

Public Partnerships LLC (PPL)
Indiana Family and Social Services Administration (FSSA)
Health & Wellness Waiver
Phone: 1-866-264-2296
Fax: 1-866-799-9381



Indiana FSSA Health & Wellness Waiver Information Authority Form

Consumer Name: _____

The IN FSSA Health & Wellness program is self-directed. PPL only shares Consumer program information with:

- The Consumer
- Or someone else who is serving as the Employer on the account

I must give permission for anyone other than myself or the Employer to obtain information about my account. If I want to give permission for this, I will list the person(s) I want to give access to below. Giving this access allows the person to:

- Call Customer Service on my behalf
- Obtain my Consumer program information

I know this form relates to my receiving Self-Directed Attendant Care Service. I have read and understand everything stated on this form.

I authorize _____ or _____ to:
(Print full name) (Print full name)

- Call Customer Service on my behalf
- Obtain my Consumer program information

1. Authorized Person: _____

Print Name: _____

Relationship to Consumer: _____

2. Second Authorized Person: _____

Print Name: _____

Relationship to Consumer: _____

Signature or mark of Consumer or Employer

Date