

SUPPORT SERVICE PROFESSIONAL SERVICES AND RATES FORM

Support Service Professional (SSP) Name		
First:		Last: PPL ID:
Participant Name		
First:		Last: PPL ID:
Common Law Employer (CLE) Name		
First:		Last:

The CLE and the SSP must complete this form together. Hourly Rate amounts requested can only be made if the rate is within the approved ODP wage range. Fill this form out. Then submit the form to:

- Your Supports Coordinator (SC), or
- Administrative Entity (AE).
- Email the completed form to PPL at **PAODP@PPLFIRST.COM**

! IMPORTANT: We need to know the hourly rate of pay, not the hourly rate plus CLE 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 enter in the “Hourly Rate” field.

“Change Hourly Rate” should be marked ONLY if the SSP is already working, and you want to change their hourly rate of pay. Include the Service Name and Service Code for an hourly rate being changed.

Once PPL receives a complete form, we will change the hourly rate of pay at the beginning of the next pay period.

The Hourly Rate entered cannot be lower than the current Pennsylvania minimum wage.

Request Type:	☐ Initial Service	☐ New Service for SSP	☐ Change Hourly Rate
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Service Name and Service Code	Hourly Rate

Agree and Sign
I confirm: • I have read all of this form. • The details provided are accurate and complete.

- I have discussed with my SSP the above-listed:
 - Service details, and/or
 - The hourly rate details.
- This form is not intended to create:
 - A contract of employment, or
 - A rate of pay for a specific period of time.

Common Law Employer Signature:**Date:****Service Support Professional (SSP) Signature:****Date:****Support Coordinator (SC) or Administrative Entity (AE) Signature:****Date:**