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## 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