

## Attendant Application Request Form Instructions


The Employer of Record (EOR) and Attendant applicant must complete and submit the Attendant Application Request Form any time an Attendant is applying to work for a new or additional consumer enrolled in the Consumer-Directed Services Program. VA Cardinal Care through Public Partnerships, LLC (PPL) will use the information provided on this form to prepare and pre-fill Attendant employment forms for the consumer and employer listed on the application. VA Cardinal Care, through PPL will send the Attendant Enrollment Forms Packet and Attendant Welcome Packet to the Employer once this application has been processed by VA Cardinal Care, through PPL.

### Submit an Attendant Application

A person can apply to be an Attendant by providing the necessary information in one of several ways:

- Online at <https://fms.publicpartnerships.com/PPLPortal/Login.aspx>, on the right side of the page under Resources, click "Virginia Cardinal Care Attendant Application" or
- Call the Enrollment Hotline at 1-877-908-1752, Monday through Friday, 8:00AM to 8:00PM and Saturday 9:00AM to 1:00PM. NOTE: Only the EOR may call the hotline. Make sure the Attendant applicant is with you, and have the following information available:
  - Consumer Number
  - The Applicant's Social Security Number (best to have the SSN card in hand).
- Complete the paper application form and send to VA Cardinal Care, through PPL:
 

Email: [vapplfax@pcgus.com](mailto:vapplfax@pcgus.com)  
 Fax: 1-866-709-3319  
 Mail: Public Partnerships LLC  
 4991 Lake Brook Drive, Suite 190  
 Glen Allen, VA 23060

 <b>Attendant Application Request</b>			
<p>The Employer of Record (EOR) and attendant can use a computer or a tablet to complete the Attendant Hire Packet with VA CCC Plus electronically through Public Partnerships LLC at <a href="http://www.pplroll.com">www.pplroll.com</a>. 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.</p>			
<p><b>Program Qualifications: (Responses to these three (3) questions are REQUIRED.)</b></p>			
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	
<p>If you answered <b>YES</b> to any of the above questions, you do <b>NOT</b> qualify for employment in this program.</p>			
<p><b>Instructions:</b></p>			
<p>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.</p>			
<p>2. Attendants MUST provide both a physical street address (IRS requirement) AND a mailing address for correspondence.</p>			
<p>3. Complete this form and fax to 1-866-709-3319 or email to <a href="mailto:vapplfax@pcgus.com">vapplfax@pcgus.com</a>. Please allow 3 business days to process this form. VA CCC Plus, through Public Partnerships LLC will mail or secure email the attendant hire packet to the employer within 3 business days.</p>			
<p><input type="checkbox"/> New Attendant    <input type="checkbox"/> Existing Attendant (Provider ID Number): _____</p>			
<p>Process Request as Follows:    <input type="checkbox"/> Mail to EOR    <input type="checkbox"/> Email to EOR    Date of Request: _____</p>			
Attendant Information			
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*:
Optional – used for criminal background check		Expected Date of Employment for Attendant (mm/dd/yyyy):	
Gender:	Race:		
Consumer Information			
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:		

The Attendant Application Form should be completed by the Employer of Record and the Attendant applicant. All fields on the form and online that are followed by an asterisk (\*) are required. If these fields are not completed VA Cardinal Care, through PPL will return the form for correction.

Item Description	How to Complete
1. Type of Request	Is the applicant new, or an Attendant employed for another Consumer?
2. Date of Request	The date the Attendant and the EOR are completing the form
3. Process Request as Follows	Choose whether VA Cardinal Care, through PPL should email or mail the Attendant Enrollment Forms Packet to the Employer. Give VA Cardinal Care, through PPL the Employer's email address if you want us to send the packet by secure email.
4. Attendant First Name	First name as it appears on the Attendant's Social Security Card
5. Attendant Middle Name Middle name given at birth	Middle name given at birth
6. Attendant Last Name	Last name as it appears on the Attendant's Social Security Card
7. Attendant Maiden Name	Maiden name, especially if it is on the Attendant's Social Security Card
8. Attendant Date of Birth	Month, day, and year of the Attendant's birth
9. Attendant Social Security Number	Enter SSN as it appears on the Attendant's Social Security Card; this is a nine-digit number
10. Attendant Street Address (Physical)	The address where the Attendant lives. <b>NOTE:</b> This cannot be a post office box. The physical building number and street name are required.
11. Attendant City, State and ZIP Code	The City, State and ZIP code where the Attendant lives
12. Attendant Telephone Number	The telephone number where the Attendant can be reached if VA Cardinal Care, through PPL has questions
13. Attendant Alternative Telephone Number	Another telephone number where the Attendant can be reached if VA Cardinal Care, through PPL has questions
14. Attendant Mailing Address	Where the Attendant wants VA Cardinal Care, through PPL to send mail, if different from his or her physical address
15. Attendant City, State and ZIP Code	The City, State and ZIP code where the Attendant wants to receive his or her mail
16. Attendant Email address	Email address where VA Cardinal Care, through PPL can send information to the Attendant
17. Attendant Gender	Optional: identify the Attendant's gender – male or female
18. Attendant Race	Optional: identify the Attendant's race – this is used to complete the Criminal History Record Name Search
19. Expected Start Date of Employment for the Attendant	The date the Attendant plans to begin work. <b>NOTE: This date cannot be before the date the Consumer is authorized to receive services. Attendants cannot be paid for service dates that have not been authorized by Medicaid, or for services provided to ineligible Consumers. Attendants also will not be paid until all Consumer and Attendant enrollment forms have been completed and processed by VA Cardinal Care, through PPL.</b>
20. Consumer ID	Enter the identification number for the Consumer for whom the Attendant will work in the program.
21. Consumer First Name	The first name of the person who the Attendant will serve
22. Consumer Last Name	The last name of the person who the Attendant will serve
23. Employer First Name	The first name of the person who will be the Attendant's Employer
24. Employer Last Name	The last name of the person who will be the Attendant's Employer
25. Employer Phone Number	The telephone number of the Employer of Record
26. Employer Email Address	Email address where PPL can send information to the Employer