

New Direct Care Worker (DCW) Application Request

To provide you with your enrollment packet, the Office of Long-Term Living (OLTL) program, through Public Partnerships LLC (PPL) needs to collect some general information from you. This application should be completed by both you and the employer. PPL will use this information to pre-populate your Direct Care Worker (DCW) enrollment packet.

Once complete, please call 1-877-908-1752 or return the form via mail or fax.

Type of Application (select one) New DCW Existing DCW (if you are already in PPL's system, list your PPL ID # _____)

Program Qualifications: *(Responses to these four (4) questions are REQUIRED.)*

1. Does a child under the age of 18 live in the home of the Participant? Yes No
2. I have continuously lived in the state of PA for the past 2 years? Yes No
3. Are you a spouse of, legal guardian for, representative payee or power of attorney to the Participant? Yes No

If you answered YES to the above question, you do NOT qualify for employment for this participant.

4. I am at least 18 years of age? Yes No

DCW Information				
First Name*:	Middle Initial:	Last Name*:		
Maiden/Alias Name(s):	Date of Birth*:	Social Security Number*:		
Physical Address (no P.O. Box) *:	City*:	State*:	Zip Code*:	
County*:	School District*:	Municipality (City, Borough, or Township) *:		
Phone Number*:	Alternate Phone Number:	Email Address:		
Mailing Address (if different from physical address):	City:	State:	Zip Code:	
Relationship to Participant/Common Law Employer:				

Participant Name	Employer Name	DCW Name

Participant Information		
Please complete the following information		
Please provide the necessary information for the person who you will be providing services and working for.		
First Name*:	Last Name*:	PPL ID:
Medicaid Number*:	Common Law Employer Name (if different from the participant):	

***Items marked with an asterisk (*) are required to pre-populate your DCW Application.**

DCW Wage and Service Information	
Must provide a wage for at least one service. Note hourly wages are determined by your employer, not PPL.	
Service (Procedure Code)	Hourly Wage
Personal Assistance Services (W1792)	\$
Respite (S5150)	\$
Participant Directed Community Supports (W1900)	\$

Acknowledgement	
<p>I certify that all answers given herein are true and complete to the best of my knowledge. I understand and consent to having state police criminal background checks, child abuse clearances (when required), and federal criminal history records (when required) completed on me and that my employment is contingent upon the results. I understand that I must complete a DCW Pre-Service Orientation session before I can be paid as a DCW in the program and that this orientation must only be completed one time. I understand I must sign and return enrollment documents generated from this application request form as a condition of employment in this program. I understand that I cannot begin working until my employer receives written notification that I have completed all requirements.</p>	
Direct Care Worker Signature:	Date:

MAIL TO:
PA OLTL
PUBLIC PARTNERSHIPS LLC
P.O. BOX 1108
WILKES-BARRE, PA 18773-9905

OR

FOR FASTER PROCESSING FAX TO: 1-855-858-8158 or EMAIL TO: padpw-oltl@pcgus.com