



October 13, 2016

TO WHOM IT MAY CONCERN:

Subject: Children's Special Services Vendor Packet

You are receiving this packet because you have either requested or have been referred to become a vendor for the Children's Special Services (CSS) Program.

The Tennessee Department of Finance and Administration vendor selection procedures and payment guidelines require that referral providers complete a vendor packet. This packet includes a Vendor Authorization form (VA), Program Letter of Agreement (LOA) form, the State of TN Department of Finance & Administration Supplier Direct Deposit Authorization form, and a W-9 Request for Taxpayer Identification Number and Certification form.

These forms are required for vendor consideration and payments, and must be completed, signed and returned for program approval. Vendor agreements will be renewed on a three-year cycle. Upon receipt and approval of your packet, written notification will be sent that includes your expiration date and Edison number.

Please complete the attached forms:

- TN Department of Health Vendor Authorization Form
- Letter of Agreement
- State of TN Department of Finance & Administration Supplier Direct Deposit Authorization (see form for mailing instructions)
- W-9

Completed forms (with the exception of the Finance & Administration Supplier form) should be returned to Jessica Luyanda, at Tennessee Department of Health, Family Health and Wellness Division, 8<sup>th</sup> Floor Andrew Johnson Tower, 710 James Robertson Parkway, Nashville, TN 37243. If you have any questions regarding the completion of the forms, please call me at (615) 741-2985.

Thank you for your continued support and assistance to children with special health care needs in the State of Tennessee.

Sincerely,

*Jessica Luyanda*

Jessica Luyanda, Administrative Services Assistant  
Children's Special Services Program