

***TYPE OF SUBMISSION**

DATE OF EMAIL SUBMISSION: _____

NEW PARTICIPANT REFERRAL

PPL-Enrollment-FL-MCO@pplfirst.com

CHANGE IN INFORMATION (select one):

DESIGNATED REPRESENTATIVE

ENROLLMENT STATUS DISENROLLMENT DATE: _____ DISENROLLMENT REASON: _____

DEMOGRAPHIC INFORMATION

TRANSFER PREVIOUS PROGRAM/ID#: _____ NEW PROGRAM: _____ EFFECTIVE DATE: _____

PARTICIPANT/EMPLOYER INFORMATION

*First Name:		Middle Name:		*Last Name:	
*Physical Address (no P.O. Box):					
*City:		*State:	*Zip Code:		County:
*Mailing Address: (if different from above)					
City:		State:	Zip Code:		*Phone:
Alt Phone:					
*Social Security (SSN):			*Medicaid ID#:		*DOB:
*Region:		Preferred Method of Contact (if known):		Best Time of Contact (if known):	
Preferred Language:		Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male		Email Address (Recommended):	
Has Employer applied for an Employer Identification Number (EIN) in the past?					
Circle One: Yes / No / Unknown If Yes, EIN#					

DESIGNATED REPRESENTATIVE (DR) INFORMATION

(DSW CANNOT BE A DESIGNATED REPRESENTATIVE)

First Name:		Last Name:		DOB: DR must be at least 18 years of age	
				____/____/____	
Mailing Address (no P.O. Box):					
City:		State:	Zip Code:		Phone:
Relationship to Participant:			Email Address:		

CASE MANAGER (CM) INFORMATION

(ONLY COMPLETE IF SUBMITTING AS A "NEW PARTICIPANT REFERRAL")

*First Name:		*Last Name:		*Case Manager Agency:	
*Phone:		*Email Address:		REGION MANAGER Email Address:	

DIRECT SERVICE WORKER (DSW) INFORMATION

(ONLY COMPLETE WHEN SUBMITTING A "NEW PARTICIPANT REFERRAL")

First Name:		Last Name:		Relationship to Participant:	
Phone:		Email Address:			
DOB: DSW must be at least 18 years of age			Social Security Number:		
____/____/____					

The ***Referral and Status Update*** form is the tool to alert Public Partnerships LLC (PPL) when a Participant has elected to self-direct employee services through the Florida Participant Direction Option program.

PPL will use the information documented on this form to create the Participant's account in our BetterOnline™ web portal and to initiate the enrollment process.

This form may also be used to notify PPL when a Participant has changes in demographic information, Designated Representative delegation or needs to disenroll in the program.

Who completes this form?

The Participant's ***Case Manager***.

What information is required on the form?

* indicates a required field

For new Participant referrals, the Participant/Employer Information & Case Manager Information is required. The Designated Representative Information (if applicable) and Direct Service Worker Information is optional however providing the information will assist in expediting the Enrollment process.

Please note the following program requirements:

- ✓ The Participant is the Employer of Record (EOR)
- ✓ If the Participant is unable to direct and manage their services, they may choose to designate a representative. The person identified to serve as the representative must be at least 18 years of age and cannot serve as a direct service worker. The DR information can be entered into the "Designated Representative" section of this form.

Where do I submit this form?

This form should be emailed to Public Partnerships at PPL-Enrollment-FL-MCO@pplfirst.com. Please do not send via any other alternative method.

What does PPL do with this form once it's submitted?

All ***Referral and Status Update*** forms will be processed within one (1) business day. PPL will verify that the referral form is complete given the type of submission. Once the form is verified as complete the information will be entered into BetterOnline™ web portal and an Enrollment Specialist will be assigned to manage the Enrollment process. If the form is missing information, PPL will respond to the original email requesting the missing information.