



Notice of Discontinued Employment Form Instructions

What is the purpose of this form?

The Notice of Discontinued Employment form notifies VA Cardinal Care, through Public Partnerships LLC (PPL) when an attendant stops working for you. We need to know this for the following reasons:

- To prevent incorrect payments
- To maintain up-to-date information about who is working for you
- To communicate to the Virginia Employment Commission the last date of employment and the reason for termination

How do I complete the form?

1. Write the attendant's last day of work
2. Select the reason for discontinuation
3. Sign and date the form
4. Send the form to VA Cardinal Care, through PPL immediately, the attendant does NOT need to sign the form

Who can sign the form?

The Services Facilitator or Care Coordinator can sign the form if you are unable to do so.

If you have given someone else power of attorney, that person can sign the form for you. A copy of the power of attorney must be included with the form.

Submit the form to:

Email vapplfax@pcgus.com

Fax 1-866-709-3319

Mail Public Partnerships LLC
4991 Lake Brook Drive, Suite 190
Glen Allen, VA 23060

Notice of Discontinued Employment		
This form lets you notify VA Cardinal Care, through Public Partnerships LLC (PPL) when an attendant has stopped working for you. Please complete all sections and sign and date in the spaces provided.		
Consumer Name:	Consumer ID:	Consumer Phone:
Attendant Name:	Attendant ID:	Attendant Phone:
Employer of Record (EOR) Name:		EOR Phone:
Last date attendant worked _____		
Reason for separation (select one): <input type="checkbox"/> Quit <input type="checkbox"/> Fired <input type="checkbox"/> Deceased <input type="checkbox"/> Other		
This form can be completed by the EOR or both the EOR and attendant to document the reason(s) for ending employment. Briefly state the reason(s) why employment was terminated.		

NOTE: If the attendant cannot or will not sign, the EOR should sign, date, and return this form without the attendant's signature.		
EOR Signature _____	Date _____	
Attendant Signature _____	Date _____	
NOTE: An Agent authorized by power of attorney (POA), an Executor of Estate, or Medicaid Service Facilitator may sign the form when the EOR is unable to do so. (An Agent or Executor of the Estate <u>must provide a copy of the POA</u> to verify they have authority to terminate the employee.)		
Agent Signature _____	Date _____	
A copy of the power of attorney is attached: <input type="checkbox"/> Yes <input type="checkbox"/> No		
This form must be signed . Mail the form to VA Cardinal Care, through PPL. For faster processing fax or email.		