Respite Voucher Caregiver Guide to Vendor Registration

The following pages are intended to help guide you through the vendor registration and vendor update process. Once caregivers are notified that they are an eligible for a caregiver respite voucher, they will need to set up a vendor account with the State of Arkansas in order to receive the voucher payment. All vendors, either new or previously registered in Arkansas, must register online to access AR Vendor Services.

Documents or information you will need in order to set up your vendor account:

- Caregiver's Tax ID or Social Security Number
- Banking Information (including routing and account number)
- Valid email address that can receive notifications from the State of Arkansas and its agencies.

To set up, or update, a vendor account, a caregiver will need to access the following link:

https://www.ark.org/vendor/index.html

If you have logged into the vendor services system before, enter your username and password and click "Login Now". All account information will load to the screen, and you will have the option to update any information as needed.

If you are a new user to the vendor services system, click the "Start Here" to register.

AL DEPARTMENT		Vendor Registration	
		ARBuy & Arkansas Vendor Services	
The state of the s	Home		Contact Us Live Technical Support
AND -		Arkansas Vendor Services	
		Welcome to Arkansas Vendor' Benvices. This is a portal for businesses and individually who currently provide goods and services to the State of Arkansas. Vendors need to be registered with Arkansas Vendor Services to contract with the State. If you aren't already registered with Arkansas Vendor Services, you can do so through the link's below.	
		To Register for Online Access:	
		Start Here	
		To update or change a registration, please do not register again.	
		Please login below and you will be given the option to update your registration.	
		Login	
		Enter Vendor Username:	
		Enter Vendor Password:	
		Login Now	
		Lost Password? Click Here	
		Questions about registering for Arkansas Vendor Services? Email OSPSupport@arkansas.gov or call 501-682-6565. For login assistance, please visit ar gov/help to chat with an agent, or email help@ina.ar.gov.	

FOR NEW REGISTRATION:

In the Contact Information section- complete all required fields (as shown with the *). These include the caregiver's name, address, and social security number as provided on the W-9 form with your voucher application.

An email address will also need to be provided. This email address is used to alert you once a payment has been made via direct deposit. This email address should match the email address provided with your voucher application.

Vendor Registration Submission from Arkansas Vendor Services.
Now ■ Contact Information * "Reses social down to correct entrops in red. Contact Information Registed Fields * Name (as shown on your tax return)* Business name, if different from above: Strede Address* Strede Address* Description The ZPP Code and chylstate you entered do not match. The options for this ZPP Code are: City** State* Animasia Query* United States Pot Citle Box ZiPP Stati Code: tip***
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Ito Simu-Advems) The ZIP Code and objects you entered do not match. The options for this ZIP Code are: City* Presse to not use abbreviations) State* Arkanasa County* United States Past Office Box: IDPPostal Code Ito Policy I
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Arkansas • Country:* • United States • Past Office Box: • ZIP/Postal Code • tor Poso •
United States Post Coffice Box ZUPPostal Code: 10/F0 Box
Post Office Box: ZIP/Postal Code: (tr #2 Box)
ZIP/Postal Code: (W P0 Bot)
(6/ P0 80()
(br P0 Box)
Talschore Number*
remploter xuturea. (15-15-1511)
Fax Number (ININI-INIT)
Corporate E-Mail Address.*
Salesperson Name
Salesperson Phone:
(16-16-101)
Salesperson E-Mail Address:
Business Information
Required Fields *
Payment Terms*
1099 Reporting* Exempt from 1099
Federal Tax ID or SSN Federal Tax ID #
(11-11111)
Please enter a Federal Tax ID or SSN.
Social Sociality # (H15-1411)
Continue

Required Fields include Name, Street Address, Zip/Postal Code, City, State, County, Telephone Number, and Email Address

In the Business Information section, select "Pay Immediately" in the Payment Terms dropdown box.

Business Information
Required Fields *
Payment Terms:*
Pay Immediately
Payable upon receipt
Net due in 7 days
Net due in 10 days r SSN
Net due in 15 days
Net due in 30 days
Net due in 45 days Please enter a Federal Tax ID or SSN.
Net due in 60 days
(111-11-1111)

Next, select "Exempt from 1099" in the 1099 Reporting drop down options. Click Continue.

Business Information

Required Fields *

Payment Terms:* Pay Immediately

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1099 Reporting:* Exempt from 1099	•
Exempt from 1099	
Rents	
Royalties	
Prizes, awards	devel Text ID as CON
Federal income tax withheld	ederal Tax ID or SSN.
Fishing boat proceeds	
Medical and health care payments	
Nonemployee compensation	
Substitute payments (dividends/interest)	o . f
Payer made direct sales of \$5,000 or more	Continue
Crop insurance proceeds	
State income tax withheld	
Gross proceeds paid to attorneys	

In the Direct Deposit Information section, enter your banking information including:

Routing number, Account number, Type of Account (Checking or Savings), and the name of the Account Holder. *NOTE: The Account Holder must match the Respite Caregiver and the Information provided in the next section for the W-9 tax form.*

HEAT DEPARTMENT	Vendor Registration Submission from Arkansas Vendor Services.
THE ORDER OF THE OWNER	Home
	Arkansas Vendor Services
	Log In My Business Information Technical Support Contact OSP Log Out
	Direct Deposit Information
	Required Fields *
	Bank Routing#.*
	Bank Account #.*
	Bank Country:* United States ✔
	Type of Account.* [Pull Down Menu ✔]
	Account Holder Name:



In the Remittance section, you will enter the name, email address, and address for where you would like notification to be sent that a direct deposit has been made to your account. Once complete, click continue.

Remittance Information	
Required Fields *	
Contact Name:*	
E-Mail Address for Payment Remittance Information:*	
Department:	
Address 1:*	
700 MAIN STREET,	
Address 2:	
Post Office Box:	
City.*	
LITTLE ROCK	
State*	
Arkansas 🗸	
Country:*	
United States	
Zip/Postal Code:*	
72203	
Continue	
Continue	

Next you will complete the W-9 section. This information needs to match the W-9 form that you submitted with your respite application.

For Business Type, select the "Individual/Sole Proprietor" option.

Vendor Home	Registration Submission from Arkansas Vendor Services.
TO PARAND SHARD SHARD	
	Arkansas Vendor Services
	Log In My Business Information Technical Support Contact OSP Log Out
	Form W-9 - Department of the Treasury Request for Taxpayer Identification Number and Certification
	Instructions - PDF
	Social Security Number: (No dashes)
	Employer Identification Number: (No dashes)
	Exempt from backup witholding: O Yes O No
	Your Name:
	Name (as shown on your tax return):
	Business Type:
	Pull Down Menu
	Street Address:
	City:
	State:
	Arkansas 🗸
	Zip Code:
Duala and Tunau	
Business Type: Pull Down Menu	
	·
Pull Down Menu	
Individual/Sole Proprietor	
Corporation	
Partnership	

Other State: Review all information and check the certification box after making sure all information is accurate. Type in your name and click the "To Goods/Service Information" button.

Certific	cation
Under pena	alties of perjury, I certify by checking this box \Box that:
2. I am Inter the I	number shown on this form is my correct taxpayer identification number (or I am waiting on for a number to be issued to me), and not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the nal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) RS has notified me that I am no longer subject to backup withholding, and a U.S. person (including a U.S. resident alien).
	Name:
	To Goods/Services Information

In the final section, you will select the type of "goods or services" that you provide. For respite caregivers to receive voucher funding, you will select "96102- Administrative Services, All Kinds".

Scroll to the bottom and click "Verify Information."



U 90977 - Special Construction: Observatory, Security, Speci	91892 - Urban Planning Consulting	
CONSTRUCTION SERVICES		
90607 - Architect Services, Professional	90916 - Athletic Facility Construction Services	
91216 - Boring, Drilling, Testing, and Soundings Services	90921 - Building Construction Services, Industrial (Wareho	
90922 - Building Construction Services, Non-Residential (O	90923 - Building Construction Services, Residential (Apart	
91427 - Carpentry Services	91430 - Concrete Services	
91200 - Construction Services, General	91300 - Construction Services, Heavy	
91400 - Construction Services, Trade (New Construction)	91223 - Construction, General (Digging, Ditching, Road Gra	
91360 - Construction, Water System, Main and Service Line	91240 - Demolition Services	
91438 - Electrical Services	92500 - Engineering Services, Professional	
91244 - Excavation Services	91447 - Glass and Glazing Services	
91450 - Heating, Ventilating and Air Conditioning (HVAC)	90954 - Home Construction, Single Family	
91453 - Insulation Services	92658 - Lead and Asbestos Inspection Services	
91455 - Masonry Services	91458 - Metal Work Services	
91461 - Painting Services	91464 - Plastering Services	
91465 - Plastics Services	91468 - Plumbing Services	
92544 - Professional Services General Construction	91473 - Roofing Services	
91479 - Structural Steel Services	91480 - Stucco Services	
92586 - Surveyor Services	91483 - Tile and Marble Work Services, All Types	
91485 - Welding Services		
When you are finished selecting all goods you would like to provide, please verify the information by clicking the button at the		

When you are finished selecting all goods you would like to provide, please verify the information by clicking the button at the bottom.

Verify Information

Next, you will be directed to a screen to review all of the information you have entered. If you need to make any corrections, use the EDIT button for that section to go back to the section and make changes. Once all information in correct, check the "Finalize Registration" button and click "Submit Vendor Registration."

Once DHS has confirmed that the vendor account is established, the respite voucher payment will be issued.



Edit W-9 Information

Edit Goods/Services List

Based on the information provided, your company will be added to the Arkansas Master Vendor file.

Finalize Registration

□ This registration is for a Minority Business Enterprise, as certified by the Arkansas Department of Economic Development, Small Business Division.

Submit Vendor Registration

If you are needing to update your information at any time (for example: you changed addresses or banking accounts, return to the Arkansas Vendor Services link below and log in.

https://www.ark.org/vendor/index.html

For any questions, please contact <u>AR.LifespanRespite@dhs.arkansas.gov</u>.