

PA/Employee Application Request

To enroll in the KS Healthy Blue program:

Providers can fill out this form and fax it back to the KS WORK program, through Public Partnerships LLC (PPL) at 1-855-319-9305.

This application request form must be completed when a NEW Personal Assistant (PA) is applying to work for a member or if an EXISTING PA is applying to work for a new or additional member. All Providers must include a street address (IRS requirement for physical address) and a mailing address where paychecks will be mailed. Please enter all information and submit the completed form by fax, email, or mail.

				Emplo	yee In	fc	rmation						
First Name:			Mic	ddle Initi	al:	Last			Name:				
Maiden Name: Da				Date of Birth:				Social Security Number:					
Street Address (physical address, no F			no P.O. Box):		City:				State:		Zip Code:		
Phone Number:		Alternat	e Ph	one Nu	mber:	er: Email Address:					Marital Status: ☐ Single ☐ Married		
Mailing Address:					City:	ity:			State:		Zip Code:		
		Р	arti	cipant/	Emplo	ye	er Informa	ation					
First Name: Last Na				ime:					Participant ID:				
Street Address (physical address, no P.O. Box)			Box)	City:					State: Zip Code:		Zip Code:		
Will Provider require a Criminal Background Check			?	Email Address:									
Yes (fee paid by participant) No													
Relationship the PA is to the Participant:				Servic	Services Provided:								
Employer Phone Number:					Emplo	Employer Email Address:							
			Co	mmon	Servi	се	s Provide	ed					
Service Code	Service Description					Service Cod			Service Description				
ADL	Activities of Daily Living			MC	MONITOR			Emergency Monitoring					
COLEAVE Sick or vacation leave			MC	MONITORINS			Emergency Monitoring Install						
EMPSUPPORT Employment Related Support			t OT	OTHER			Other						
IADL Instrumental Activities				SN	SNOWMOW			Snow removal or mowing service					
HOUSEKEEP	KEEP Housekeeping service			TR	TRANSPORT			Transportation service					
MEALS	Meal Service				WC	WORKSUPPORT			Employment support				

Send form to the KS WORK program, through PPL via fax, email, or mail

Fax*	Email*	Mail
1-855-319-9305	pplks-healthyblue@pplfirst.com	KS WORK Healthy Blue Public Partnerships LLC
*FOR FASTEST F	PROCESSING, EMAIL OR FAX FORMS	8000 Avalon Blvd, Suite 300 Alpharetta, GA 30009