AL ADMH Transition Paperwork Training

Documents required to be completed to enroll with Acumen Fiscal Agent!

Welcome to Acumen!

Thank you for joining the Acumen Family!

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DIRECT CARE INNOVATIONS

Acumen powered by DCI

Helping create a positive, long-lasting impact on people's lives.

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OUR MISSION

Acumen Fiscal Agent facilitates freedom, choice and opportunity through innovative fiscal agent solutions.

Using Microsoft Teams

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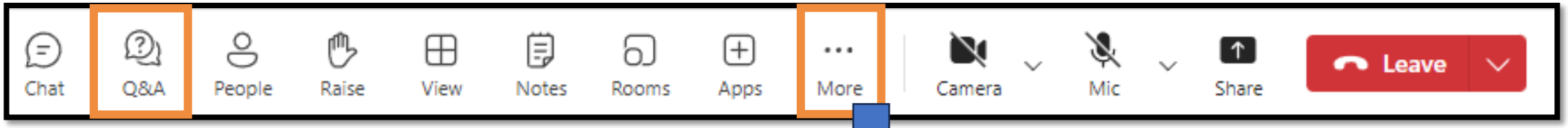
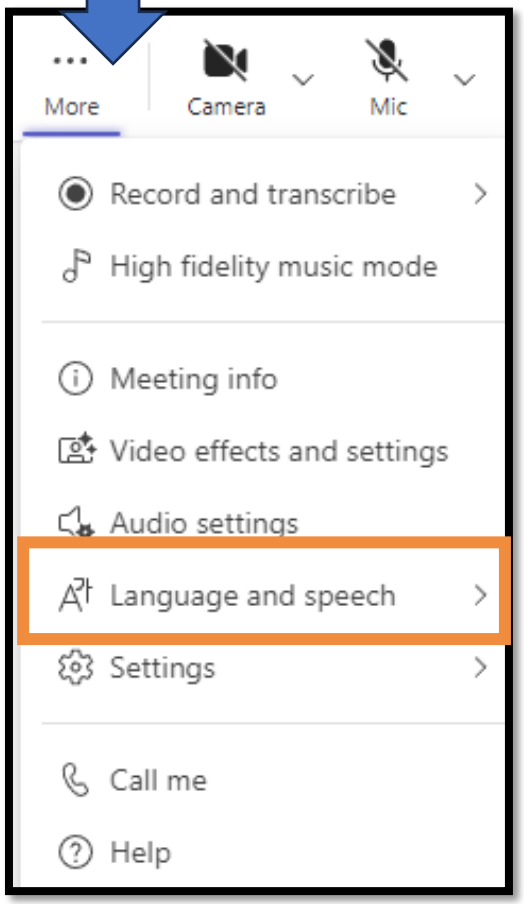
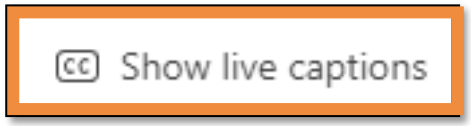


- Ensure both the Camera & the Mic are disabled (as pictured above with a line through them)
- Today we will not be using the Chat (disabled) or Raise hand features
- Click the **Q&A** button to type & send your question during the meeting



- To enable closed captioning:
  - ✓ Click the **More** button (three dots)
  - ✓ Select **Language and speech**
  - ✓ Click **Show live captions**



- OR press **ALT+Shift+C** on your keyboard

Using the Q&A button

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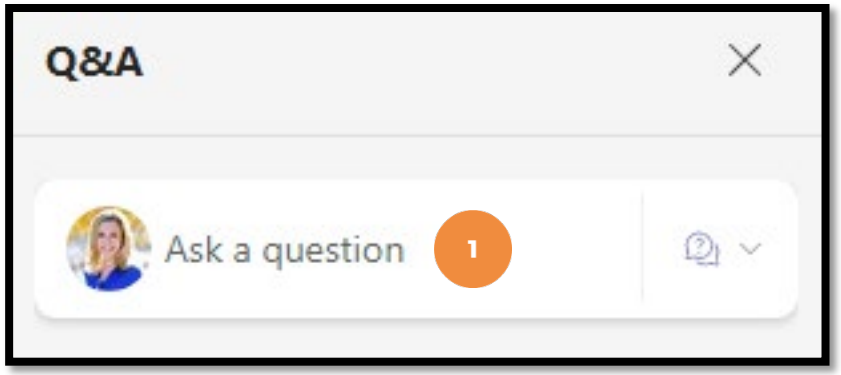
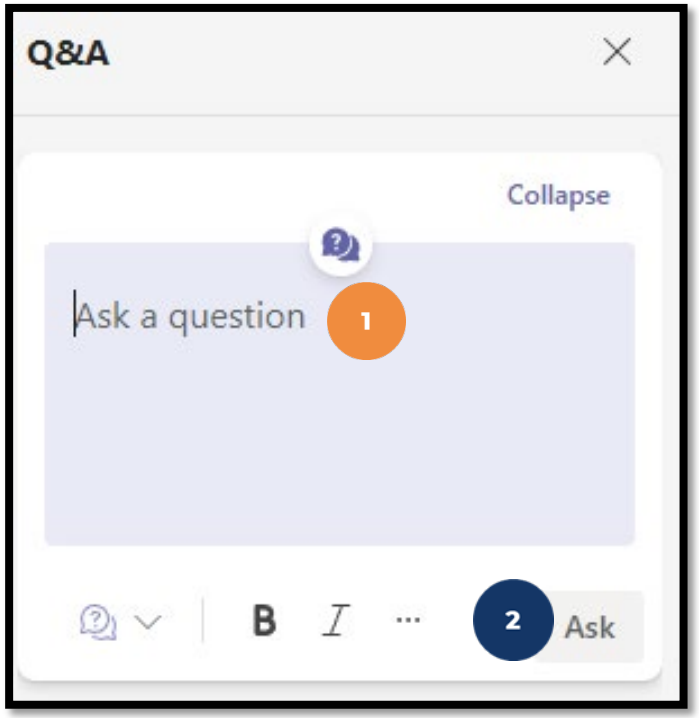
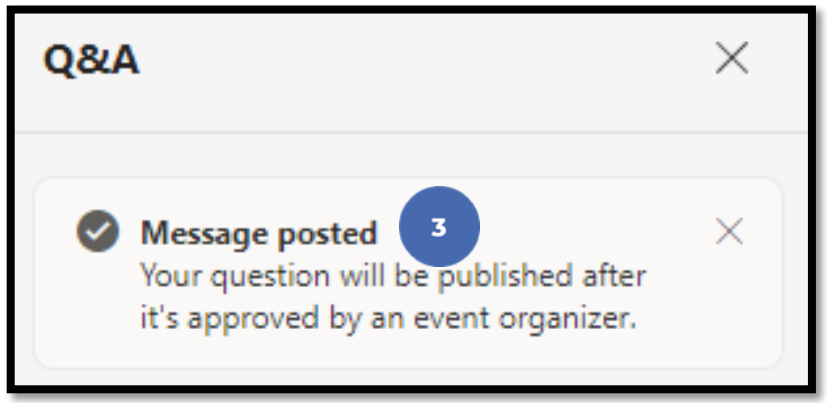
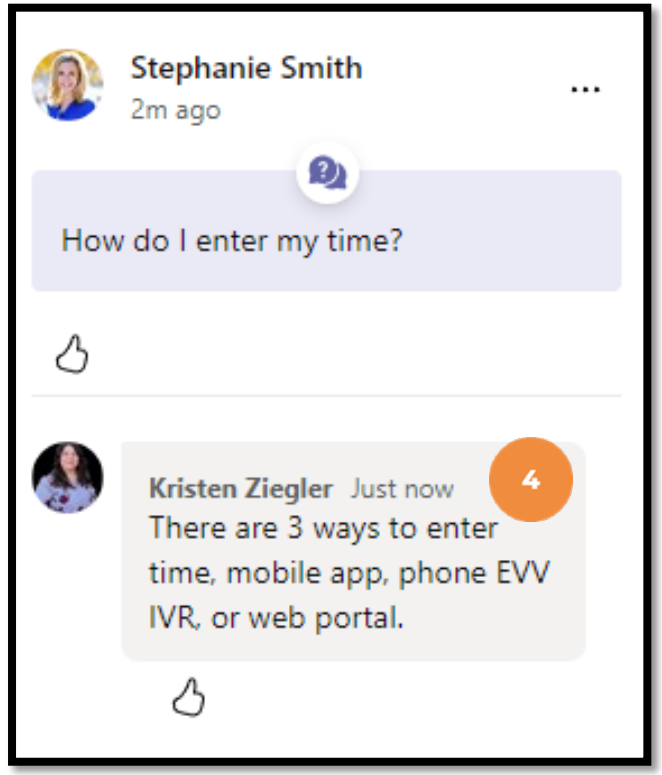


1. After clicking the Q&A button, **type your question** in the Ask a question field
   - ❖ <u>Please do not include any confidential information</u> or the question cannot be published & answered
2. Click the **Ask** button
3. Message posted displays





4. Moderators review, approve & post your question



Agenda

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Review	Transition Referral Form
Review	Transition Packet & Docusign
Review	Transition Employer Paperwork
Review	Q/A Session

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ADMH Transition Referral Form

What to Complete

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- **I have 1-2 Employees**
- ADMH Transition Referral Form
- **I have 3 or more Employees:**
- ADMH Transition Referral Form
- ADMH Transition Additional Employee Referral Form (For each employee past the first two)

ADMH TRANSITION REFERRAL FORM

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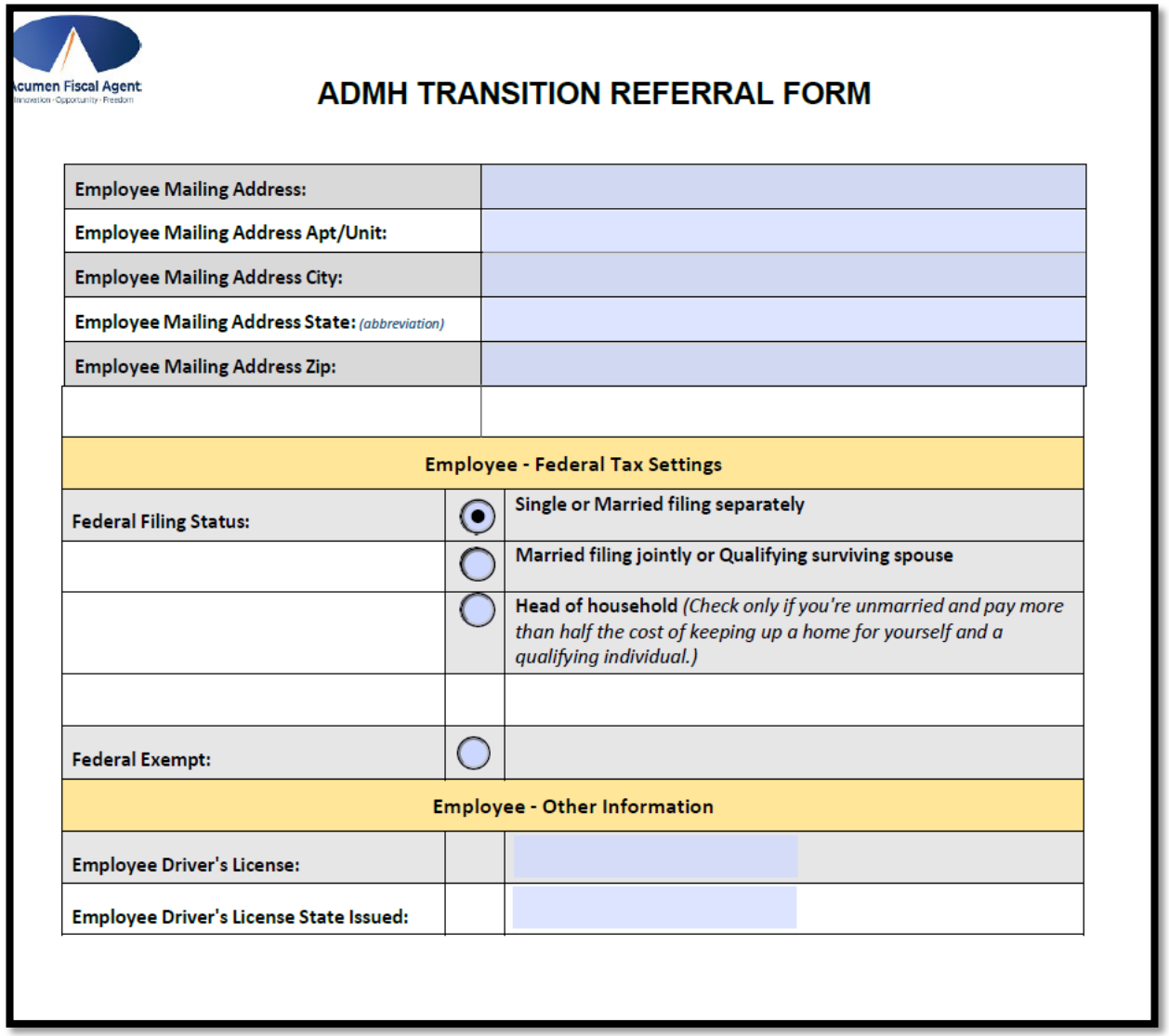
- Employee Mailing Information is at the top, Employee Tax Settings at the bottom
- Federal Filling Status
- Federal Exempt?
- Employee's Driver License
- Employee's Driver License State Issued



ADMH TRANSITION REFERRAL FORM

Employee Mailing Address:		
Employee Mailing Address Apt/Unit:		
Employee Mailing Address City:		
Employee Mailing Address State: *(abbreviation)*		
Employee Mailing Address Zip:		
Employee - Federal Tax Settings		
Federal Filing Status:	◉	Single or Married filing separately
	○	Married filing jointly or Qualifying surviving spouse
	○	Head of household *(Check only if you're unmarried and pay more than half the cost of keeping up a home for yourself and a qualifying individual.)*
Federal Exempt:	○	
Employee - Other Information		
Employee Driver's License:		
Employee Driver's License State Issued:		

ADMH TRANSITION REFERRAL FORM

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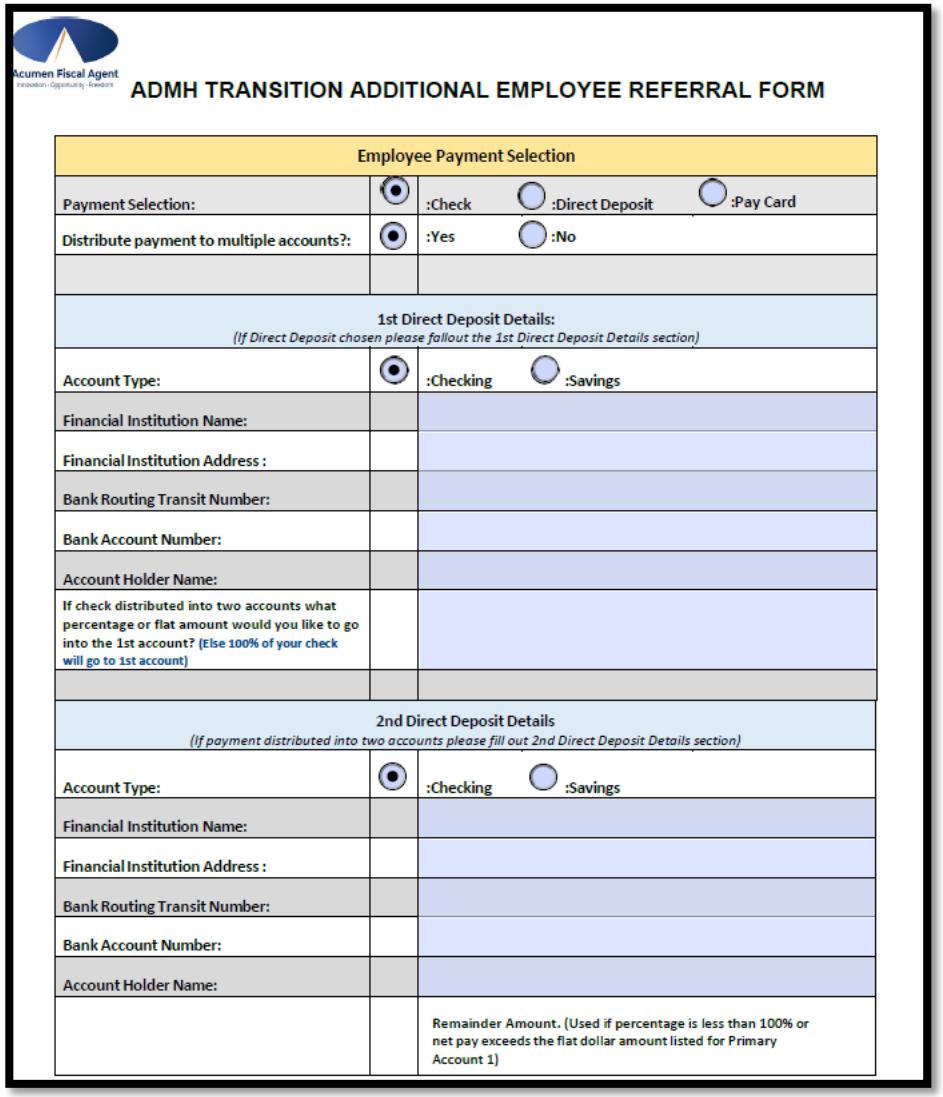
How Employee selects to be paid!

1. **Direct Deposit**
   - Complete the remaining sections for Account details
   - Must also supply a bank letter or voided check
   - Can select more than one bank account
2. **Paycard** (Cannot be sent to a PO Box)



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ADMH TRANSITION ADDITIONAL EMPLOYEE REFERRAL FORM

Employee Payment Selection		
Payment Selection:	◉	:Check ○ :Direct Deposit ○ :Pay Card
Distribute payment to multiple accounts?:	◉	:Yes ○ :No
1st Direct Deposit Details: *(If Direct Deposit chosen please fallout the 1st Direct Deposit Details section)*		
Account Type:	◉	:Checking ○ :Savings
Financial Institution Name:		
Financial Institution Address :		
Bank Routing Transit Number:		
Bank Account Number:		
Account Holder Name:		
If check distributed into two accounts what percentage or flat amount would you like to go into the 1st account? (Else 100% of your check will go to 1st account)		
2nd Direct Deposit Details *(If payment distributed into two accounts please fill out 2nd Direct Deposit Details section)*		
Account Type:	◉	:Checking ○ :Savings
Financial Institution Name:		
Financial Institution Address :		
Bank Routing Transit Number:		
Bank Account Number:		
Account Holder Name:		
		Remainder Amount. (Used if percentage is less than 100% or net pay exceeds the flat dollar amount listed for Primary Account 1)

ADMH TRANSITION REFERRAL FORM

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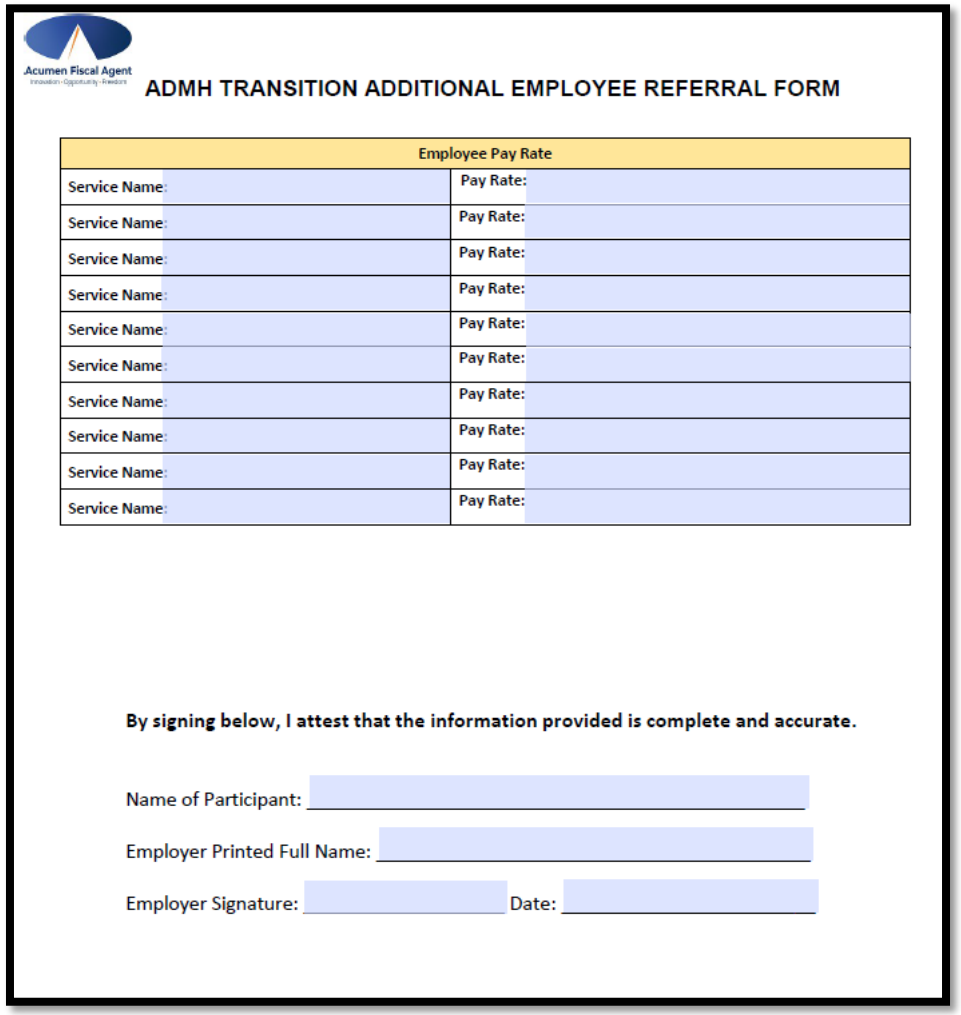
Service Name and the Additional Employee Pay Rate

- List each service name approved and the hourly payrate for each service code
- Payrate must be listed in numerical format (20.00), cannot write “max amount”
- Complete and sign bottom section



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ADMH TRANSITION ADDITIONAL EMPLOYEE REFERRAL FORM

Employee Pay Rate	
Service Name:	Pay Rate:
Service Name:	Pay Rate:
Service Name:	Pay Rate:
Service Name:	Pay Rate:
Service Name:	Pay Rate:
Service Name:	Pay Rate:
Service Name:	Pay Rate:
Service Name:	Pay Rate:
Service Name:	Pay Rate:
Service Name:	Pay Rate:

By signing below, I attest that the information provided is complete and accurate.

Name of Participant: _____

Employer Printed Full Name: _____

Employer Signature: _____ Date: _____

When to Complete

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Turn in your paperwork as soon as possible.

To avoid delays, please submit the Referral Form by **Monday**, **November 3, 2025.**

The deadline to submit your Transition Packet: **Docusign Documents** and **Notarized DOL POA** is **November 21, 2025.**

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ADMH Transition Packet & Docusign

Transition Packet & DocuSign

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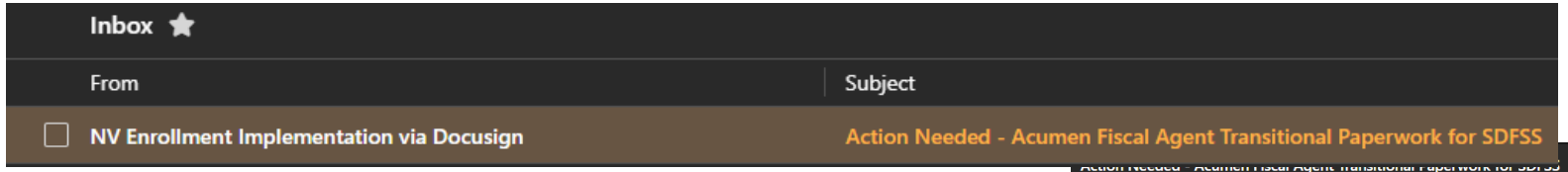
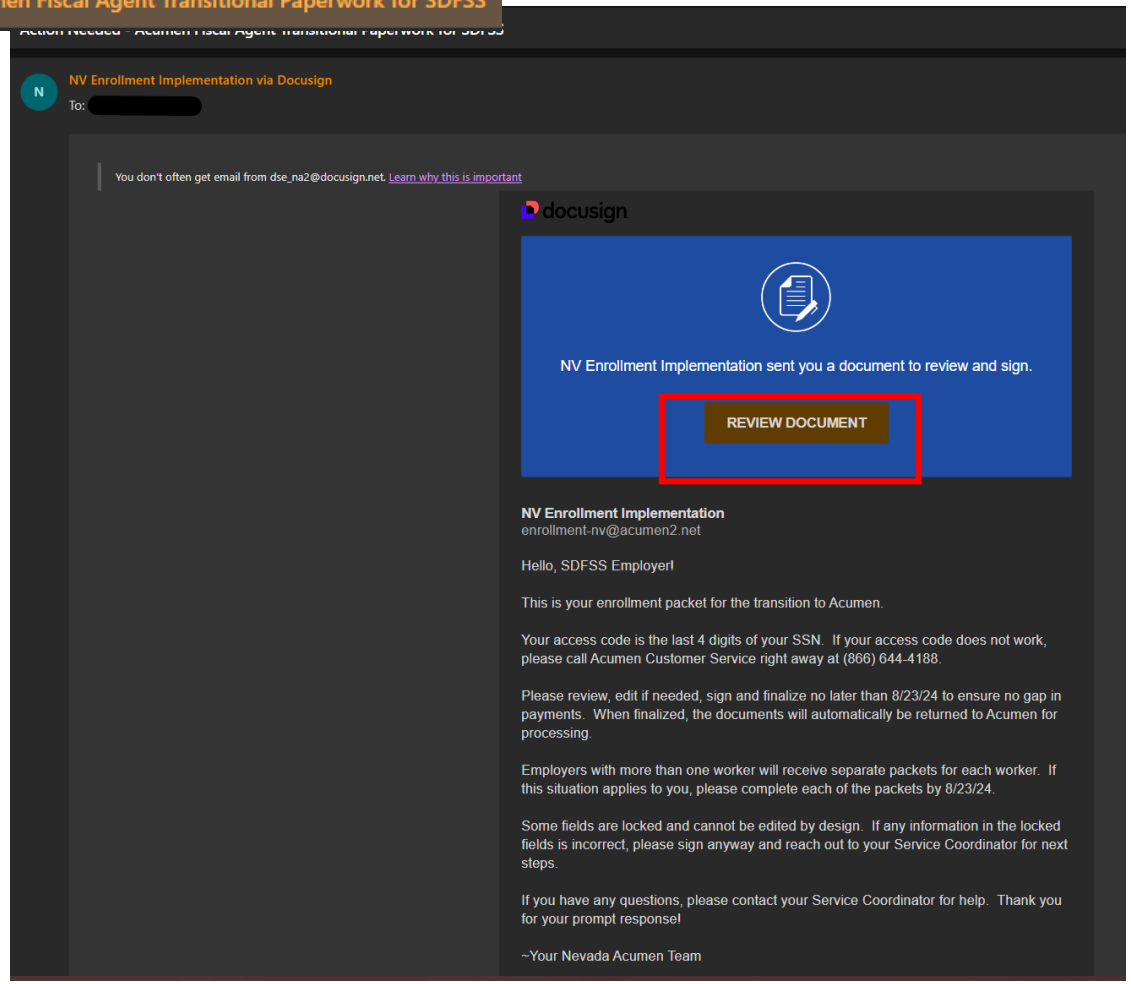


- Packets will be sent via Docusign
- Be sure to check both junk and spam folders if unable to locate the email in your inbox
- Click the **Review Document** button to get started



Transition Packet & DocuSign

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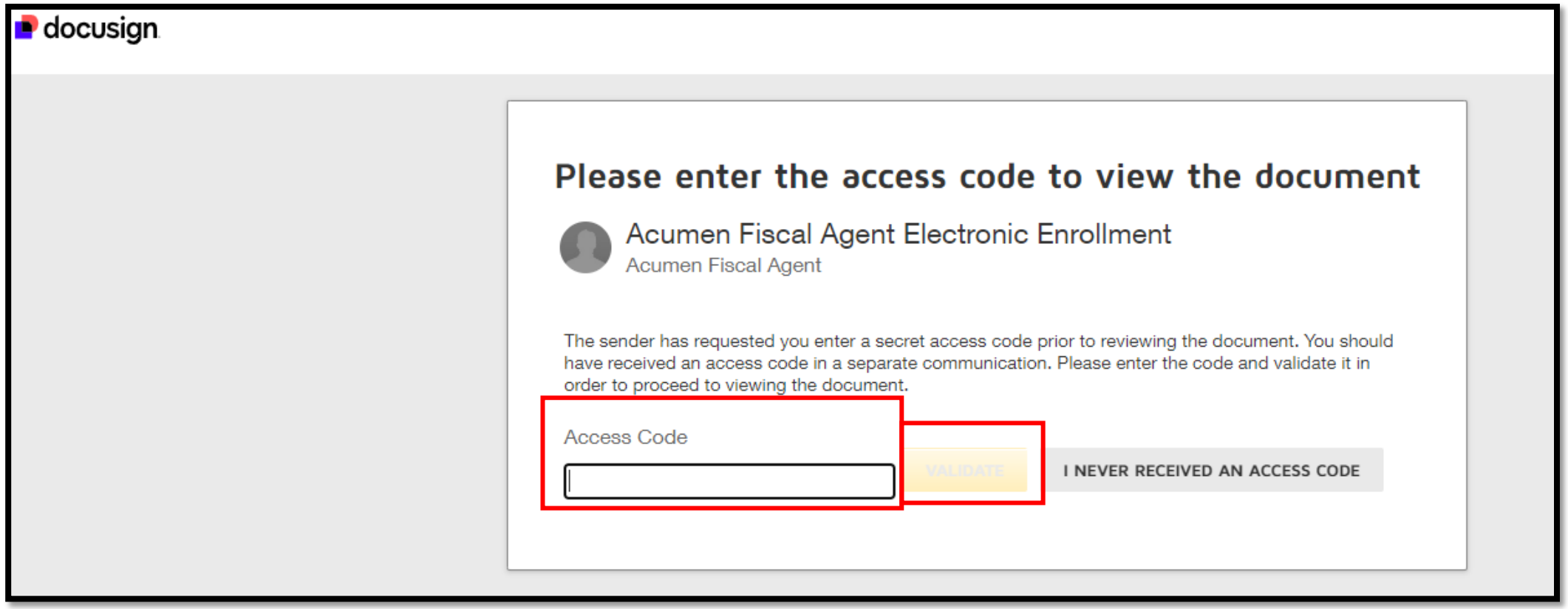
- Enter the last four digits of the employer's social security number in the Access Code field
  - ➢ Packets were sent to employers
- Click **Validate** to get started



DocuSign Signature

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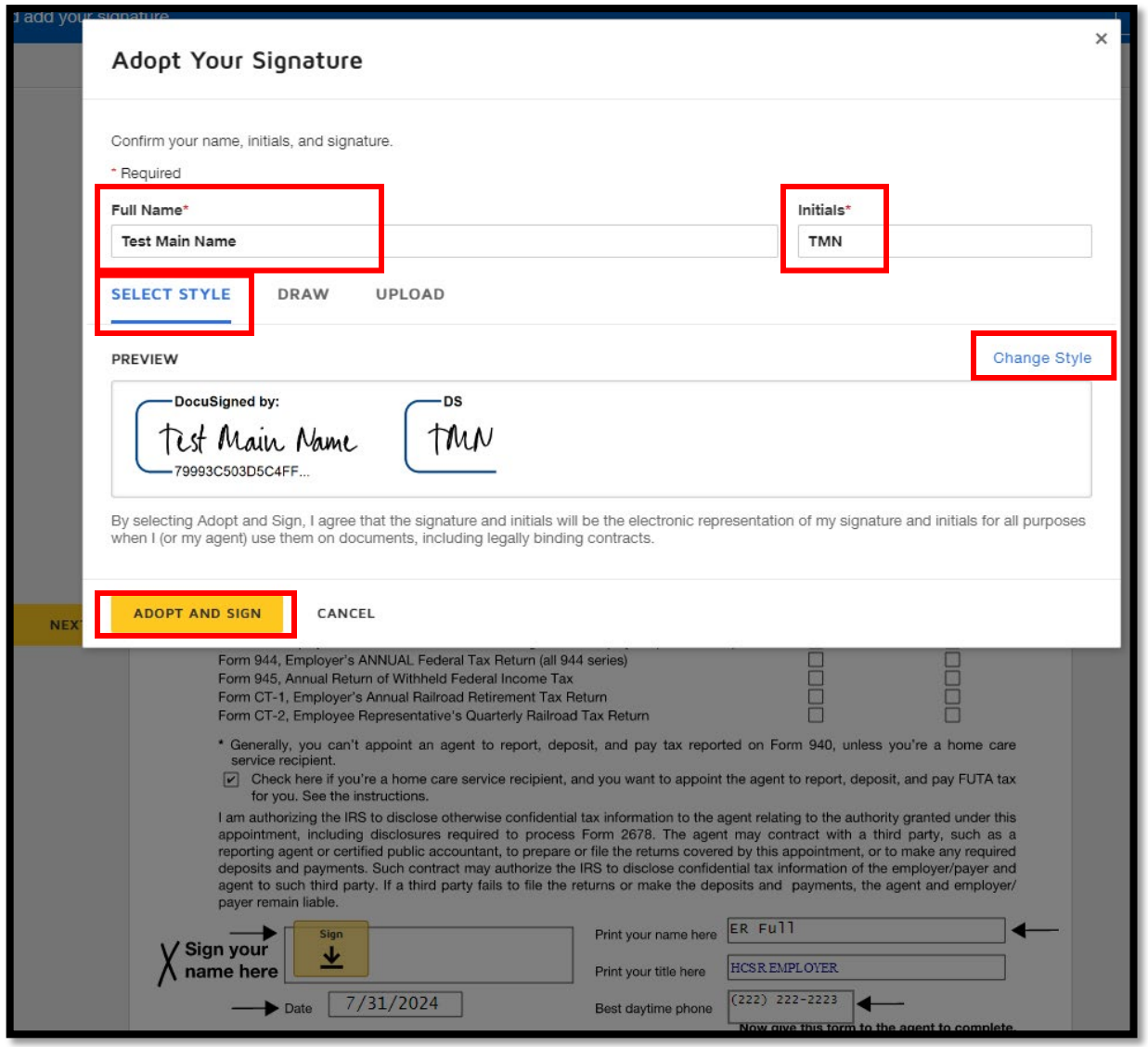
There are three options to add a signature in DocuSign:

1. Select a signature style OR
2. Draw your own signature OR
3. Upload an image of your signature

- To select a signature style provided by DocuSign (option 1):
  - ✓ Click the **Select Style** tab
  - ✓ Confirm your full name
  - ✓ Confirm your initials
  - ✓ Optionally, click the **Change Style** link.
  - ✓ Choose a style
  - ✓ Click the yellow **Adopt and Sign** button



DocuSign Signature

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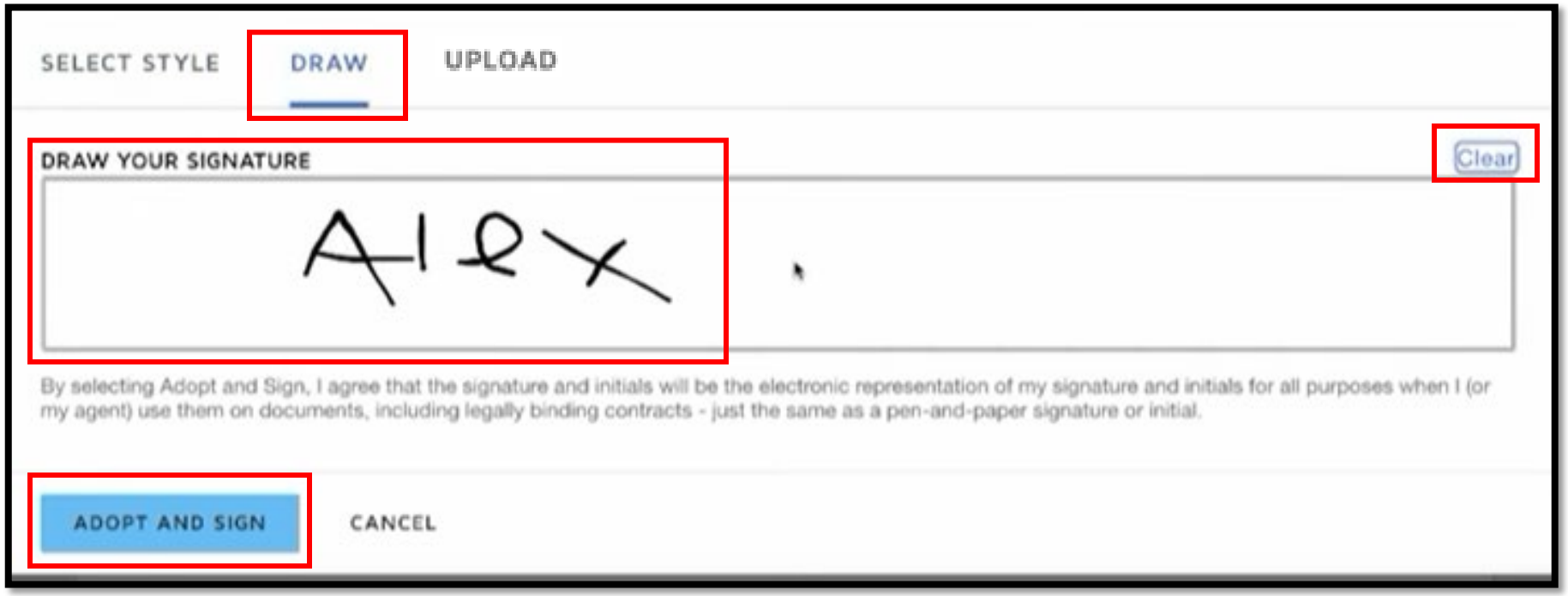
- To draw your own signature (option 2), you must have a touchscreen device:
  - ✓ Click the **Draw** tab
  - ✓ Draw your signature in the provided space
  - ✓ Optionally, click the **Clear** link to erase and start over.
  - ✓ Click the blue **Adopt and Sign** button



DocuSign Signature

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- To upload an image of your signature (option 3), the signature image must be 400 x 145 pixels for best results:
  - ✓ Click the **Upload** tab
  - ✓ Click the **Upload Your Signature** button
  - ✓ Select the image of your signature that is saved on your device
  - ✓ Click the yellow **Adopt and Sign** button

Transition Packet & DocuSign

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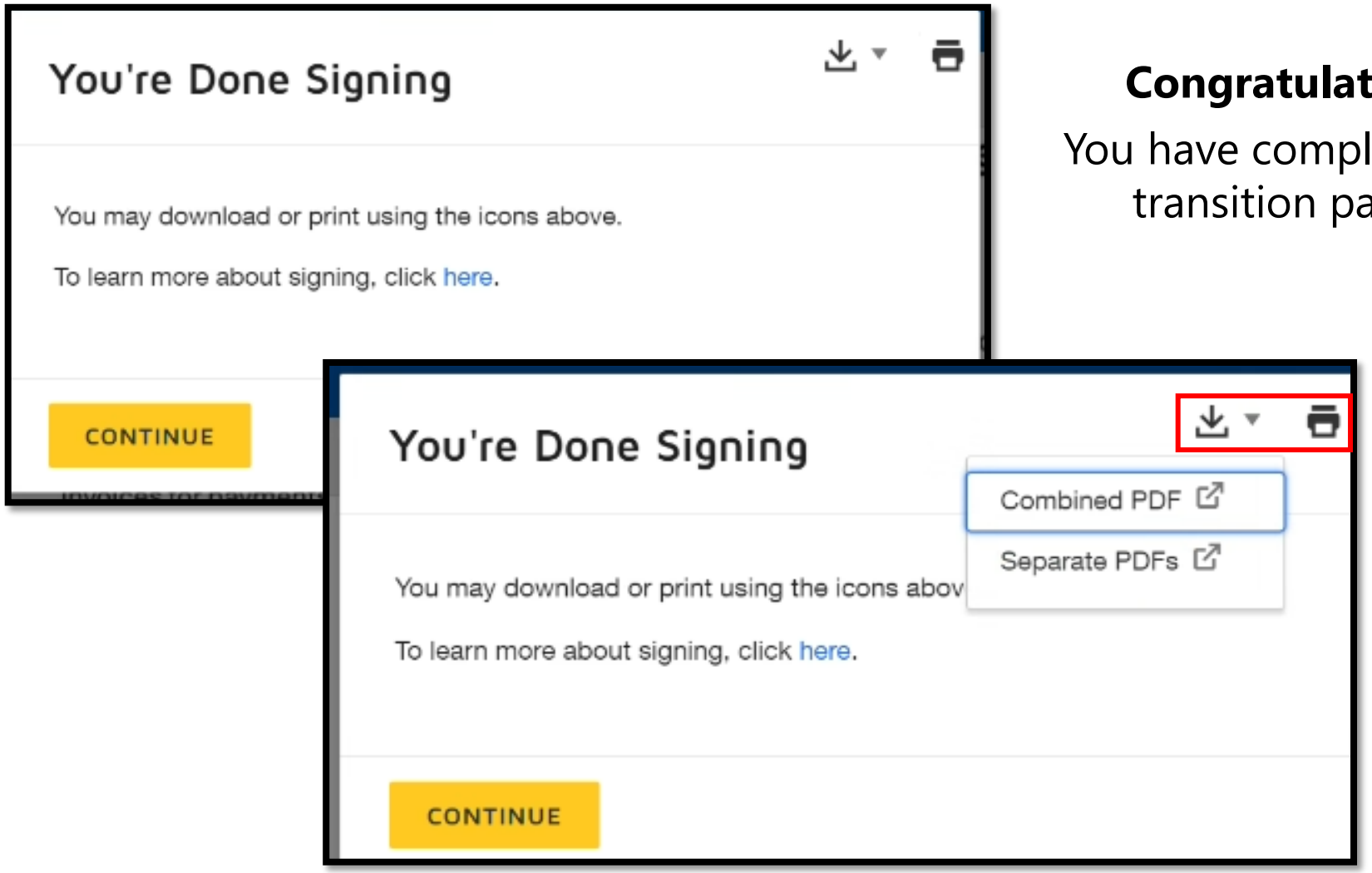

Congratulations!

You have completed the transition packet.

- Optionally, click the **download icon** to download as a combined PDF or as separate PDFs, or click the **printer icon** to print.
- Click the yellow **Continue** button to proceed

Transition Packet & DocuSign

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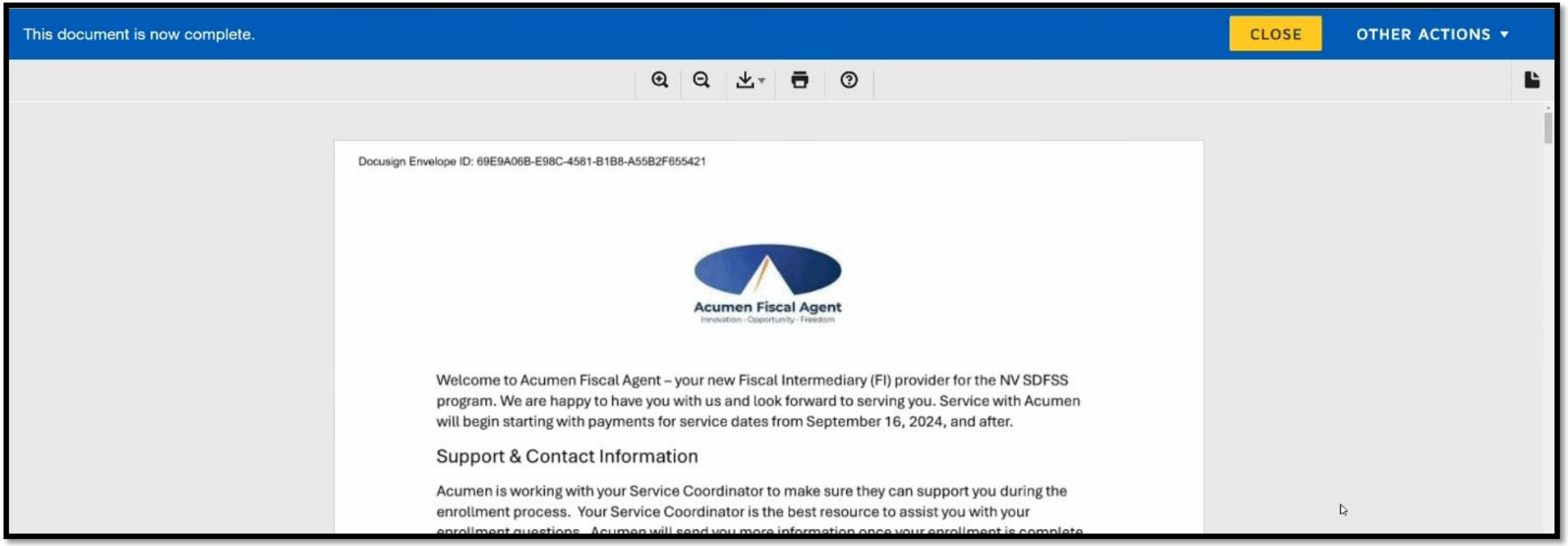
- Click the yellow **Close** button to exit the completed document



Transition Packet & DocuSign

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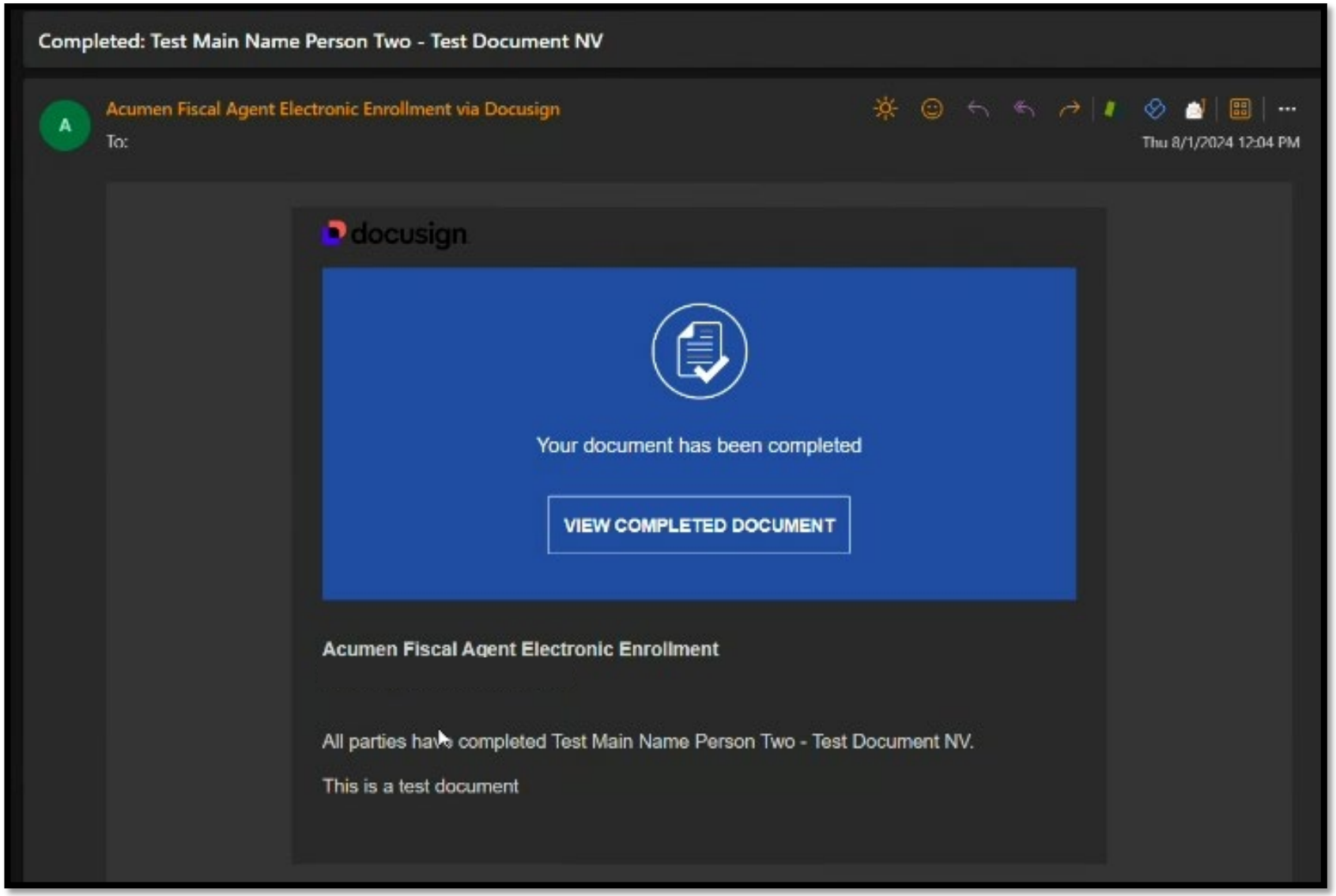
- ER's will receive a confirmation email from enrollment@acumen2.net with a link allowing them to view their completed document



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ADMH Transition Employer paperwork

Employer Cover Page

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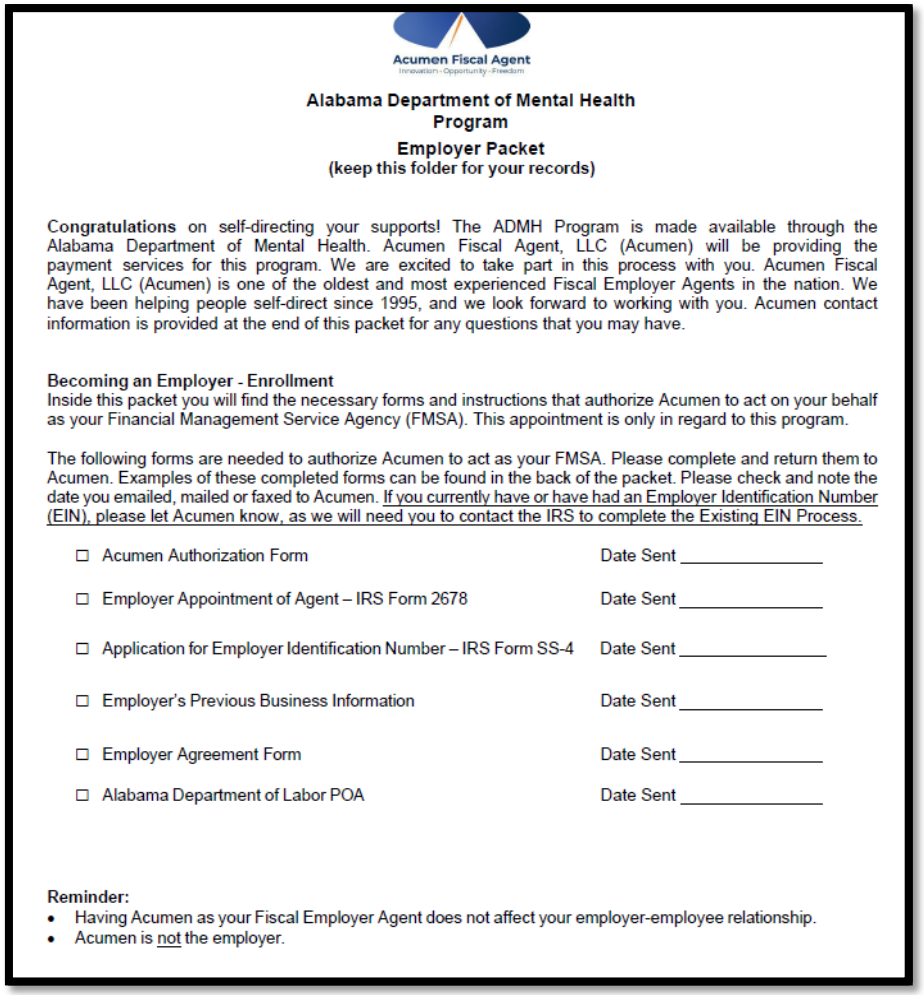
- This is a checklist for the Employer to keep track of documents relating to becoming an Employer of Record.



Acumen Fiscal Agent

Alabama Department of Mental Health Program

Employer Packet
(keep this folder for your records)

Congratulations on self-directing your supports! The ADMH Program is made available through the Alabama Department of Mental Health. Acumen Fiscal Agent, LLC (Acumen) will be providing the payment services for this program. We are excited to take part in this process with you. Acumen Fiscal Agent, LLC (Acumen) is one of the oldest and most experienced Fiscal Employer Agents in the nation. We have been helping people self-direct since 1995, and we look forward to working with you. Acumen contact information is provided at the end of this packet for any questions that you may have.

Becoming an Employer - Enrollment
Inside this packet you will find the necessary forms and instructions that authorize Acumen to act on your behalf as your Financial Management Service Agency (FMSA). This appointment is only in regard to this program.

The following forms are needed to authorize Acumen to act as your FMSA. Please complete and return them to Acumen. Examples of these completed forms can be found in the back of the packet. Please check and note the date you emailed, mailed or faxed to Acumen. If you currently have or have had an Employer Identification Number (EIN), please let Acumen know, as we will need you to contact the IRS to complete the Existing EIN Process.

- ☐ Acumen Authorization Form — Date Sent _____
- ☐ Employer Appointment of Agent – IRS Form 2678 — Date Sent _____
- ☐ Application for Employer Identification Number – IRS Form SS-4 — Date Sent _____
- ☐ Employer's Previous Business Information — Date Sent _____
- ☐ Employer Agreement Form — Date Sent _____
- ☐ Alabama Department of Labor POA — Date Sent _____

Reminder:
- Having Acumen as your Fiscal Employer Agent does not affect your employer-employee relationship.
- Acumen is not the employer.

No Signature Needed

Acumen Authorization Form

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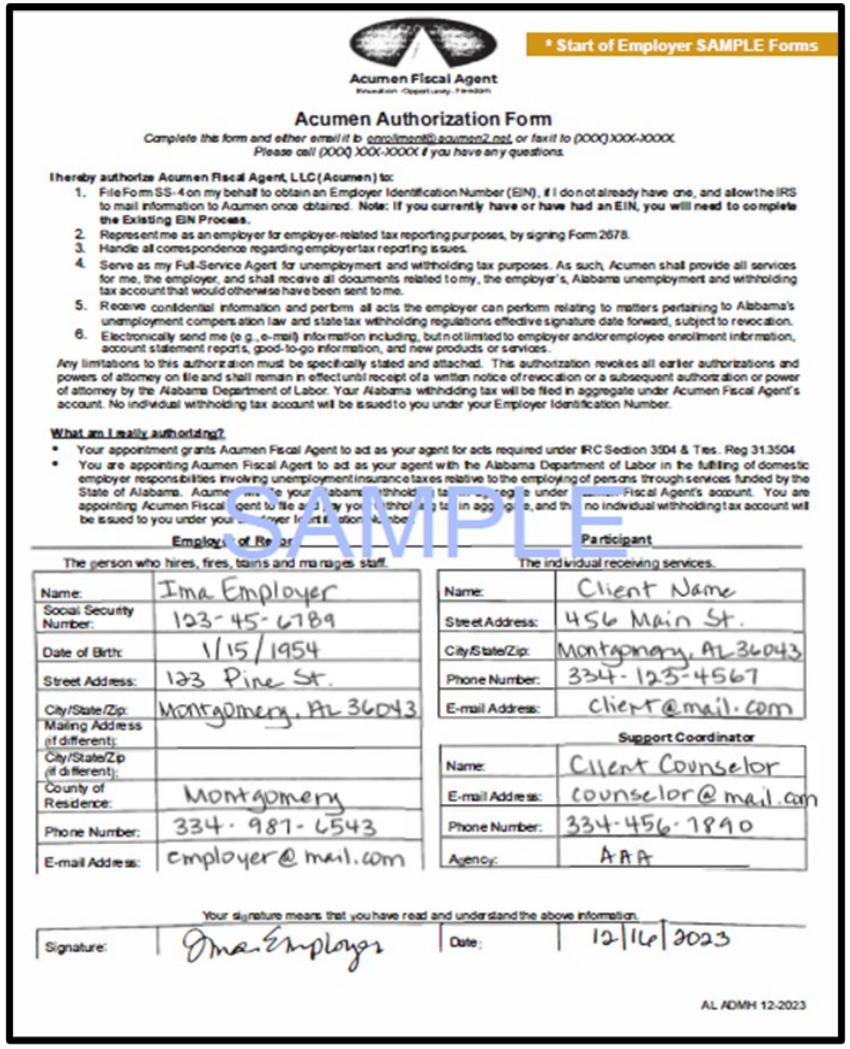
- Completed and signed by the Employer.
- Provides high level outline of Fiscal Agent duties.
- Collects demographic information.

Note: Employer and Client may be the same person in some instances.



* Start of Employer SAMPLE Forms

Acumen Fiscal Agent

Acumen Authorization Form

Complete this form and either email it to enrollment@acumen2.net, or fax it to (XXX) XXX-XXXX
Please call (XXX) XXX-XXXX if you have any questions.

I hereby authorize Acumen Fiscal Agent, LLC (Acumen) to:

1. File Form SS-4 on my behalf to obtain an Employer Identification Number (EIN), if I do not already have one, and allow the IRS to mail information to Acumen once obtained. **Note: If you currently have or have had an EIN, you will need to complete the Existing EIN Process.**
2. Represent me as an employer for employer-related tax reporting purposes, by signing Form 2678.
3. Handle all correspondence regarding employer tax reporting issues.
4. Serve as my Full-Service Agent for unemployment and withholding tax purposes. As such, Acumen shall provide all services for me, the employer, and shall receive all documents related to my, the employer's, Alabama unemployment and withholding tax account that would otherwise have been sent to me.
5. Receive confidential information and perform all acts the employer can perform relating to matters pertaining to Alabama's unemployment compensation law and state tax withholding regulations effective signature date forward, subject to revocation.
6. Electronically send me (e.g., e-mail) information including, but not limited to employer and/or employee enrollment information, account statement reports, good-to-go information, and new products or services.

Any limitations to this authorization must be specifically stated and attached. This authorization revokes all earlier authorizations and powers of attorney on file and shall remain in effect until receipt of a written notice of revocation or a subsequent authorization or power of attorney by the Alabama Department of Labor. Your Alabama withholding tax will be filed in aggregate under Acumen Fiscal Agent's account. No individual withholding tax account will be issued to you under your Employer Identification Number.

What am I really authorizing?

- Your appointment grants Acumen Fiscal Agent to act as your agent for acts required under IRC Section 3504 & Tres. Reg 31.3504
- You are appointing Acumen Fiscal Agent to act as your agent with the Alabama Department of Labor in the fulfilling of domestic employer responsibilities involving unemployment insurance taxes relative to the employing of persons through services funded by the State of Alabama. Acume… your …abama …ithhol… …ta… …reg…s under … Fiscal Agent's account. You are appointing Acumen Fiscal …gent to file a… …y yo… …thol… …ta… in agg…e, and th… no individual withholding tax account will be issued to you under your …ployer I…t…ation …mbe…

SAMPLE

Employer of Record		Participant	
The person who hires, fires, trains and manages staff.		The individual receiving services.	
Name:	Ima Employer	Name:	Client Name
Social Security Number:	123-45-6789	Street Address:	456 Main St.
Date of Birth:	1/15/1954	City/State/Zip:	Montgomery, AL 36043
Street Address:	123 Pine St.	Phone Number:	334-123-4567
City/State/Zip:	Montgomery, AL 36043	E-mail Address:	client@mail.com
Mailing Address (if different):		**Support Coordinator**	
City/State/Zip (if different):		Name:	Client Counselor
County of Residence:	Montgomery	E-mail Address:	counselor@mail.com
Phone Number:	334-987-6543	Phone Number:	334-456-7890
E-mail Address:	employer@mail.com	Agency:	AAA

Your signature means that you have read and understand the above information.

Signature:	Ima Employer	Date:	12/16/2023

AL ADMH 12-2023

Electronic Signature Accepted

Form 2678

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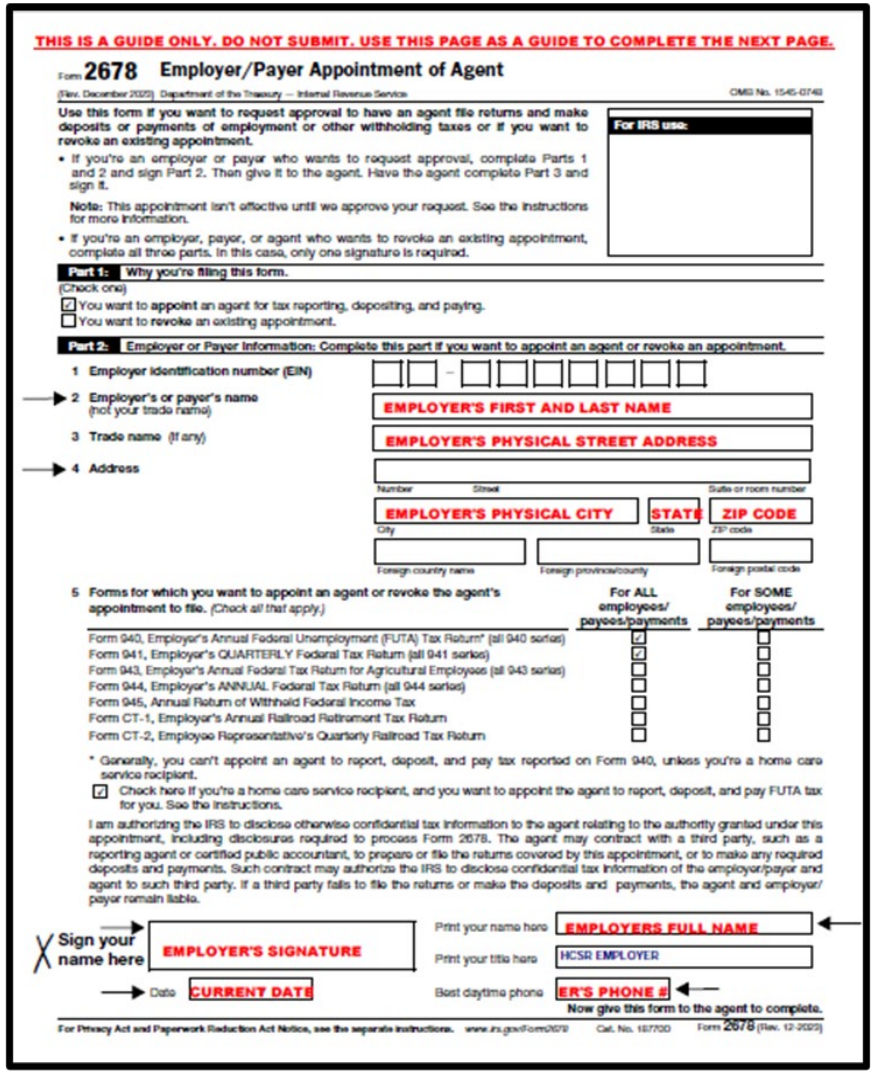
Form 2678 – Appointment of Agent

- Appoints Acumen as Fiscal Agent with IRS.
- Sections with Red text are required.
- Phone number must have all 10 digits or IRS may reject the form.

Electronic Signature Accepted

docusign



THIS IS A GUIDE ONLY. DO NOT SUBMIT. USE THIS PAGE AS A GUIDE TO COMPLETE THE NEXT PAGE.

Form **2678** Employer/Payer Appointment of Agent

(Rev. December 2023) Department of the Treasury — Internal Revenue Service — OMB No. 1545-0746

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're 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.

  Note: This appointment isn't effective until we approve your request. See the instructions for more information.
- If you're an employer, payer, or agent who wants to revoke an existing appointment, complete all three parts. In this case, only one signature is required.

For IRS use:

Part 1: Why you're filing this form.

(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) — EMPLOYER'S FIRST AND LAST NAME

3 Trade name (if any) — EMPLOYER'S PHYSICAL STREET ADDRESS

4 Address — Number / Street / Suite or room number

EMPLOYER'S PHYSICAL CITY / STATE / ZIP CODE
City / State / ZIP code

Foreign country name / Foreign province/county / 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, Employer's Annual Federal Unemployment (FUTA) Tax Return* (all 940 series)	☑	☐
Form 941, Employer's QUARTERLY Federal Tax Return (all 941 series)	☑	☐
Form 943, Employer's Annual Federal Tax Return for Agricultural Employees (all 943 series)	☐	☐
Form 944, Employer's ANNUAL Federal Tax Return (all 944 series)	☐	☐
Form 945, Annual Return of Withheld Federal Income Tax	☐	☐
Form CT-1, Employer's Annual Railroad Retirement Tax Return	☐	☐
Form CT-2, Employee Representative's Quarterly Railroad Tax Return	☐	☐

* Generally, you can't appoint an agent to report, deposit, and pay tax reported on Form 940, unless you're a home care service recipient.

☑ Check here if you're 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 — EMPLOYER'S SIGNATURE — Print your name here: EMPLOYERS FULL NAME

Print your title here: HCSR EMPLOYER

Date: CURRENT DATE — Best daytime phone: ER'S PHONE #

Now give this form to the agent to complete.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. www.irs.gov/Form2678 Cat. No. 157700 Form **2678** (Rev. 12-2023)

Form SS-4

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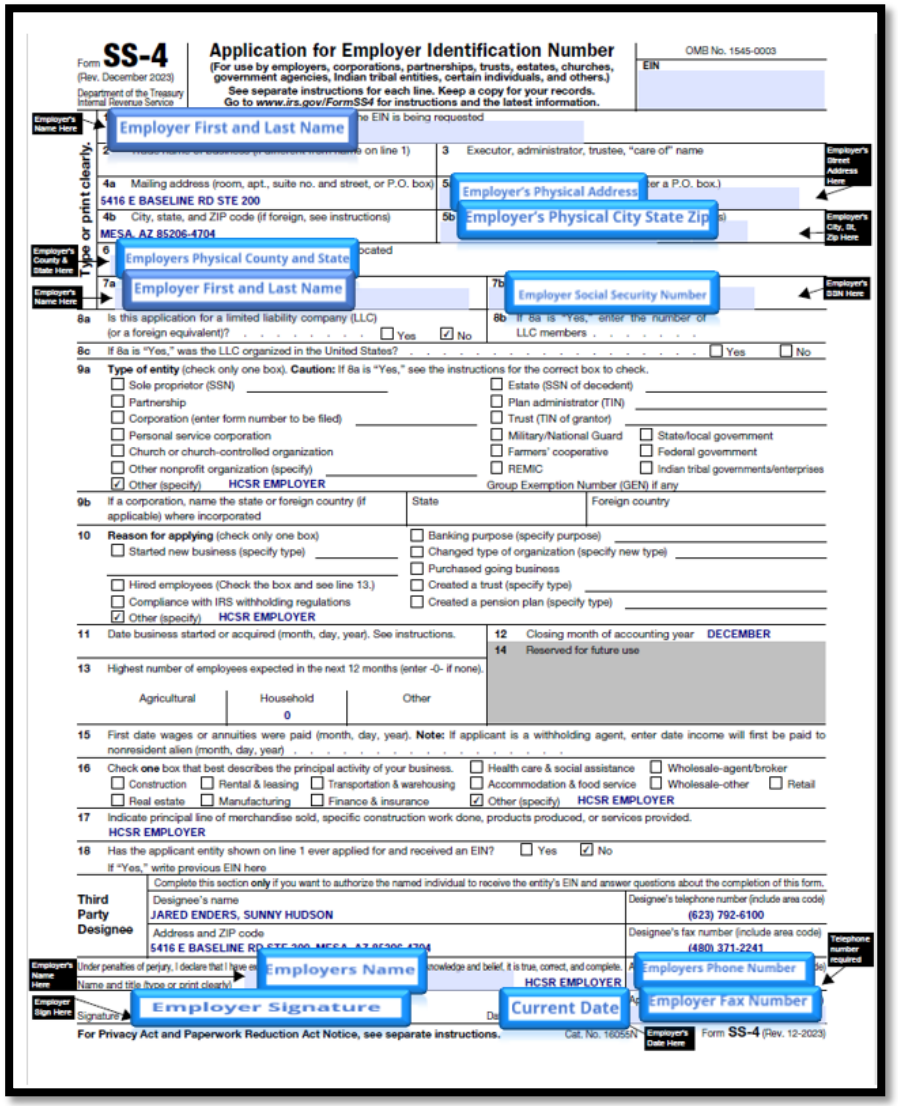
Form SS-4 – Application for EIN

- Application for Federal Employer Identification Number
- Sections with blue text are required.
- Employer will sign and date this form.



Electronic Signature Accepted

docusign

Employer's Previous Business Information

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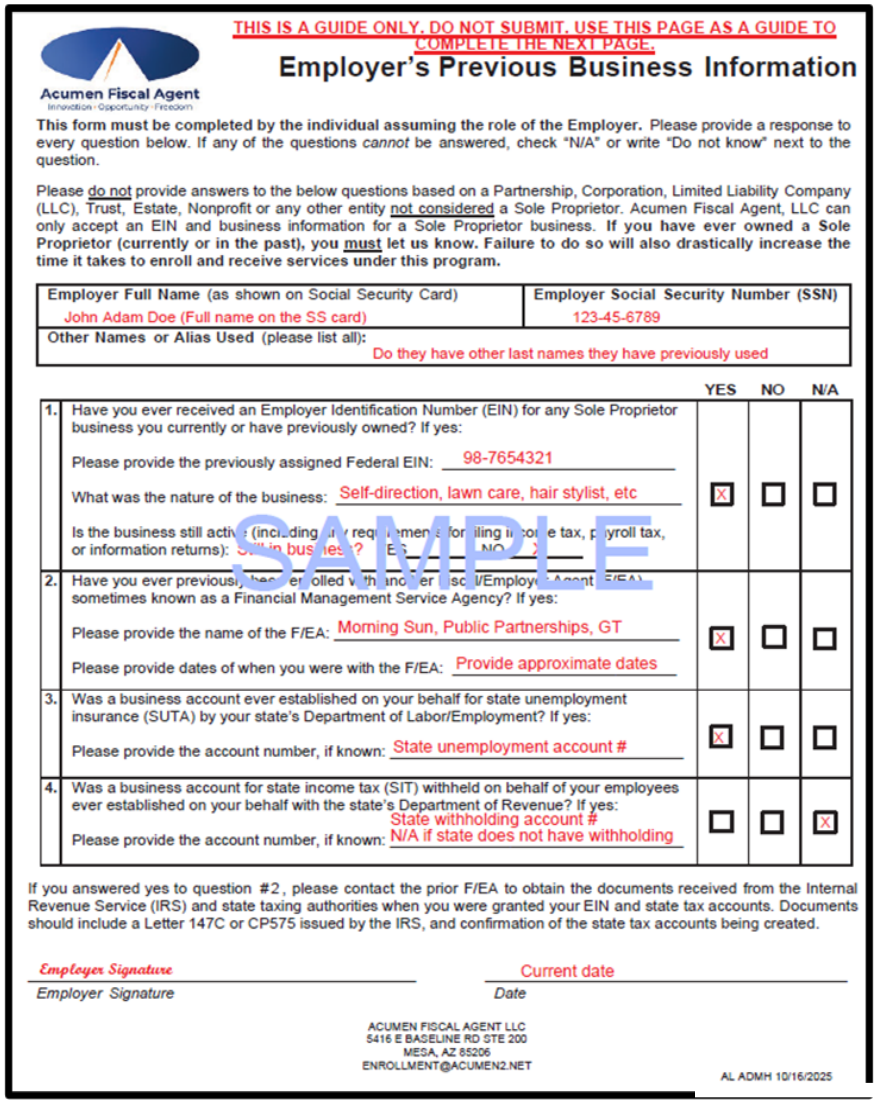
Employer's Previous Business Information form

- Employer will sign and date this form.
- The purpose of this is to alert Acumen of any preexisting EIN/FEIN assigned to the Employer by the IRS prior to this enrollment.
- Employer signs and dates

Electronic Signature Accepted

docusign



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Employer's Previous Business Information

This form must be completed by the individual assuming the role of the Employer. Please provide a response to every question below. If any of the questions *cannot* be answered, check "N/A" or write "Do not know" next to the question.

Please do not provide answers to the below questions based on a Partnership, Corporation, Limited Liability Company (LLC), Trust, Estate, Nonprofit or any other entity not considered a Sole Proprietor. Acumen Fiscal Agent, LLC can only accept an EIN and business information for a Sole Proprietor business. **If you have ever owned a Sole Proprietor (currently or in the past), you must let us know. Failure to do so will also drastically increase the time it takes to enroll and receive services under this program.**

Employer Full Name (as shown on Social Security Card)	Employer Social Security Number (SSN)
John Adam Doe (Full name on the SS card)	123-45-6789
Other Names or Alias Used (please list all): Do they have other last names they have previously used	

		YES	NO	N/A
1.	Have you ever received an Employer Identification Number (EIN) for any Sole Proprietor business you currently or have previously owned? If yes: Please provide the previously assigned Federal EIN: 98-7654321 What was the nature of the business: Self-direction, lawn care, hair stylist, etc Is the business still acti (incl ding r req emen for iling i ome tax, p yroll tax, or information returns): S ill in bus ess? E NO	X		
2.	Have you ever previousl hee er olled w th ano er isc l/Employe Agent F/EA) sometimes known as a Financial Management Service Agency? If yes: Please provide the name of the F/EA: Morning Sun, Public Partnerships, GT Please provide dates of when you were with the F/EA: Provide approximate dates	X		
3.	Was a business account ever established on your behalf for state unemployment insurance (SUTA) by your state's Department of Labor/Employment? If yes: Please provide the account number, if known: State unemployment account #	X		
4.	Was a business account for state income tax (SIT) withheld on behalf of your employees ever established on your behalf with the state's Department of Revenue? If yes: Please provide the account number, if known: State withholding account # N/A if state does not have withholding			X

If you answered yes to question #2, please contact the prior F/EA to obtain the documents received from the Internal Revenue Service (IRS) and state taxing authorities when you were granted your EIN and state tax accounts. Documents should include a Letter 147C or CP575 issued by the IRS, and confirmation of the state tax accounts being created.

Employer Signature — *Employer Signature*

Current date — *Date*

ACUMEN FISCAL AGENT LLC
5416 E BASELINE RD STE 200
MESA, AZ 85206
ENROLLMENT@ACUMEN2.NET

AL ADMH 10/16/2025

SAMPLE

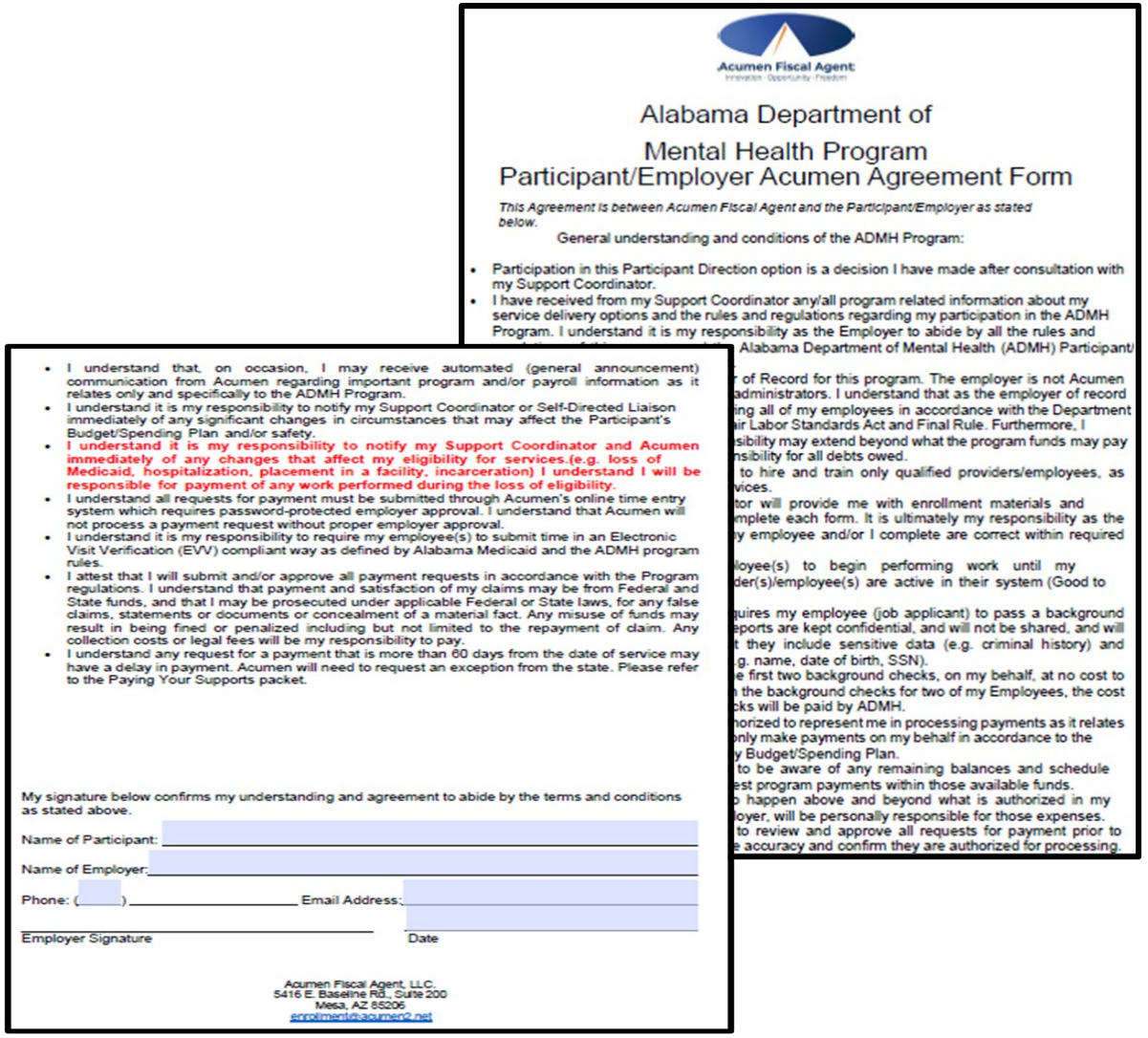
Employer Agreement

Acumen Fiscal Agent
Innovation • Opportunity • Freedom

Acumen Employer Agreement

- Delineation of duties, rules and responsibilities of Employer, Fiscal Agent, and Program
- Includes attestation to a general understanding and conditions of the program.
- Signed and dated by Employer.

Electronic Signature Accepted



Acumen Fiscal Agent

Alabama Department of
Mental Health Program
Participant/Employer Acumen Agreement Form

This Agreement is between Acumen Fiscal Agent and the Participant/Employer as stated below.

General understanding and conditions of the ADMH Program:

- Participation in this Participant Direction option is a decision I have made after consultation with my Support Coordinator.
- I have received from my Support Coordinator any/all program related information about my service delivery options and the rules and regulations regarding my participation in the ADMH Program. I understand it is my responsibility as the Employer to abide by all the rules and
- Alabama Department of Mental Health (ADMH) Participant/
- of Record for this program. The employer is not Acumen
- administrators. I understand that as the employer of record
- ing all of my employees in accordance with the Department
- ir Labor Standards Act and Final Rule. Furthermore, I
- sibility may extend beyond what the program funds may pay
- nsibility for all debts owed.
- to hire and train only qualified providers/employees, as
- vices.
- tor will provide me with enrollment materials and
- mplete each form. It is ultimately my responsibility as the
- y employee and/or I complete are correct within required
- loyee(s) to begin performing work until my
- der(s)/employee(s) are active in their system (Good to
- uires my employee (job applicant) to pass a background
- eports are kept confidential, and will not be shared, and will
- t they include sensitive data (e.g. criminal history) and
- g. name, date of birth, SSN).
- e first two background checks, on my behalf, at no cost to
- the background checks for two of my Employees, the cost
- cks will be paid by ADMH.
- horized to represent me in processing payments as it relates
- only make payments on my behalf in accordance to the
- y Budget/Spending Plan.
- to be aware of any remaining balances and schedule
- est program payments within those available funds.
- happen above and beyond what is authorized in my
- loyer, will be personally responsible for those expenses.
- to review and approve all requests for payment prior to
- accuracy and confirm they are authorized for processing.

- I understand that, on occasion, I may receive automated (general announcement) communication from Acumen regarding important program and/or payroll information as it relates only and specifically to the ADMH Program.
- I understand it is my responsibility to notify my Support Coordinator or Self-Directed Liaison immediately of any significant changes in circumstances that may affect the Participant's Budget/Spending Plan and/or safety.
- **I understand it is my responsibility to notify my Support Coordinator and Acumen immediately of any changes that affect my eligibility for services.(e.g. loss of Medicaid, hospitalization, placement in a facility, incarceration) I understand I will be responsible for payment of any work performed during the loss of eligibility.**
- I understand all requests for payment must be submitted through Acumen's online time entry system which requires password-protected employer approval. I understand that Acumen will not process a payment request without proper employer approval.
- I understand it is my responsibility to require my employee(s) to submit time in an Electronic Visit Verification (EVV) compliant way as defined by Alabama Medicaid and the ADMH program rules.
- I attest that I will submit and/or approve all payment requests in accordance with the Program regulations. I understand that payment and satisfaction of my claims may be from Federal and State funds, and that I may be prosecuted under applicable Federal or State laws, for any false claims, statements or documents or concealment of a material fact. Any misuse of funds may result in being fined or penalized including but not limited to the repayment of claim. Any collection costs or legal fees will be my responsibility to pay.
- I understand any request for a payment that is more than 60 days from the date of service may have a delay in payment. Acumen will need to request an exception from the state. Please refer to the Paying Your Supports packet.

My signature below confirms my understanding and agreement to abide by the terms and conditions as stated above.

Name of Participant: _____

Name of Employer: _____

Phone: (___) _____ Email Address: _____

_____ _____

Employer Signature Date

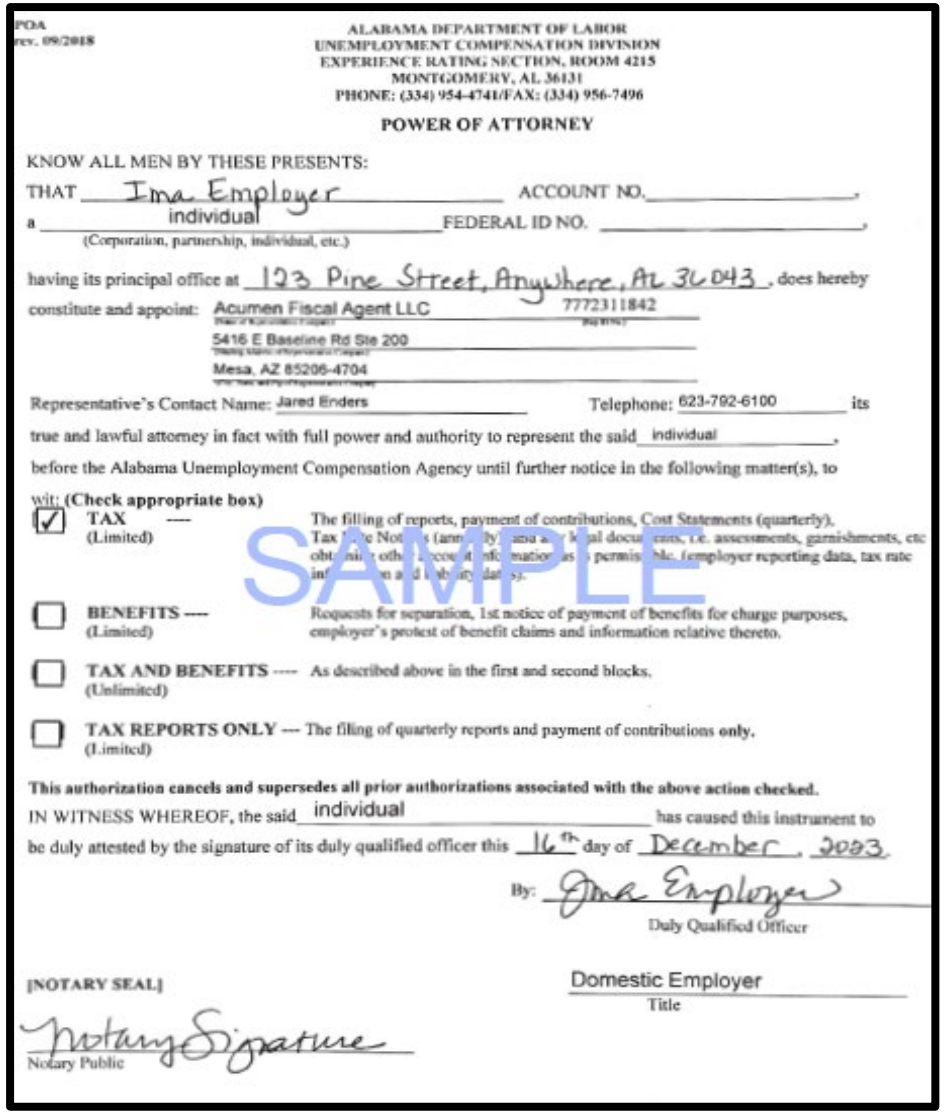
Acumen Fiscal Agent, LLC.
5416 E. Baseline Rd., Suite 200
Mesa, AZ 85206
employ@acumen2.net

AL Department of Labor POA

Acumen Fiscal Agent
Innovation • Opportunity • Freedom

Alabama Power of Attorney

1. AL POA form must be notarized.
2. The Employer will list their address at the top, then sign on the 'Duly Qualified Officer' line and date on the line above that.
3. Last, the Notary will sign & stamp the bottom left corner.



POA
rev. 09/2018

ALABAMA DEPARTMENT OF LABOR
UNEMPLOYMENT COMPENSATION DIVISION
EXPERIENCE RATING SECTION, ROOM 4215
MONTGOMERY, AL 36131
PHONE: (334) 954-4741/FAX: (334) 956-7496

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:

THAT Ima Employer ACCOUNT NO. _____,

a individual FEDERAL ID NO. _____,
(Corporation, partnership, individual, etc.)

having its principal office at 123 Pine Street, Anywhere, AL 36043, does hereby constitute and appoint: Acumen Fiscal Agent LLC 7772311842
5416 E Baseline Rd Ste 200
Mesa, AZ 85206-4704

Representative's Contact Name: Jared Enders Telephone: 623-792-6100 its true and lawful attorney in fact with full power and authority to represent the said individual, before the Alabama Unemployment Compensation Agency until further notice in the following matter(s), to wit: **(Check appropriate box)**

☑ **TAX** — (Limited) The filing of reports, payment of contributions, Cost Statements (quarterly), Tax [illegible] Notices (annually) and all legal documents, i.e. assessments, garnishments, etc. obtain other account information as permissible, (employer reporting data, tax rate information and liability data).

☐ **BENEFITS** — (Limited) Requests for separation, 1st notice of payment of benefits for charge purposes, employer's protest of benefit claims and information relative thereto.

☐ **TAX AND BENEFITS** — (Unlimited) As described above in the first and second blocks.

☐ **TAX REPORTS ONLY** — (Limited) The filing of quarterly reports and payment of contributions only.

This authorization cancels and supersedes all prior authorizations associated with the above action checked.

IN WITNESS WHEREOF, the said individual has caused this instrument to be duly attested by the signature of its duly qualified officer this 16th day of December, 2023.

By: Ima Employer
Duly Qualified Officer

[NOTARY SEAL]

Domestic Employer
Title

Notary Signature
Notary Public

SAMPLE

Acumen In Person Assistance

Acumen Fiscal Agent
Innovation • Opportunity • Freedom

Please bring a government issued picture ID for the notary.

Acumen staff will be at each location from 10 AM to 6 PM on the days noted below. This is a walk-in event so you may come at any time during these hours for assistance.

Monday November 10th – Region 1

Address: 401 Lee Street NE Suite 200, Decatur, AL 35601

Thursday November 13th – Region 3

Address: 3280 Dauphin Street, Bldg. 2 Suite 100, Mobile, AL 36606

Friday November 14th – Region 5

Address: 631 Beacon Parkway West, Suite 211, Birmingham, AL 35209

Monday November 17th – Region 4

Address: 400 Interstate Park Drive, Suite 415, Montgomery, AL 36109

Tuesday November 18th – Region 2*

Address: 1305 James I Harrison Jr. Parkway, Tuscaloosa, AL 35405
**the Notary will only be available until 3:30 this day*

What to do Next?

Acumen Fiscal Agent
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Please allow up to 5 business days for Acumen to process your referral and send you your Docusign packet. If you have not received your Docusign packet yet, you can ask about the status of your Docusign forms via enrollment@acumen2.net after 5 business days have passes since you sent your forms.

Helpful Resources

Utilize our Websites

AL ADMH - Training Materials for **more help**

- This will give you a full list of Training Materials for DCI/Paperwork

Alabama State Page

- This will give you AL specific details with Acumen Fiscal Agent

Contact the Acumen Support Team

For help with enrollment questions, DCI system questions, or payment issues

Contact Us form at www.acumenfiscalagent.com/contact

Email us at: enrollment@acumen2.net

By Phone: (866)-560-0505

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DIRECT CARE INNOVATIONS

Acumen powered by DCI

Acumen Fiscal Agent

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QUESTIONS?

Thank you!

acumenfiscalagent.com