

Provider Services and Rates Form

Employer Name:

(First name, Last name)

Participant Name:

PPL ID:

(First name, Last name)

Provider Name:

PPL ID:

(First name, Last name)

The hourly rate of pay for the provider is based on the participant's NOW or COMP programs (Waiver Programs) budget. The provider will complete and sign this form with their participant, employer, or their designated representative.

! Important: Public Partnerships LLC (PPL) needs 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 rate box.

The "Change Hourly Rate" checkbox should be marked **ONLY** if the provider 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: ☐ New service ☐ Change hourly rate

Provider Hourly Pay Rate

Service name:	Service Code	Hourly rate:

Agree and sign:

I confirm:

- I have read all of this form.
- The information I have provided is accurate and complete.
- I have discussed with my Provider the above-listed:
 - Service details, and/or
 - The Hourly Wage details.

Provider Signature:**Date:**

Provider Name (please print):

Employer Signature:**Date:**

Employer Name (please print):
