



ATTENDANT SERVICES AND RATE(S)

Attendant Name					
First:	<input type="text"/>	Last:	<input type="text"/>	PPL ID:	<input type="text"/>
Member Name					
First:	<input type="text"/>	Last:	<input type="text"/>	PPL ID:	<input type="text"/>
Employer Name (this must be completed)					
First:	<input type="text"/>	Last:	<input type="text"/>		

The hourly rate of pay for the Attendant based on the Member’s Self-Directed Services budget. The Attendant will complete and sign this form with your Member or 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 is the number you write in the “Hourly Rate”.

“Change Hourly Rate” should be marked **ONLY** if the Attendant is already working and you want to change their hourly rate of pay. Once PPL receives a complete form, we 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:	<input type="checkbox"/> New Service	<input type="checkbox"/> Change Hourly Rate	Rate Effective Date:	
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Attendant Pay Rate – Waivers EBD, CIH, CMHS, and BI ONLY			
Service Name and Service Code	Standard Rate	Emergency Rate	Other Rate
CDASS			

Attendant Pay Rate – SLS Waiver ONLY			
Service Name and Service Code	Standard Rate	Emergency Rate	Other Rate
Health Maintenance			
CDASS			

Agree and Sign

The Attendant and Member or Employer or Representative confirm:

- We read all of this form.
- The details provided are accurate and complete.
- Any false statement on this form may result in the Attendant's dismissal.
- This document is not a contract between the signing Parties, PPL, or the State.
- Employment depends verifying my right to work in the US.

Attendant Signature:**Date:****Member or Employer or Representative****Signature:****Date:**