



**West Virginia Personal Options
Intellectual/Developmental Disabilities Waiver Program
Employee Data Form**

The Information you list on this form is confidential. This form will help ensure your application will be processed without any delays.

Personal Information	
Name: _____	Gender: _____ Male _____ Female
Date of Birth: _____	SSN: _____
Mailing Address: _____	
City: _____	State: _____ Zip: _____
Physical Address (if different from Mailing Address): _____	
City: _____	State: _____ Zip: _____
County: _____	
Phone: _____	Alternate Phone: _____
Fax: _____	
Country of Birth: _____	State of Birth: _____
Do you currently reside with the participant?	___ Yes ___ No
Are you currently serving as the participants Program Representative?	___ Yes ___ No
If yes, are you a single parent who resides with the participant?	___ Yes ___ No

PPLProviderConnect.com

PPL Provider Connect directory is for those who choose to self-direct their home care and need to hire caregivers, and, for caregivers seeking jobs. Participants post information regarding the type of assistance they need, while caregivers post their work experience and search the job postings to find a match.

Participant/Employer Name: _____
Please indicate the name of the participant/employer who you will be serving.