

Public Partnerships, LLC
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**West Virginia Personal Options
Aged and Disabled Waiver Program
Employee Data Form**

The Information you list on this form is confidential. This form will help ensure your application will be processed without any delays. The information requested on this form is voluntary and will not affect your employment status.

Personal Information		
Name: _____	Gender: _____	Male _____ Female _____
Date of Birth: _____	SS#: _____	
Mailing Address: _____		
City: _____	State: _____	Zip: _____
Physical Address: (If different from Mailing Address) _____		
City: _____	State: _____	Zip: _____
County: _____		
Phone: _____	Alternate Phone: _____	
Fax: _____		

Emergency Contact Information		
Contact: _____	Relationship: _____	Phone: _____
_____	_____	_____

Worker Registry:

_____ I am interested in participating in the Worker Registry. I give PPL permission to keep my information in a database and contact me regarding new or additional work opportunities.

Participant/Employer Name: _____
Please indicate the name of the participant/employer who you will be serving.