

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



Consumer and Employee Relationship Form

What is the purpose of this form?

Our contract with IN FSSA Pathways For Aging has specific guidelines as to who is allowed to provide services to our consumers. Please complete this form with your employer.

I _____ provide services to the Participant or Consumer _____.
(Print Employee's Name) (Print Participant's Name)

My relationship to the consumer is: (Check one)

- I am his/her Spouse
- I am his/her Parent
- I am his/her Legal Guardian
- I am the Power of Attorney (POA); or Health Care Representative (HCR); or the person directing care for the consumer
- I am None of the Above

Note: If you are the spouse of the participant, you are not eligible to become the employee.

I hereby certify that the information presented above is correct to the best of my knowledge.

Employer Signature: _____

Employee Signature: _____

NEED HELP? CALL TOLL FREE 1-866-264-2296