

The Participant or Representative fills out this form with each qualified Direct Service Worker (DSW) when they wish to pay the DSW for new service type or when they wish to change the DSW's current pay rate. **Check the box of the service you are adding or modifying and indicate your desired rate.**

If this form is being used to change an existing pay rate, the rate change will go into effect on the next payroll after PPL receives the form. Changes will not be applied to dates already paid.

DSW Name: _____

DSW Signature: _____ Date: _____

DSW Social Security Number: _-_- _-_- _-_-

New Service Change of Existing Rate

	Service (Procedure Code)	DSW Rate per Hour
<input type="checkbox"/>	Adult Companion Care S5135	\$
<input type="checkbox"/>	Attendant Care S5125	\$
<input type="checkbox"/>	Homemaker S5130	\$
<input type="checkbox"/>	Personal Care Services T1019	\$
<input type="checkbox"/>	Intermittent and Skilled Nursing (RN) T1002	\$ 35.00
<input type="checkbox"/>	Intermittent and Skilled Nursing (LPN) T1003	\$ 22.00

Participant Name: _____

Representative's Name (if applicable): _____

Participant/Representative Signature: _____ Date: _____

