

## PROVIDER SERVICES AND RATE(S)

Provider Information		
First Name:	<input type="text"/>	Last Name: <input type="text"/> PPL ID: <input type="text"/>
Participant Information		
First Name:	<input type="text"/>	Last Name: <input type="text"/> PPL ID: <input type="text"/>
Employer Information (complete this section even if employer is the same as participant)		
First Name:	<input type="text"/>	Last Name: <input type="text"/>

The Participant/Employer and/or their Representative will determine the hourly rate of pay for their Provider based on their Self-Directed Services budget. You will complete and sign this form with your Participant/Employer and/or their Representative.

**! IMPORTANT:** We need to know the hourly rate of pay, not the hourly rate plus Employer taxes or other costs. For example: If a person works in a job, they can tell you how much money they make per hour. That's the information you write in the "Hourly Rate".

"Change Hourly Rate" should be marked ONLY if the Provider is already working and you want to change their hourly rate of pay. Upon receipt and processing of a complete and accurate pay rate change form, PPL will change the hourly rate of pay at the beginning of the next available pay period. Please include Service Name and Service code for the hourly rate being changed.

Request Type:  New Service  Change Hourly Rate

Provider Pay Rate		
Service Name	Service Code	Hourly Rate
Waiver Choices HCAS (Choices HCAS)		
Waiver Consumer-Directed PCS (CD-PCS)		

Authorization and Signature	
<p>By signing below, we, the Provider and my Participant/Employer/Representative, confirm that we have read this Provider Service Rate(s) form in its entirety and the information and responses we have provided on this form are accurate and complete. We understand that if employed, any false statement on this application may result in dismissal and other consequences. We also understand that this document is not meant to be a contract of employment or designation, nor does this document obligate the Participant/Employer/Representative in any way, should they employ me. We understand that employment or designation is contingent on giving enough documentation to verify my right to work in the US.</p>	
<b>Provider Signature:</b> <input type="text"/>	<b>Date:</b> <input type="text"/>
<b>Participant/Employer/Representative Signature:</b> <input type="text"/>	<b>Date:</b> <input type="text"/>