



Attendant Application Request

The Employer of Record (EOR) and attendant can use a computer or a tablet to electronically complete the Attendant Hire Packet with your Managed Care Organization (MCO) under the VA CCC Plus program through Public Partnerships LLC at www.pplenroll.com. The EOR may also use the Online Enrollment tab when they log into the BetterOnline™ Web Portal to start the electronic hire packet for the attendant. **You do not need to complete or mail this paper attendant application or hire packet when choosing this option.**

Program Qualifications: *(Responses to these three (3) questions are REQUIRED.)*

1. Are you the parent (biological, step-parent, adoptive) of a minor child (under the age of 18) receiving waiver services? Yes No

2. Are you the spouse, legal guardian, representative payee, or power of attorney to the individual receiving waiver services? Yes No

3. Are you under the age of 18? Yes No

*If you answered **YES** to any of the above questions, you do **NOT** qualify for employment in this program.*

Instructions:

1. If not choosing Electronic Enrollment, all NEW or EXISTING attendants must complete this Attendant Application Request if you are applying to work for a new or additional consumer.
2. Attendants MUST provide both a physical street address (IRS requirement) AND a mailing address for correspondence.
3. Complete this form and **fax to 1-866-709-3319 or email to vapplfax@pcgus.com**. Please allow 3 business days to process this form. Public Partnerships LLC will mail or secure email the attendant hire packet to the employer within 3 business days.

New Attendant Existing Attendant (Provider ID Number): _____

Process Request as Follows: Mail to EOR Email to EOR Date of Request: _____

| Attendant Information | | | |
|--|-------------------------|---|------------|
| Items marked with an asterisk (*) are required. | | | |
| First Name*: | Middle Name*: | Last Name*: | |
| Maiden Name: | Date of Birth*: | Social Security Number*: | |
| Street Address (physical address no P.O. Box) *: | City*: | State*: | Zip Code*: |
| Phone Number: | Alternate Phone Number: | Email Address: | |
| Mailing Address*: | City*: | State*: | Zip Code*: |
| <i>Optional – used for criminal background check</i> | | Expected Date of Employment for Attendant (mm/dd/yyyy): | |
| Gender: | Race: | | |
| Consumer Information | | | |
| Please complete the following information | | | |
| Consumer First Name: | Consumer Last Name: | Consumer ID: | |
| EOR First Name: | EOR Last Name: | | |
| EOR Phone Number: | EOR Email Address: | | |