



October 13, 2016

TO WHOM IT MAY CONCERN:

SUBJECT: Recertification of CSS Vendors

The Tennessee Department of Finance and Administration vendor selection procedures and payment guidelines require that 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. Your vendor agreement expires on a 3 year cycle after it has been processed and approved. This agreement must be renewed prior to the expiration date to avoid interruption in your services and payment.

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 new expiration date.

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) **NOTE: Complete and mail this form only if direct deposit changes have occurred.**
- 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, 8th 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