

Public Partnerships, LLC (PPL)
Fiscal Intermediary
7776 S Pointe Pkwy W Ste. 150
Phoenix, AZ 85044
Phone (866) 264-2296
TTY Phone (800) 360-5899
Business Fax (866) 799-9381
Time Sheet Fax (866) 874-0478



IN FSSA Self-Directed Attendant Care Program Information Authority Form

Consumer Name: _____

The IN FSSA Self-Directed Attendant Care program is consumer-directed in nature. As a result, PPL only releases consumer program information to either the consumer or another individual who is serving as the employer on the account. There are situations in which consumers and/or employers would like to authorize other individuals to call customer service and obtain consumer program information. This form identifies those individuals.

I have read and understand the information outlined above as it relates to my receipt of Self-Directed Attendant Care Service. I understand that I must give permission for anyone other than myself or the employer to obtain information about my account.

I authorize _____ or _____
(Print full name) (Print full name)
to call customer service on my behalf and obtain information about my account.

1. Authorized Individual: _____
Print Name: _____
Relationship to Consumer: _____
2. Secondary Authorized Individual: _____
Print Name: _____
Relationship to Consumer: _____

Signature or mark of consumer/employer

Date