

Common Law Employer Agreement Instructions

The common law employer (CLE) must complete and submit the Common Law Employer Agreement to Public Partnerships LLC (PPL).

1. **Participant's information:** The participant's information must be completed.
2. **Common law employer designation:** One box must be checked to identify whether the participant or the participant's surrogate/representative is the CLE.
3. **Designated CLE information:** If an alternate common law employer has been designated to act as the CLE, the individual's information must be completed.
4. **CLE requirements/ responsibilities:** The participant or designated CLE (as applicable) must be informed of the CLE requirements and responsibilities and agree to maintain compliance with the responsibilities of being the CLE. If the designated CLE has questions regarding the CLE responsibilities, please contact PPL.
5. **Attestation box and signature:** CLE's name must be entered in the attestation box and read the attestation. By signing, printing, and dating the Common Law Employer Agreement, the participant or designated CLE (as applicable) is agreeing to the CLE requirements and responsibilities, and terms and conditions of being designated as the CLE.
6. **Maintain copy in file:**
 - a. The CLE must maintain a copy of the CLE Agreement.
 - b. The CLE must provide a copy to PPL.



Common Law Employer Agreement

**Vendor Fiscal/Employer Agent (VF/EA) Financial Management Services (FMS)
Common Law Employer Agreement for Office of Long-Term Living Programs**

I know that participating in the VF/EA FMS program means that the Common Law Employer (Employer) can exercise authority over some or all the participant's services and supports as allowed in the person-centered Individual Service Plan (Service Plan). The Employer accepts the job of managing the participant's services and supports and is recognized as the legal employer of the qualified Direct Care Workers (Worker) hired to provide the participant's Participant Directed Services (Services).

Participant's information

Name of Participant Receiving Services (Print/type) _____
 Address _____ Apt./Unit/Ste. _____
 City _____ State _____ Zip Code _____
 Cell Phone _____ Home Phone _____
 Email Address _____

Participant's Emergency Contact information

Name of Emergency Contact (Print/type) _____
 Address _____ Apt./Unit/Ste. _____
 City _____ State _____ Zip Code _____
 Cell Phone _____ Home Phone _____
 Email Address _____

Common Law Employer: (check one box) Participant Designated Common Law Employer

If the participant designates an alternate common law employer, complete the information on the next page.

Designated Common Law Employer Information (if applicable)

Name of Emergency Contact (Print/type) _____
 Address _____ Apt./Unit/Ste. _____
 City _____ State _____ Zip Code _____
 Cell Phone _____ Home Phone _____
 Email Address _____

If you have any questions, please contact customer service at 1-877-908-1750.