



NON MDCPS EMPLOYEES REQUIRED DOCUMENTS

Please complete the following and email (aplusachievers@bellsouth.net) or fax (1-866-508-5362):

- **FINGERPRINTING PROCEDURE** Pages 1 & 2
- **STAFF AVAILABILITY FORM** Page 3
- **TRAINING ACKNOWLEDGEMENT FORM** Page 4
- **W-9 FORM** Page 5
- **Direct DEPOSIT AGREEMENT W/ COPY OF VOID CHECK** Page 6
- Submit a **PICTURE** of yourself for your ID badge (email please)



**MIAMI-DADE COUNTY PUBLIC SCHOOLS
SERVICE PROVIDER INPUT DOCUMENT**

Social Security # _____ - _____ - _____

Last Name _____ First _____ MI _____

AKA _____

Sex _____ EEO _____ Birth Date _____

Permanent Address _____

City _____ State _____ Zip Code _____

Phone Number _____

Date _____

To the Office of Fingerprinting:

I request that the abovementioned person be fingerprinted to provide services to students as a

Tutor

(Coach, Outreach Support, Intern, Agency Employee).

Name Typed

A+ Achievers, LLC

Name of Office

Signature

Fingerprinting payment and processing procedures are located on the back of this form.

Vendor Fingerprint Payment - Revised

Effective August 17, 2009, pursuant to Florida State Statute 1012.465, the revised fingerprint payment listed below applies to all contracted vendors who are permitted access on school grounds when students are present, who have direct contact with students or who have access to or control of school funds:

\$77.33 Fingerprinting Processing Fee

\$77.33 money order or company check made payable to "SCHOOL BOARD MIAMI-DADE FINGERPRINTING"

No personal checks will be accepted

Required Forms of Identification

A current government issued picture identification such as a driver's license, passport or State of Florida identification card, AND
Your social security card must be presented at the time of printing!

M-DCPS Fingerprint Office

1501 NE 2nd Avenue, Suite 141-L Miami, FL 33132

Phone: 305-995-7472

Hours of Operation:

Monday through Friday 7:00 a.m. - 4:00 p.m.

STAFF AVAILABILITY FORM

Employee Name: _____

Mail Address: _____

Cell Phone #: _____ Email Address: _____

School Employee: Yes ____ No ____ If yes, School Name: _____

If you are not a school employee, have you been fingerprinted by MDCPS? Yes ____ No ____

I am interested in working as a tutor (circle one): In School ____ in Community ____ Both ____

If you are interested in working in community, please fill out the following:

Area Interested in Working (ex. NW): _____

Availability (circle all available days):

Mondays Times: _____

Tuesdays Times: _____

Wednesdays Times: _____

Thursdays Times: _____

Fridays Times: _____

Saturdays Times: _____

**Miami- Dade County Public Schools (M-DCPS)
Supplemental Educational Services (SES)
Provider Staff Training Acknowledgement**

Please print or type the following information:

Name of Provider: A+ Achievers, LLC

Name of Staff: _____, _____
Last First

Job Title: Tutor

I have been trained in:

- M-DCPS Procedures and Guidelines for the Implementation of SES Program
- M-DCPS Code of Ethics and Conduct
- Child Abuse Reporting
- Accident/Incident Reporting
- Confidentiality of Student Information
- M-DCPS Emergency Procedures
- Student Emergency Contact Information
- Student Dismissal Procedures
- Student Sign In/Sign Out Procedures
- Student Attendance Recording
- Student Learning Plan (SLP) and Progress Report
- Pre-and Post-Assessment Procedures and Reporting
- Provider's SES Program and Curriculum
- Usage of Supplies and Equipment – I will only use supplies or equipment that belongs to the provider or myself.
- Instructional Materials and Supplies
- District Requirements and Procedures for Fingerprinting/Background Screening Clearance
- All State Mandated Training

**Place Copy of SES Staff Identification Badge
Here**

Badge must include:

- ✓ **Name**
- ✓ **Title**
- ✓ **Photo**
- ✓ **Name of the Company**
- ✓ **Current School Year**

I acknowledge that I have received training in all areas listed above. Yes No
 I meet the educational requirements to work for this company under the capacity of:
 Employee Tutor Volunteer Other _____
 I have received instructional materials for program implementation (tutors only). Yes No

Staff Signature _____ Date _____
 Staff Phone Number: _____ Email: _____

Provider Use Only:

I verify that the staff member named above has been properly trained in all areas checked.
 I understand that the staff will not begin offering services until approval is received from the
 M-DCPS NCLB Parental Choice Options office.

JUAN C. REY/PRESIDENT _____
 Provider Representative Name & Title (print or type) Signature Date

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, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ <input type="checkbox"/> Exempt payee <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 Line 1 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
or
Employer identification number

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

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,



Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize **A+ Achievers** to initiate automatic deposits to my account at the financial institution named below. I also authorize **A+ Achievers** to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold **A+ Achievers** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until **A+ Achievers** receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Checking

Savings

Signature

Authorized Signature (Primary): _____ **Date:** _____

Authorized Signature (Joint): _____ **Date:** _____

Please attach a voided check or deposit slip and return this form to the Payroll Department.