



Children's Aid
Society
of Alabama

The staff of Children's Aid Society of Alabama would like to thank you for your interest in the APAC program. All of the following steps will need to be completed in order for us to proceed with the application process. Use the list below to ensure that you have all the necessary documentation required prior to submission. Any incomplete packets will not be considered.

Please print, complete and submit the following to the address below:

- ESS Consent (2 pages)
- Child Abuse & Neglect (Do not leave any required section blank. Put "n/a" if it does not apply to you.) Original form must be mailed.
- ACH Direct Deposit
- W9
- Vendor Certification Form (completed and notarized)
- Current Resume
- A copy of your Photo ID
- A copy of your professional license/diploma (must have a visible expiration date)
- A copy of your TIPS Certification (This form only pertains to TIPS Leaders & Co-Leaders).
- Review the De-Escalation Policy
- Complete the Mandatory Reporting Training at <http://training.dhr.alabama.gov/> and submit the certificate.

In order to contract with the Children's Aid Society of Alabama, applicants must be fingerprinted, cleared and receive a Letter of Suitability through the state of Alabama. The Vendor Certification Form noted above allows us to pre-register you with the state. You will need to complete the top section and sign. There are 2 places at the bottom that will need to be notarized. You will only need to have the bottom left section notarized and mail the form back in to us. We will then notarize the bottom right. You will be emailed further instructions once the state has pre-registered you in order for you to complete your fingerprint appointment.

Photo copies of previous Suitability letters will not be accepted. Please email Valerie Anderson at vanderson@childrensaid.org if you think that this may apply to you.

* Please note that a contract is not valid between you and Children's Aid Society of Alabama until the entire application packet is completed, all requested information is received, and a contract has been signed by both parties.

Please mail these items back to:
Children's Aid Society of Alabama
Attn: Valerie Anderson
2141 14th Ave South
Birmingham, AL 35205

If you have any further questions you may contact me directly at 205-943-5329 or 866-803-2722 or via email at vanderson@childrensaid.org.

Sincerely,

Valerie Anderson

Valerie Anderson
Administrative Coordinator
Alabama Pre/Post Adoption Connections

**ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD ABUSE / NEGLECT (CA/N) CENTRAL REGISTRY CLEARANCE**

PRINT OR TYPE in black or blue ink. Additional information regarding the CA/N Central Registry is on the back of this form.
**** See instructions for the address to use when submitting this form. ****

Requesting Person or Agency/Organization	Children's Aid Society of Alabama	Check All That Apply
Mailing Address	2141 14th Avenue South	<input checked="" type="checkbox"/> Child Placing Agency
	Birmingham, AL 35205	<input type="checkbox"/> Residential Child Care Facility
		<input type="checkbox"/> Child Day / Night Care Center
Telephone Number (205)	943-5329	Email: vanderson@childrensaid.org
		<input type="checkbox"/> Family Day / Night Care Home
PRINT Requestor's Name		<input type="checkbox"/> Exempt Child Day Care Center
Requestor Signature	Date	<input checked="" type="checkbox"/> Medicaid Rehab. Provider DHR Vendor
Witness Signature	Date	<input type="checkbox"/> Other (Please Specify)

The person whose name and identifying information, printed or typed below, will provide **unsupervised care and supervision of children** as an employee volunteer other. This person's specific job/role is or will be:

Name _____ Sex Male Female Race _____ DOB ____ / ____ / ____
 Last First Middle

Current Mailing Address _____

Alias, Maiden & Prior Married Name(s) _____

Name & DOB of Spouse & Former Spouse(s) _____

Name & DOB of Children / Stepchildren _____

Alabama counties where person has lived and/or worked _____

Attach additional pages as needed to provide all information requested above.

To be completed by person being cleared

I authorize the Alabama Department of Human Resources to release information contained in the Child Abuse / Neglect Central Registry about me to the above named person/agency/organization. I hereby waive any right to any review or hearing to which I may otherwise be entitled. I further release the Department of Human Resources, its officers, and employees from any and all claims arising out of or in any way connected to the release or dissemination of any information concerning me.

 Signature Date Signature of Witness Date

To be completed by DHR

A search of the Alabama Child Abuse / Neglect Central Registry has been completed with the information provided to determine if the person identified above has been named as being responsible for child abuse or neglect in Alabama. DHR releases only that information which is necessary to discover or prevent child abuse / neglect.

Substantiated report (i.e., indicated) located. See attached information.

Type Report: Physical Abuse Neglect Sexual Abuse Mental Abuse / Neglect

No report located.

Request Denied _____

Other _____

Office of Child Protective Services

Date Completed



Instructions for completing the Child Abuse and Neglect (CA/N) Form

NAME – Print your entire last, first & middle name here.

SEX – Mark the box with an X.

RACE – Enter your race here.

DATE OF BIRTH – Enter the month, date & year.

CURRENT MAILING ADDRESS – Print your entire address including city, state & zip code.

ALIAS, MAIDEN & PRIOR MARRIED NAME(S) – Print any names that you have used in the past.

NAME & DATE OF BIRTH (DOB) OF SPOUSE & FORMER SPOUSE(S) – If you have been married before please print the name and date of birth (DOB) of ALL current and/or former spouses.

NAME & DATE OF BIRTH OF CHILDREN & STEPCHILDREN – Print the name(s) & DOB of ALL children including stepchildren that you have. Do not forget the date of birth.

ALABAMA COUNTIES LIVED OR WORKED IN – List ALL the counties in the state of Alabama that you have worked and lived in.

SIGNATURE – Sign the form.

SIGNATURE OF WITNESS – Have someone to sign this for you as a witness that this is your signature and that you actually signed this form. Can be any adult person.

MAIL THE ORIGINAL (NO COPIES) FORM TO:

ATTN: Valerie Anderson/APAC

2141 14th Avenue South

Birmingham, AL 35205

I must have the ORIGINAL FORM in order for it to be processed. If you have any questions please call 205-943-5329 or email, vanderson@childrensaidthe.org.

Valerie Anderson
APAC Admin Coordinator

Children's Aid Society

ACH Credit Authorization for Contractors/Vendors

GMS Vendor #: _____

I (we) hereby authorize *Children's Aid Society* (THE SOCIETY) to initiate entries to my (our) checking/savings account at the financial institution listed below (THE FINANCIAL INSTITUTION), and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until THE SOCIETY is notified by me (us) in writing to cancel it and to afford THE SOCIETY and THE FINANCIAL INSTITUTION a reasonable opportunity to act on the request.

(Name of Financial Institution)

(Address of Financial Institution – Branch, City, State, & ZIP)

(Signature & Date)

(Your Name – PLEASE PRINT)

(Your Address – PLEASE PRINT)

NOTE: Please attach a voided check in this space

Specify Account Type: Checking [] or Savings []

The following numbers are located on the bottom of your check/deposit slips as shown below:

- Financial Institution Routing Number: _____
- Your Account Number: _____

⑆ 123456789 ⑆ 1234567890123 ⑆
Routing Number Account Number

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	Exemptions (see instructions): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number									

Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out 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. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. The IRS has created a page on IRS.gov for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the

withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

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).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

DHR VENDOR CERTIFICATION FORM

DHR FEE PAID

Alabama Department of Human Resources
Office of Criminal History
P.O. Box 304000
Montgomery, Alabama 36130-4000
(334) 353-5400

Type or print legibly

First Name:

Middle:

Last:

Employer: Children's Aid Society-APAC Program

Contract Number: 4538

Contract Expiration Date: 9/30/2022

Job Title:

Social Security #:

Section 38 -13-3(a)(3), Ala. Code (1975) provides as follows: *An applicant in a position in the Department of Human Resources which requires unsupervised access to children, the elderly, or individuals with disabilities as one of the essential functions of the job...*

Criminal history background checks shall be required for prospective and current personnel under contract with the Department of Human Resources or working with another entity under contract with the Department of Human Resources, students, mentors, and volunteers in positions requiring unsupervised access to children, the elderly, or persons with disabilities as one of the essential functions of the job. The Department of Human Resources shall pay any fees related to checks required pursuant to this subdivision.

I, _____, (Printed Name of Applicant) hereby certify that the position I hold, as indicated above, meets the criteria described under Section 38-13-3(a)(3), Ala. Code (1975). I understand that falsifying information on this form may result in criminal and/or civil penalties, including, but not limited to, the applicant/employer paying for the above-referenced criminal history check and/or the Department of Human Resources terminating its contractual relationship with the entity with whom I am employed.

I, _____, (Printed Name of Employer) hereby certify that the position the employee holds, as indicated above, meets the criteria described under Section 38-13-3(a)(3), Ala. Code (1975). I understand that falsifying information on this form may result in criminal and/or civil penalties, including, but not limited to, the applicant/employer paying for the above-referenced criminal history check and/or the Department of Human Resources terminating its contractual relationship with the entity that I represent.

Signature of Applicant/Employee (Before Notary)

Signature of Employer/Agency Head (Before Notary)

Date

Date

Sworn to and subscribed before me

Sworn to and subscribed before me

on this _____ day of _____, 20____.

on this _____ day of _____, 20____.

Signature of Notary Public

Signature of Notary Public

Date

Date

My commission expires _____, 20____.

My commission expires _____, 20__.



Instructions for completing the DHR Vender Certification Form

PLEASE PRINT IN BLUE OR BLACK INK

FIRST NAME, MIDDLE NAME & LAST NAME

JOB TITLE – Enter the name of the job that you are applying for. If not sure please contact the office.

SS# - Enter your social security number.

FIRST BLANK SPACE/PRINTED NAME OF APPLICANT– Print your name here.

SECOND BLANK/PRINTED NAME OF EMPLOYER – DO NOTHING HERE/SKIP DOWN TO SIGNATURE.

(LEFT SIDE)SIGNATURE OF APPLICANT/EMPLOYEE BEFORE NOTARY – DO NOT SIGN OR DATE HERE UNTIL YOU ARE IN FRONT OF THE NOTARY THAT WILL NOTARIZE THIS FORM.

(RIGHT SIDE) SIGNATURE OF EMPLOYER/AGENCY HEAD – NOTHING HERE/LEAVE BLANK.

THE BOTTOM PORTION IS FOR THE NOTARY TO NOTARIZE AND PLACE THE SEAL. APPLICANT DOES NOTHING HERE.

If you have any issues or questions please call 205-943-5329 or email vanderson@childrensaidthe.org .

Valerie Anderson
Admin Coordinator

DISCLOSURE OF PROCUREMENT OF CONSUMER REPORT

PLEASE BE ADVISED that Children's Aid Society (the “Company”) may obtain information about you from a third-party consumer reporting agency to evaluate your eligibility. Thus, you may be the subject of a consumer report which may include information about your character, general reputation, personal characteristics, or mode of living.

~ End of document ~

Note to Company:

Leave a copy of this disclosure with the applicant/employee.

**DISCLOSURE OF PROCUREMENT OF
INVESTIGATIVE CONSUMER REPORT**

PLEASE BE ADVISED that Children's Aid Society (the “Company”) may obtain an investigative consumer report about you from a third-party consumer reporting agency. This report may include information about your character, general reputation, personal characteristics, and mode of living, and it may involve personal interviews with sources such as your neighbors, friends, and associates, as well as past and present employers, coworkers, references or others. You have the right, upon written request to the Company made within a reasonable period of time after receipt of this notice, to request a complete and accurate disclosure of the nature and scope of the investigation requested by the Company. You also have the right to request a summary of your rights under the federal Fair Credit Reporting Act.

~ End of document ~

Note to Company:

Leave a copy of this disclosure with the applicant/employee.



AUTHORIZATION

I HEREBY AUTHORIZE Children's Aid Society (“the Company”) to obtain consumer reports and investigative consumer reports about me at any time after receipt of this Authorization. To this end, I hereby authorize, without reservation, any person or entity, law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information to Employment Screening Services at 2700 Corporate Drive, Suite 100, Birmingham, Alabama 35242, 866-859-0143, www.es2.com.

The term background information includes, but is not limited to, employment history, reference checks, criminal and civil history information, motor vehicle records, moving violation reports, sex offender status information, credit reports, education verification, professional licensure verification, drug testing, and information related to my Social Security Number.

I acknowledge receipt of three separate documents entitled Disclosure of Procurement of Consumer Report, Disclosure of Procurement of Investigative Consumer Report, and a Summary of Your Rights under the Fair Credit Reporting Act, and I certify that I have read and understood all of those documents. I understand I can view ESS’s Privacy Policy on its website at www.es2.com. I agree that a facsimile, electronic or photographic copy of this Authorization shall be as valid as the original.

Signature of Applicant/Employee

Date

Print Name of Applicant/Employee

Note to Company:

Maintain original authorization in personnel file.



CONSUMER INFORMATION SHEET

NOTE TO CLIENT: This is to be used for manual orders only. Clients using our Verocity Web Application or SwiftHire do not need to complete this page.

NOTE TO CONSUMER: The following is used only for the purpose of performing a background check. To view ESS’s privacy policy, please go to www.es2.com/privacy-policy/

Please type or print using black ink. Illegible writing will cause delays.					
<u>Last Name:</u>		<u>First Name:</u>		<u>Middle Name:</u>	
<u>Date of Birth:</u>		<u>Social Security Number:</u>		<u>Driver’s License Number and State:</u>	
<u>Current Address:</u>		<u>City:</u>		<u>State:</u>	<u>Zip Code:</u>
<u>Previous Address (Past 7 Years):</u>		<u>City:</u>		<u>State:</u>	<u>Zip Code:</u>
<u>Previous Address (Past 7 Years):</u>		<u>City:</u>		<u>State:</u>	<u>Zip Code:</u>
<u>Previous Address (Past 7 Years):</u>		<u>City:</u>		<u>State:</u>	<u>Zip Code:</u>
<u>Degree obtained:</u>		<u>Year Graduated:</u>	<u>Name of School:</u>		<u>City and State of School:</u>
<u>Last Name Used at Time of Graduation:</u>		<u>Other Aliases (Other Names I Have Been Known By):</u>			



Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.

- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- The following FCRA right applies with respect to nationwide consumer reporting agencies:

CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE

You have a right to place a “security freeze” on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is placed on a consumer’s credit file. Upon seeing a fraud alert display on a consumer’s credit file, a business is required to take steps to verify the consumer’s identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the

account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
<p>1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p>	<p>a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552</p> <p>b. Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Custom Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box. 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Financial Protection (OCFP) Division of Consumer Compliance Policy and Outreach 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590</p>
<p>4. Creditors Subject to the Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423</p>
<p>5. Creditors Subject to the Packers and Stockyards Act, 1921</p>	<p>Nearest Packers and Stockyards Administration area supervisor</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., Suite 8200 Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549</p>
<p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>