

ATTENDANT ENROLLMENT

This form is the first step in the enrollment and onboarding process with Public Partnerships LLC (PPL). The details you provide on this form will be used for both employment and payment choices. Please complete this form.

Attendant Name										
First:	Middle:		Last:							
Maiden or Previous Last:										
Attendant Address (where you live)										
Street (no PO Box):		Street 2 (AP	T., STE., etc.):							
City:	State:		Zip Code:							
County:	<u>M</u> ı	unicipality:								
\square Select if address where you live is the s	same as mailin	g address								
If not, complete the Mailing Address se	ction below.									
Address:		Address 2 (A	APT., STE., etc.):							
City:	State:		Zip Code:							
Attendant Personal Details										
Date of Birth: Social Security	Number:	Ge	nder:							
			Male Female Prefer not to disclose							
Attendant Contact Details										
We need to have 2 ways of reaching you. En	nail is preferre	d.								
Email:										
Cell Phone:		Home or Other Phone:								
PPL can text me using the cell phone number all understand that carrier charges may apply.										

Attendant Enrollment Colorado | CDASS

up. Dire	use select if you would like to It takes one to two pay perio ct Deposit Update form.	ods to bed	ome ac	tive.	If y	ou ne	ed to	upda	ate yo	our ba	ank a	ccoui	nt det	tails, <u>y</u>	you n	nust s	ubmi	
Select this option if you would like all payments to be deposited in the same account for all Members you work for.																		
	ment Information Direct Deposit to Bank Acc																	
	-		daa Aa		.4				i									
	ount Type (select one):	☐ Cnec	king Ac	coun	Ιτ			ა	aving	S ACC	count		1					
Banking Institution Name:																		
Routing Number:											1	T	T					
Account Number:																		
Pay Stub																		
	r pay stub is available throug	gh the we	b portal	or th	ne m	obile	арр.	If yo	u do	not h	ave a	acces	s to t	he in	ternet	t, then	sele	ect
the checkbox below.																		
Please send my pay stub in the mail.																		
Attendant Directory Opt-In If available, would you like to be added to a directory to help Members locate Attendants in their area?																		
Yes, please list my name and basic contact details in an Attendant directory.																		
No, I would prefer not to be listed in an Attendant directory.																		
PPL Terms and Conditions																		
 I understand and accept: PPL is not my employer. PPL will help my employer collect my personal details needed to complete the employment forms. PPL, as an FEA (Fiscal Employer Agent), will support my employer in processing their taxes and payroll tasks. Information provided to PPL, on behalf of my employer, can/will be used to fill required forms for employment that are required under Federal/State and Self-Directed Services programs. PPL will collect my account numbers only to process my payment on behalf of my employer. PPL will process my payment only after my employer approves my timesheet. Through PPL I can select my preferred method of contact. PPL can contact me through phone calls, email, and regular mail with details provided by me. If I want to find out other ways PPL might use my details, I can find it in PPL's Privacy Policy on their website. 																		
Agree and Sign																		
	Attendant confirms: I have read all of this form. The details I have provided a Any false statement on this in This document is not a conting Employment depends on ve PPL can deposit my payment If I fail to provide complete a my electronic payments may PPL can withdraw from the of If my account is closed, or d me until the incorrect deposit I want to cancel direct dep number.	form may ract of be rifying my nt directly and accurate be error designate oes not hited amou	result in ween the right to into my ate informate informate accordance endones.	n my he At wor ban madi madi unt al bugh repa	disr ttend rk in hk action of le. Il am mor aid.	missa lant, the U coun on this nounts	PPL, JS. t base s form s dep o allov	ed on n, pro osite v with	my ocessi d elec	choice ng m ctroni /al, P	ay be cally PL ca	e dela in err an wit h the	or. hholo	d any ount a	paym	nent o		
Γ	Attendant Signature:												Date:					7

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