

## COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH

**CLIENT ACTIVITY FUND (CAF)  
PARTICIPANT ONBOARDING PROTOCOL****I. INTRODUCTION**

The Client Activity Fund (CAF) was established to provide stipends\* to Los Angeles County residents who wish to participate in the Mental Health Services Act (MHSA) Community Planning Process. This CAF participant onboarding protocol will provide detailed information regarding:

- Who is eligible to receive a CAF stipend
- How to apply to be a CAF participant
- Completing an IRS W-9 Taxpayer ID and Certification
- How to enroll as an LA County vendor
- Accessing MHSA approved meetings that are eligible for a CAF stipend
- Stipend rates
- CAF stipend claiming process

The DMH Service Area Liaison plays an essential role in assisting participants in completing required forms should a participant not have a computer or internet access, verifying attendance at approved meetings, and submitting CAF claims to MHSA Administration for payment.

*\*Note: It is the CAF participant's responsibility to ensure stipends received from DMH do not impact any Social Security, Section 8 or General Relief benefits currently being received. Any questions or concerns should be directed to those respective agencies for guidance and advice.*

**II. ELIGIBILITY**

Although the LA County Department of Mental Health (DMH) welcomes all LA County residents to participate in its MHSA Community Planning Process (CPP), we strongly encourage consumers, family members, parents, and caregivers with lived experience to join and share their experiences and provide their input.

The Los Angeles County Department of Mental Health will offer an annual CAF training at the beginning of each Fiscal Year to explain how participants can receive a CAF stipend for their participation, to review the CAF guidelines, answer questions and announce any changes or updates they may have occurred since the previous year.

All individuals interested in receiving a stipend must:

- Have a valid social security number,
- Complete an application,
- Enroll as a registered LA County vendor, and
- Sign the attestation at the end of the CAF Guidelines certifying they have read and understand the rules and regulations contained within.

**III. APPLICATION PROCESS**

All stakeholder meeting participants wishing to receive a CAF stipend must complete a CAF Application (Attachment #1). The application allows DMH to collect specific information required by the State such if a participant is new to the planning process, if the participant is a consumer, caregiver, or family

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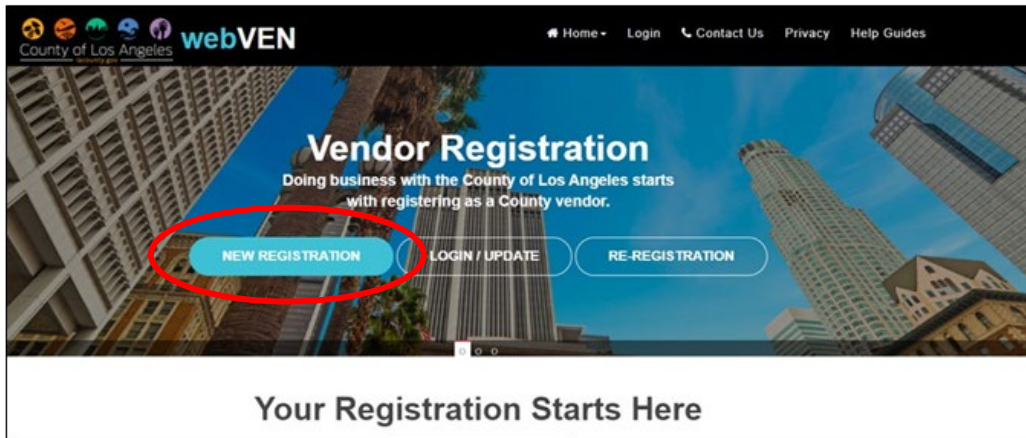
member, if the participant also services as a volunteer or a Wellness Outreach Worker or Service Extender, etc.

Applicants must also complete and submit a W-9 Request for Taxpayer Identification Number and Certification form (Attachment #2). This information is needed by the County WebVen system which is explained in the next section – Enrolling as a County Vendor.

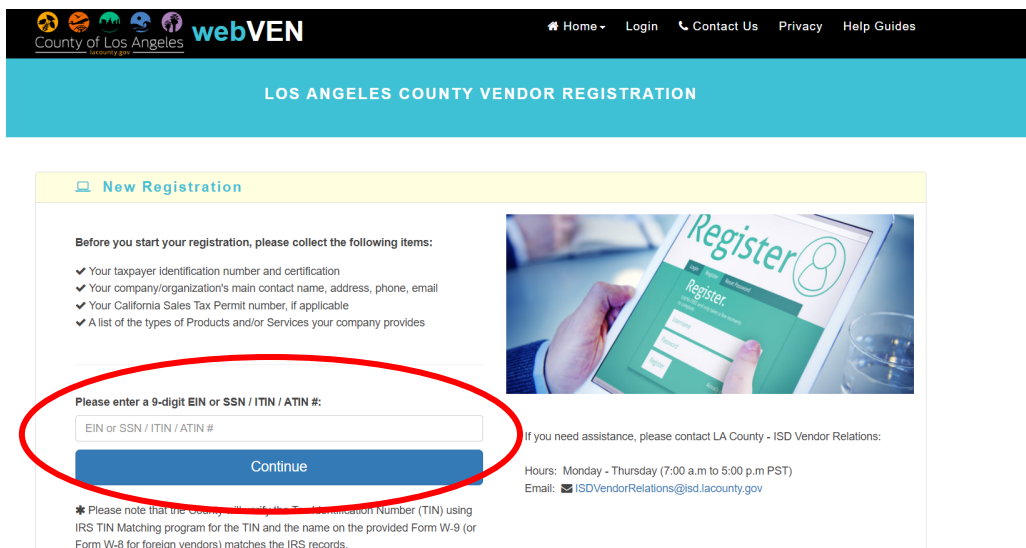
Email the fully completed application and W-9 form to: [CAF@dmh.lacounty.gov](mailto:CAF@dmh.lacounty.gov).

**IV. ENROLLING AS A COUNTY VENDOR**

The first step to enrolling as a LA County vendor is to visit: <https://camisvr.co.la.ca.us/webven/>. Click on NEW REGISTRATION as shown in red below to begin.



Next, enter your social security number as indicated in the red circle below and click continue:



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**Step 1 – Vendor Profile**

Enter the following choices when prompted at the numbered boxes below:

webVEN  
County of Los Angeles

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LOS ANGELES COUNTY VENDOR REGISTRATION

> **STEP 1 - Enter Vendor Profile**

Please enter the company/organization profile information. **Fields with asterisk (\*) are required.**

**Organization Type\*** **TIN Type\*** **TIN Number\***

#1 Individual Individual (SSN / ITIN / ATIN) 323323323

**Legal Business Name\*** **Alias/DBA Name (Optional)**

#3 JANE MI. DOE

**Non-Profit\*** **1099 Required\***

#4 No Yes

**Number of Employees\*** **Business Type\***

#6 0 Other

**Independently Owned\*** **Gross Revenue\***

#8 Yes #9 0 - 100,000

Click save to complete Step 1. [Save / Next](#)

**Step 2 – Payment Address**

Please ensure you complete all required fields which are identified by a red asterisk \*. **Special note – enter no at the CA Sales Tax Permit prompt circled below.**

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Please enter the Payment address and the Contact information. **Fields with asterisk (\*) are required.**

\*Address 1 Address 2 \*City \*Country United States of America \*State California \*County LOS ANGELES \*Zip Zip+4 \*CA Tax Status IN STATE \*CA Sales Tax Permit

\*Contact Name \*Phone Ext. Alternate Phone Ext. Fax Ext. Alternate Fax Ext. \*Email Alternate Email

Click save to complete Step 2. [Save / Next](#)

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**Step 3 - Enter IRS -W9 Certification**

**> STEP 3 - Enter IRS W-9 Certification**

To register as a Los Angeles County vendor you are required to complete the Taxpayer Identification Number and Certification information (IRS Form W-9).  
Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.  
**Fields with asterisk (\*) are required.**

**1. Name (as shown on your income tax return)\***      **2. Business name/disregarded entity name (Alias Name)**

JANE DOE

**3. Federal Tax Classification\***

-- OR --      Limited Liability Company      -- OR --      Other

Please select a tax classification of the entity/person whose name is entered on line 1 above.

Individual / Sole proprietor / Single-member

The Tax Class field is required.

**4. Exemptions (Codes apply only to certain entities, not individuals)**

Exempt Payee Code (if any)      Exemption from FATCA reporting (if any)

**5. Address\* (number, street, and apt. or suite no.)**

510 S VERMONT AVENUE

**6. City\***      **State\***      **Zip\***      **Zip+4**

LOS ANGELES      California      90020

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

**7. Certification\***      **Signature\***      **Date\***      **Taxpayer Identification Number (SSN/EIN)\***

[Click to certify](#)            4/8/2022      323323323

[Click Save to complete Step 3.](#)      [Save / Next](#)

Be sure to click the green box at the bottom as circled below

**W-9 Requirements & Certification**

**Under penalties of perjury, I certify that:**

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions:**  
Disregard item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply.

**Definition of a U.S. person**  
For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

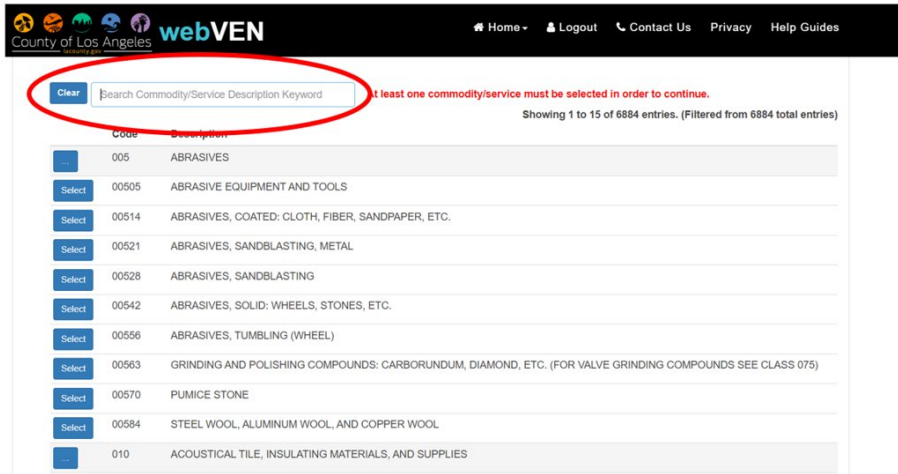
[I Attest To The Above Statements](#)      [Cancel](#)

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**Step 4 – Searching for Commodities**

Enter volunteer in box circled below so it will self-populate with VOLUNTEER SERVICES (AID IN LOCATING VOLUNTEERS) and click on save/next at the bottom.



Click Save to complete Step 4. [Save / Next](#)

**Step 5 – Create User Account**

Complete as instructed below:

Please create your user login account information. **Fields with asterisk (\*) are required.**

**Your Name\***

First Name  Last Name

**Your Email\***

**UserID\*** (Between 5 to 20 characters, no spaces and special characters)

**Password\***  **Confirm Password\***

Password requirements:

1. Between 8 to 16 characters
2. At least 1 numeric character
3. At least 1 alphabetical character
4. At least 1 special character (!,@,#,\$,%,&)

Click on the registration steps above to expand the panels and review/edit your information.  
When completed, click the Finished button to submit your vendor registration:

[Save / Finished](#)

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**Getting Help with WebVen**

Should you need assistance with your WebVen registration, please contact:

**LA County ISD Vendor Relations**  
(323) 267-2725  
Monday – Thursday, 7am to 5pm  
ISDVendorRelations@isd.lacounty.gov

**VI. CAF STIPEND ELIGIBLE MHSA MEETINGS & EXCEPTIONS**

Once all the steps above have been completed, you are qualified to receive a stipend to attend any of the following CAF eligible meetings:

- Service Area Leadership Team (SALT) meetings
- Underserved Cultural Communities (UsCC) meetings
- Cultural Competency Committee (CCC) meetings
- Mental Health Commission (MHC) meetings
- MHSA Administration approved ad hoc community planning meetings

**Exceptions**

The following meetings and activities DO NOT qualify for a CAF stipend:

- Attending a conference
- Steering committee meetings, budget meetings, workgroups, unapproved ad hoc meetings

In addition, SALT and UsCC co-chairs may **NOT** receive a stipend for meetings they chair, nor for their participation at Full Mental Health Commission meetings or Community Leadership Team (CLT) meetings.

An annual CAF approved meeting schedule is available at the beginning of each Fiscal Year. (Attachment #4). In addition, the facilitator of any meeting you wish to attend will be able to verify whether it is a CAF eligible meeting.

**VII. CAF STIPEND RATES AND MAXIMUMS**

CAF stipends shall be paid at a rate of \$50 per eligible meeting, limited to three meetings per month for a maximum reimbursement of \$150 per month.

**VIII. ATTENDING MEETINGS**

**Code of Conduct**

All participants of MHSA CPP meetings and activities are expected to adhere to the following code of conduct:

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- Treat all participants with kindness, respect, and consideration, valuing a diversity of views and opinions (including those you may not share)
- Communicate openly with respect for other participants
- Refrain from verbal abuse, discriminatory, harassing, or bullying behavior and speech directed toward other participants
- Respect the rules and policies of the meeting

Failure to adhere to the Code of Conduct may prohibit you from attending future meetings and/or outreach and engagement events for up to six months.

**Verification of Attendance**

It is each CAF recipients responsibility to ensure they have signed in for all meetings they wish to receive a stipend for. Meeting facilitators should have a physical sign-in sheet for those who attend in person and an electronic sign-in sheet for those who wish to attend virtually.

CAF participants that call in and are unable to sign in electronically should request the facilitator or Service Area Liaison sign in for them electronically. Only those whose names have been verified on the sign in sheets are eligible for stipends.

The Service Area Liaison is responsible for maintaining and verifying attendees at all CAF approved meetings.

**IX. Claiming Process**

CAF participants shall claim their stipends using the CAF Claim Form (Attachment #4). The form must be completed entirely, signed electronically or by hand and submitted to the Service Area Liaison.

The Service Area Liaison shall:

- Verify the information submitted on the form
- Approve with an electronic signature
- Attach a scanned copy of each claimed meeting's sign in sheet and
- Submit signed, approved CAF claim form and meeting sign in sheets electronically to:

[CAF@dmh.lacounty.gov](mailto:CAF@dmh.lacounty.gov)

CAF claims MUST be submitted within 30 days following the month the meetings being claimed were attended. Failure to comply with this requirement will result in non-payment of stipends for those meetings.

**NOTE:** Per IRS regulations, the County of Los Angeles will issue an IRS 1099 Miscellaneous Income form to all CAF participants by January 31 of each year. Should you not receive your form by January 31, please email the Auditor Controller at [GC1099@auditor.lacounty.gov](mailto:GC1099@auditor.lacounty.gov) to request one. Your email to them should include your name, the last four digits of your social security number (tax ID number).