



Instructions on completing the Training and Support Purchase Request Form

When you are notified by Veridian that the participant's approved Plan of Care has been received and processed, you are able to submit purchase requests on the Training and Support for Unpaid Caregivers (TAS) Purchase Request Form.

These instructions will help you properly complete the TAS Purchase Request Form. It provides an overview of the steps in the purchasing process, an outline of the information needed to process different purchases and payment types, and tips for successful processing.

Process outline

- ✓ The Care Coordinator submits the Plan of Care and Request for Service Provider to Veridian.
- ✓ Veridian notifies the Care Coordinator when we have approved the request.
- ✓ The Care Coordinator provides us with the approved Plan of Care.
- ✓ At that time, Veridian submits an authorization request.
- ✓ When this authorization is approved, we inform the Provider working with the unpaid caregiver that they are able to submit identified purchases to Veridian for processing on the TAS Purchase Request Form.
- ✓ Veridian reviews the TAS Purchase Request Form for accuracy and the Provider if the form requires any revisions.
- ✓ Veridian processes the TAS Purchase Request Forms within 10 business days of receipt.
- ✓ Veridian notifies the Provider when payments have been issued to the vendors (as appropriate).

Completing the purchase type information

The TAS Purchase Request Form has sections based on the three categories of purchases that are authorized through Training and Support for Unpaid Caregivers: Conference, Training, and Training supplies and materials.

When you have identified the purchases that are needed, fill in the required information under the appropriate section of the form.

Please keep the following in mind when submitting the TAS Purchase Request Form:

- Include all requested supporting documentation for the question (e.g. invoice or shopping cart). A purchase cannot be processed without valid supporting documentation.
- Verify the completeness and accuracy of the TAS Purchase Request Form before submitting it to Veridian. Incomplete TAS Purchase Request Forms may require a revision in order to be processed and can delay the purchase of the item.
- If registering for a training or conference, be sure the TAS Purchase Request Form is submitted to Veridian before the deadline for registration ends. Purchase requests submitted close to the registration deadline run the risk of missing the deadline and the caregiver not being able to attend.

Completing the purchase type

Conference

| Please add a checkmark next to the purchase type. | |
|--|--|
| 1 Purchase type | <input type="checkbox"/> Conference |
| 2 Description: | <input type="text"/> |
| CONFERENCE | |
| 3 Company/vendor name: | <input type="text"/> |
| 4 Conference title/name: | <input type="text"/> |
| 5 Conference website name: | <input type="text"/> |
| 6 Conference website URL (www.example.com): | <input type="text"/> |
| 7 Conference date: | <input type="text"/> |
| 8 Conference location (address): | <input type="text"/> |
| City, state and zip code: | <input type="text"/> |
| 9 Name of caregiver attending: | <input type="text"/> |
| 10 Caregiver phone number: | Home: <input type="text"/> Cell: <input type="text"/> |
| 11 Caregiver email address: | <input type="text"/> |
| 12 Caregiver address: | <input type="text"/> |
| City, state and zip code: | <input type="text"/> |
| 13 Preferred payment type: | <input type="checkbox"/> Paper check <input type="checkbox"/> Electronic transfer <input type="checkbox"/> Credit card payment |

- Purchase type:** Check the *Conference* box.
- Description:** Provide a brief description of the conference.
- Company/vendor name:** Enter the name of the company running the conference.
- Conference title/name:** Enter the title or name of the conference.
- Conference website name:** List the name of the website where Veridian should register the caregiver for the conference.
- Conference website URL:** List the web address of the page Veridian needs for the registration process. Copy and paste the URL to help ensure the conference can be found on the website.
- Conference date:** Enter the date of the conference.
- Conference location:** Enter the location where the conference is held.
Note: If the conference is virtual, indicate the meeting platform being used (e.g. Zoom, WebEx, etc.).
- Name of caregiver attending:** Enter the name of the caregiver attending the conference.
- Caregiver phone number:** Enter the caregiver's phone number(s) in the appropriate field(s).
- Caregiver email address:** Enter the caregiver's email address.
- Caregiver address:** Enter the caregiver's address.
- Preferred payment type:** Check the box next to form of payment Veridian will issue.

Training

| Please add a checkmark next to the purchase type. | |
|---|--|
| 1 Purchase type | <input type="checkbox"/> Training |
| 2 Description: | <input type="text"/> |
| TRAINING | |
| 3 Company/vendor name: | <input type="text"/> |
| 4 Training title/name: | <input type="text"/> |
| 5 Training website name: | <input type="text"/> |
| 6 Training website URL (www.example.com): | <input type="text"/> |
| 7 Training date: | <input type="text"/> |
| 8 Training location (address): | <input type="text"/> |
| City, state and zip code: | <input type="text"/> |
| 9 Name of caregiver attending: | <input type="text"/> |
| 10 Caregiver phone number: | Home: <input type="text"/> Cell: <input type="text"/> |
| 11 Caregiver email address: | <input type="text"/> |
| 12 Caregiver address: | <input type="text"/> |
| City, state and zip code: | <input type="text"/> |
| 13 Preferred payment type: | <input type="checkbox"/> Paper check <input type="checkbox"/> Electronic transfer <input type="checkbox"/> Credit card payment |

- Purchase type:** Check the *Training* box.
- Description:** Provide a brief description of the training.
- Company/vendor name:** Enter the name of the company or vendor running the training.
- Training title/name:** Enter the title or name of the training.
- Training website name:** List the name of the website where Veridian should register the caregiver for the training.
- Training website URL:** List the web address of the page Veridian needs for the registration process. Copy and paste the URL to help ensure the training can be found on the website.
- Training date:** Enter the date of the training.
- Training location:** Enter the location where the training is held.
Note: If the training is virtual, indicate the meeting platform being used (e.g. Zoom, WebEx, etc.).
- Name of caregiver attending:** Enter the name of the caregiver attending the training.
- Caregiver phone number:** Enter the caregiver's phone number(s) in the appropriate field(s).
- Caregiver email address:** Enter the caregiver's email address.
- Caregiver address:** Enter the caregiver's address.
- Preferred payment type:** Check the box next to form of payment Veridian will issue.

Training materials or supplies

| Please add a checkmark next to the purchase type. | |
|---|--|
| 1 Purchase type | <input type="checkbox"/> Training materials or supplies |
| 2 Description: | <input type="text"/> |
| TRAINING MATERIALS OR SUPPLIES | |
| 3 Company/vendor name: | <input type="text"/> |
| 4 Training website name: | <input type="text"/> |
| 5 Training website URL (www.example.com): | <input type="text"/> |
| 6 Item/product name: | <input type="text"/> |
| 7 Item/product number: | <input type="text"/> |
| 8 Street address for delivery (not P.O. Box): City, state and zip code: Attention to: | <input type="text"/> |
| | <input type="text"/> |
| | <input type="text"/> |
| 9 Delivery instructions (if any): | <input type="text"/> |
| 10 Preferred payment type: | <input type="checkbox"/> Paper check <input type="checkbox"/> Electronic transfer <input type="checkbox"/> Credit card payment |

| Proof for purchase | |
|--|--|
| 11 I included either an invoice or a shopping cart showing the item: | <input type="checkbox"/> Yes <input type="checkbox"/> No |

- Purchase type:** Check the *Training materials or supplies* box.
- Description:** Provide a brief description of the item being purchased.
- Company/vendor name:** Enter the name of the company or vendor being issued the payment.
- Training website name:** List the name of the website where Veridian is purchasing the item.
- Training website URL:** List the web address of the page containing the item to be purchased. Copy and paste the URL to help ensure the item can be found on the website.
- Item/product name:** List the name of the item or product to be purchased.
- Item/product number:** List the item or product number of the item or product to be purchased.
- Street address for delivery:** Enter the address where the item should be shipped.
- Delivery instructions:** List any applicable delivery instructions for Veridian to include when making the purchase.
- Preferred payment type:** Check the box next to form of payment Veridian will issue.
- Proof for purchase:** Check Yes and include a copy of the invoice or shopping cart containing the item on the submitted TAS Purchase Request Form.

Completing the Payment Information

Depending on the purchase type, the payment may be issued as a paper check, Electronic Funds Transfer (EFT) or via a credit card. The applicable options for each purchase type are listed under the purchase section and there is space to complete the requested information.

Paper check

| 1 If paying with a paper check, please complete the following: | |
|--|----------------------|
| Payee (business or person you are paying): | <input type="text"/> |
| 2 Amount owed (including fees): | <input type="text"/> |
| 3 Company street address: | <input type="text"/> |
| City, state and zip code: | <input type="text"/> |
| 4 Attention to: | <input type="text"/> |

1. **Payee:** Enter the name of the business or person to whom payment is being issued.
2. **Amount owed:** Enter the amount of the payment as indicated on the proof of payment you include with this form.
3. **Company street address:** Enter the company's address to where the payment should be sent.
4. **Attention to:** If requested, enter the name of the person to whom the payment should be directed to.

Electronic Funds Transfer

| If paying with an electronic transfer, please complete the following: | |
|---|--|
| 1 Account name (checking or savings): | <input type="text"/> |
| 2 Account number: | <input type="text"/> |
| 3 Routing number of financial institution: | <input type="text"/> |
| 4 Amount owed (including fees): | <input type="text"/> |
| 5 I provided a voided check: | <input type="checkbox"/> Yes <input type="checkbox"/> No |

1. **Account name:** Enter whether the account receiving the transfer is a checking or a savings account.
2. **Account number:** Enter the account number of the account receiving the transfer.
3. **Routing number of financial institution:** Enter the routing number of the financial institution where the account receiving the transfer is held.
4. **Amount owed:** Enter the total amount owed. This amount should include the amount of the purchase and any applicable fees.
5. **I provided a voided check:** Check Yes and include either a voided check or direct deposit slip from the financial institution.

Online purchase

| If purchasing online with a credit card, please complete the following: | |
|---|----------------------|
| 1 Website name: | <input type="text"/> |
| 2 Website URL (www.example.com): | <input type="text"/> |
| 3 Item/product name: | <input type="text"/> |
| 4 Item/product number: | <input type="text"/> |

1. **Website name:** List the name of the website where Veridian is purchasing the item.
2. **Website URL:** List the web address of the page containing the item to be purchased. Copy and paste the URL to help ensure the item can be found on the website.
3. **Item/product name:** List the name of the item or product to be purchased.
4. **Item/product number:** List the item or product number of the item or product to be purchased.