



## Attendant Application Request

The Employer of Record (EOR) and attendant can use a computer or a tablet to complete the Attendant Hire Packet with VA Cardinal Care electronically through Public Partnerships LLC at [www.pplenroll.com](http://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) or child of the individual receiving waiver services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Are you the spouse, legal guardian, representative payee, or power of attorney to the individual receiving waiver services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Are you under the age of 18?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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](mailto:vapplfax@pcgus.com)**. Please allow 3 business days to process this form. VA Cardinal Care, through 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: \_\_\_\_\_

<b>Attendant Information</b>				
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:			
<b>Consumer Information</b>				
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:		