

# Difficulty of Care Federal Income Exclusion Form

This form helps a Colorado Consumer-Directed Attendant Support Services (CDASS) attendant determine if they qualify for the Difficulty of Care Federal Income Exclusion. Completing this form will tell Public Partnerships LLC (PPL) whether the attendant qualifies for the exclusion or they request PPL remove it because they no longer qualify. As a Financial Management Services (FMS), PPL will appropriately apply the exclusion on the CDASS employer's behalf.

**Member Name (first and last):**

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**PPL ID:** \_\_\_\_\_

**Employer Name (first and last, this is required):**

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**Instructions:** Attendant, complete Part 1 or Part 2, then complete Part 3. If your information changes after you submit this form, you **must** report those changes to PPL by calling 888-752-8250.

## Part 1 - Apply for the Difficulty of Care Federal Income Exclusion

Check all boxes that are true for you, the attendant:

- I provide services to the member in our shared home.

- I live and perform the routines of private life, including shared meals and holidays in this home.
- I do not have a separate home where I live.

If you check all three boxes above, you qualify for the exclusion. If you checked no (0) boxes or only one or two boxes, you **do not** qualify for the exclusion.

## **Part 2 - Remove the Difficulty of Care Federal Income Exclusion**

If you no longer provide services to the member in the home you share with that member, check the following box:

- I no longer qualify for the Difficulty of Care Federal Income Exclusion because I no longer provide services to the member in our shared home.

By checking the box, PPL will begin withholding federal and state taxes and reporting your earnings to federal and state tax agencies.

## **Part 3 - Agree and Sign**

By signing below, I confirm that I have read this form, and that all the information I have given on this form is correct and complete.

**Attendant Signature:**

\_\_\_\_\_

**Date:** \_\_\_\_\_

**Attendant Printed Name (first and last):**

\_\_\_\_\_

**PPL ID:** \_\_\_\_\_