



## Attendant Application Request Form Instructions

The Employer of Record (EOR) and Attendant applicant must complete and submit the Attendant Application Request Form any time an Attendant is applying to work for a new or additional consumer enrolled in the Consumer-Directed Services Program. Public Partnerships, LLC (PPL) will use the information provided on this form to prepare and pre-fill Attendant employment forms for the consumer and employer listed on the application. PPL will send the Attendant Enrollment Forms Packet and Attendant Welcome Packet to the Employer once this application has been processed by PPL.

### Submit an Attendant Application

A person can apply to be an Attendant by providing the necessary information in one of several ways:

1. Online at  
<https://fms.publicpartnerships.com/PPLPortal/Login.aspx?vadmas>,  
 on the right side of the page under Resources, click “Virginia CCC Plus Attendant Application” or
2. Call the Enrollment Hotline at 1-877-908-1752, Monday through Friday, 8:00AM to 8:00PM and Saturday 9:00AM to 1:00PM. NOTE: Only the EOR may call the hotline. Make sure the Attendant applicant is with you, and have the following information available:
  - Consumer Number
  - The Applicant’s Social Security Number (best to have the SSN card in hand).

3. Complete the paper application form and send to PPL:

Email: [vapplfax@pcgus.com](mailto:vapplfax@pcgus.com)  
 Fax: 1-866-709-3319  
 Mail: Public Partnerships LLC  
 4991 Lake Brook Drive, Suite 190  
 Glen Allen, VA 23060

Consumer Name	Employer Name	Attendant Name
Consumer Full Name	Employer Full Name	Attendant Full Name

  

### Attendant Application Request

- All NEW or EXISTING Attendants must complete the Attendant Application Request Form if you are applying to work for a new or additional Consumer.
- Attendants MUST provide both a physical street address (IRS Requirement) AND a mailing address for correspondence.
- Complete this form and fax to 1-866-709-3319, or email to [vapplfax@pcgus.com](mailto:vapplfax@pcgus.com). Please allow 3 business days to process this form. Public Partnerships LLC (PPL) will mail or secure email the attendant hire packet to the employer of record (EOR) within 3 business days.
- To complete this application by phone, the employer may call the enrollment hotline at 1-877-908-1752 or submit the application online on the BetterOnline™ Web Portal at <https://fms/publicpartnerships.com/pplportal/Login.aspx?vadmas> under Resources.

Type of Application (select one):			
<input type="checkbox"/> New Attendant	<input type="checkbox"/> Existing Attendant	(Provider ID Number): _____	
Process Request (select one):			
<input type="checkbox"/> Mail to Employer	<input type="checkbox"/> Email to Employer		
Date of Request _____			

  

Attendant Information			
*Items marked with an asterisk (*) are required			
First Name*:	Middle Name:	Last Name*:	
Maiden Name(s):	Date of Birth*:	Social Security Number*:	
Physical Address (no P.O. Box) *:	City*:	State*:	Zip Code*:
Phone Number*:	Alternate Phone Number:	Email Address:	
Mailing Address (if different from physical address):	City:	State:	Zip Code:
Optional – Used for Criminal Background Check		Expected Date of Employment for Attendant (mm/dd/yyyy):	
Gender:	Race:		
<input type="checkbox"/> Male <input type="checkbox"/> Female			

  

Consumer/EOR Information		
Please complete the following information		
Consumer ID:	Consumer First Name:	Consumer Last Name:
EOR First Name:	EOR Last Name:	
EOR Phone Number:	EOR Email Address:	

The Attendant Application Form should be completed by the Employer of Record and the Attendant applicant. All fields on the form and online that are followed by an asterisk (\*) are required. If these fields are not completed PPL will return the form for correction.

Item Description	How to Complete
1. Type of Request	Is the applicant new, or an Attendant employed for another Consumer?
2. Date of Request	The date the Attendant and the EOR are completing the form
3. Process Request as Follows	Choose whether PPL should email or mail the Attendant Enrollment Forms Packet to the Employer. Give PPL the Employer's email address if you want us to send the packet by secure email.
4. Attendant First Name	First name as it appears on the Attendant's Social Security Card
5. Attendant Middle Name Middle name given at birth	Middle name given at birth
6. Attendant Last Name	Last name as it appears on the Attendant's Social Security Card
7. Attendant Maiden Name	Maiden name, especially if it is on the Attendant's Social Security Card
8. Attendant Date of Birth	Month, day, and year of the Attendant's birth
9. Attendant Social Security Number	Enter SSN as it appears on the Attendant's Social Security Card; this is a nine digit number
10. Attendant Street Address (Physical)	The address where the Attendant lives. <input type="checkbox"/> NOTE: This cannot be a post office box. The physical building number and street name are required.
11. Attendant City, State and ZIP Code	The city, state and ZIP code where the Attendant lives
12. Attendant Telephone Number	The telephone number where the Attendant can be reached if PPL has questions
13. Attendant Alternative Telephone Number	Another telephone number where the Attendant can be reached if PPL has questions
14. Attendant Mailing Address	Where the Attendant wants PPL to send mail, if different from his or her physical address
15. Attendant City, State and ZIP Code	The city, state and ZIP code where the Attendant wants to receive his or her mail
16. Attendant Email address	Email address where PPL can send information to the Attendant
17. Attendant Gender	Optional: identify the Attendant's gender – male or female
18. Attendant Race	Optional: identify the Attendant's race – this is used to complete the Criminal History Record Name Search
19. Expected Start Date of Employment for the Attendant	The date the Attendant plans to begin work. <b>NOTE: This date cannot be before the date the Consumer is authorized to receive services. Attendants cannot be paid for service dates that have not been authorized by Medicaid, or for services provided to ineligible Consumers. Attendants also will not be paid until all Consumer and Attendant enrollment forms have been completed and processed by PPL.</b>
20. Consumer ID	Enter the identification number for the Consumer for whom the Attendant will work in the program.
21. Consumer First Name	The first name of the person who the Attendant will serve
22. Consumer Last Name	The last name of the person who the Attendant will serve
23. Employer First Name	The first name of the person who will be the Attendant's Employer
24. Employer Last Name	The last name of the person who will be the Attendant's Employer
25. Employer Phone Number	The telephone number of the Employer of Record
26. Employer Email Address	Email address where PPL can send information to the Employer