

Fiscal Agent Release

Have you/your child been an Employer/Parent or Employer/Client before participating in this program?
(If so, your child will have already have a Tax ID Number/Employer Identification Number, or EIN)

- Yes No

Have you had a fiscal agent before (aside from BDS Fiscal/Broadscope Disability Services)?

- No → *sign here and leave rest of form blank:* _____
 Yes, currently have a fiscal agent Yes, had a fiscal agent in the past

If you currently have or have previously had a fiscal agent, BDS Fiscal may need to contact them so that your payroll records are reported correctly to both the state and federal governments.

Name of other Fiscal Agent: _____

Street Address: _____

City: _____ State: _____ Zip code: _____

Phone: (_____) _____ - _____

By signing below, I authorize BDS Fiscal and the above named Fiscal Agent to share information regarding the fiscal agent history and records of my child _____ DOB _____, of whom I certify I am the legal parent/guardian and thus their Employer Representative.

**BDS Fiscal is associated with Broadscope Disability Services, Inc.
6102 West Layton Avenue, Greenfield, WI, 53220 ♦ Phone: 414-329-4500 ♦ Fax: 414-329-4510**

Employer Representative/**Parent** Name – Printed

Employer Representative/**Parent** Signature

Date