO-SS1 (1-877-644-6771)
1 (614) 338-4781
E-mail: vendor@ohio.gov

Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification (required): <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶	
	<input type="checkbox"/> Other (see instructions) ▶	
Address (number, street, and apt. or suite no.)		Requester's name and address (optional)
City, state, and ZIP code		
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 the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									
				-			-		

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

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).

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 on page 4.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,
- The U.S. grantor or other owner of a grantor trust and not the trust, and
- The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a “saving clause.” Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.–China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.–China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS a percentage of such payments. This is called “backup withholding.” Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate Instructions for the Requester of Form W-9.

Also see *Special rules for partnerships* on page 1.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account, for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Sole proprietor. Enter your individual name as shown on your income tax return on the “Name” line. You may enter your business, trade, or “doing business as (DBA)” name on the “Business name/disregarded entity name” line.

Partnership, C Corporation, or S Corporation. Enter the entity's name on the “Name” line and any business, trade, or “doing business as (DBA) name” on the “Business name/disregarded entity name” line.

Disregarded entity. Enter the owner's name on the “Name” line. The name of the entity entered on the “Name” line should never be a disregarded entity. The name on the “Name” line must be the name shown on the income tax return on which the income will be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a domestic owner, the domestic owner's name is required to be provided on the “Name” line. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on the “Business name/disregarded entity name” line. If the owner of the disregarded entity is a foreign person, you must complete an appropriate Form W-8.

Note. Check the appropriate box for the federal tax classification of the person whose name is entered on the “Name” line (Individual/sole proprietor, Partnership, C Corporation, S Corporation, Trust/estate).

Limited Liability Company (LLC). If the person identified on the “Name” line is an LLC, check the “Limited liability company” box only and enter the appropriate code for the tax classification in the space provided. If you are an LLC that is treated as a partnership for federal tax purposes, enter “P” for partnership. If you are an LLC that has filed a Form 8832 or a Form 2553 to be taxed as a corporation, enter “C” for C corporation or “S” for S corporation. If you are an LLC that is disregarded as an entity separate from its owner under Regulation section 301.7701-3 (except for employment and excise tax), do not check the LLC box unless the owner of the LLC (required to be identified on the “Name” line) is another LLC that is not disregarded for federal tax purposes. If the LLC is disregarded as an entity separate from its owner, enter the appropriate tax classification of the owner identified on the “Name” line.

Other entities. Enter your business name as shown on required federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name/disregarded entity name" line.

Exempt Payee

If you are exempt from backup withholding, enter your name as described above and check the appropriate box for your status, then check the "Exempt payee" box in the line following the "Business name/disregarded entity name," sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

Note. If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following payees are exempt from backup withholding:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2),
 2. The United States or any of its agencies or instrumentalities,
 3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,
 4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or
 5. An international organization or any of its agencies or instrumentalities.
- Other payees that may be exempt from backup withholding include:
6. A corporation,
 7. A foreign central bank of issue,
 8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,
 9. A futures commission merchant registered with the Commodity Futures Trading Commission,
 10. A real estate investment trust,
 11. An entity registered at all times during the tax year under the Investment Company Act of 1940,
 12. A common trust fund operated by a bank under section 584(a),
 13. A financial institution,
 14. A middleman known in the investment community as a nominee or custodian, or
 15. A trust exempt from tax under section 664 or described in section 4947.

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 15.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 9
Broker transactions	Exempt payees 1 through 5 and 7 through 13. Also, C corporations.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 5
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 7 ²

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney, and payments for services paid by a federal executive agency.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on page 2), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at www.ssa.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/businesses and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting IRS.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, below, and items 4 and 5 on page 4 indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on the "Name" line must sign. Exempt payees, see *Exempt Payee* on page 3.

Signature requirements. Complete the certification as indicated in items 1 through 3, below, and items 4 and 5 on page 4.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee ¹ The actual owner ¹
5. Sole proprietorship or disregarded entity owned by an individual	The owner ³
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulation section 1.671-4(b)(2)(i)(A))	The grantor*
For this type of account:	Give name and EIN of:
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity ⁴
9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulation section 1.671-4(b)(2)(i)(B))	The trust

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or "DBA" name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 1.

*Note. Grantor also must provide a Form W-9 to trustee of trust.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, social security number (SSN), or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes.

Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: spam@uce.gov or contact them at www.ftc.gov/idtheft or 1-877-IDTHEFT (1-877-438-4338).

Visit IRS.gov to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.