

DCW Change of Information Form Instructions

What is this form for?

This form must be completed when a DCW's name and/or contact information changes. It is important for PPL to maintain current and accurate information for DCW's. This will ensure we are able to mail payroll check and year-end tax filings to the right address.

Update Direct Care Worker Information

1. **Name Change:** Enter the old and new name of the DCW; it is critical that when a DCW's name changes that the new name is provided to PPL.
2. **Address Change:** Enter the old and new address of the DCW in the space provided.
3. **DCW Township/Borough/School District:** Enter the current township, borough, or school district in the space provided.
4. **Participant Name:** Enter the name of the participant/employer.
5. **Participant ID:** Enter the participant's ID number.
6. **DCW Signature and Date:** The DCW whose information has changed must verify the new information reported on the form by signing and dating the form in the space provided.

pennsylvania DEPARTMENT OF HUMAN SERVICES OFFICE OF LONG TERM LIVING		Participant Name	Employer Name	Employee Name	
Direct Care Worker Change of Information Form					
Address/Name Change (Please Print)					
Previous Name:		New Name:			
Previous Address Street:		New Address Street:			
Previous City:	State:	Zip Code:	New City:	State:	Zip Code:
Previous TWP/Borough/School District:		New TWP/Borough/School District:			
Name of participant for whom you work:		Participant's ID#:			
<p>If you are completing this form because of a name change, please send this form and a copy of your new Social Security card to Public Partnerships LLC. We will need a copy of this card, along with this form, signed and completed, before the change will take effect.</p>					
Worker Signature _____			Date _____		
FAX TO: 1-855-858-8158 or EMAIL TO: padpw-olt@pcgus.com					
<p><i>NOTE: Information provided on this form is confidential and is treated as such. Completion of this data is voluntary and will not affect your employment status. Identification can be declared at any time prior to, or if applicable, after hire.</i></p>					

Next Steps

Once the DCW has completed the form, signed, and dated the form, as appropriate, it should be submitted to PPL within two (2) business day of the DCW being informed of any changes.

For assistance with completing this form, please contact customer service at 1-877-908-1750.