

New Direct Care Worker (DCW) Application Request Instructions

What is it for?

Before a Direct Care Worker (DCW) can be employed by his or her Common Law Employer (CLE) and start receiving payment for the services they provide to the participant, the DCW must first complete the Direct Care Worker (DCW) Application Form.

Which fields do I need to complete?

Please complete each field, sign, and date the application and mail it to OLTL, through PPL.

Why is this important?

OLTL, through PPL uses this form to record your demographic information into our system. It also tells us which participant you are applying to work for so that we can link your accounts correctly.

DEPARTMENT OF HUMAN SERV OFFICE OF LONG TERM LIVING				
New Direct	Care Wor	ker (DCW) Ap	plication Req	uest
To provide you with your enrollm through Public Partnerships LL(application should be completed populate your Direct Care Worke	C (PPL) need:	s to collect some g and the employer.	eneral information	from you. This
Once complete, please call 1-877	'-908-1752 or	return the form via	a mail or fax.	
Type of Application (select one	e) New DCW Existing DCW (if you are already in PPL's system, list your PPL ID #)			
Are you under 18 years old If you responded "YES" to either	of these ques	Yes No tions above you do	NOT qualify for em	ployment.
First Name*:	Middle In	Idle Initial: Last Name*:		
Maiden/Alias Name(s):	Date of B	e of Birth*: Social Security Number*:		
maideli/Alias Ivallie(s).			Social Security IV	umber*:
Physical Address (no P.O. Box) *:		City*:	State*:	umber*: Zip Code*:
.,	School D		State*:	
Physical Address (no P.O. Box) *:	School D		State*:	Zip Code*:
Physical Address (no P.O. Box) *: County*:	School D Alternate	istrict*:	State*: Municipality (City,	Zip Code*:

If you have any questions, please contact customer service at 1-877-908-1750.