

Notice of Attendant No Longer Working

This form tells Public Partnerships LLC (PPL) that a Colorado Consumer-Directed Attendant Support Services (CDASS) attendant has quit, been terminated, or has not worked for more than six months.

Employer N	ame (1	irst and last):	
Member Na	•	•	
PPL ID:		_	
		first and last):	
PPL ID:		_	
		plete the form and submit Ifirst.com, fax 866-947-48	
Partnerships	, 8000	Avalon Blvd, Suite 300, A	lpharetta, GA 30009.
Person Sub	mittin	g this Notice (check one	box):
□ Member	□ Aι	uthorized Representative	☐ Attendant
□ Case Mar	nager	□ Other:	
Colorado CE	1100 1	lation of Attandant No Lon	aor Working

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What date did the attendant stop working?				
Why is the attendant no longer apply)	working? (check all boxes that			
Attendant terminated by employer:	Attendant not working for another reason:			
 □ Attendance issues □ Poor performance □ Schedule issues □ No longer qualified (give details below) □ Other (give details below) 	 ☐ Attendant quit ☐ Services no longer available or needed ☐ Leave of Absence ☐ Other (give details below) 			
Other Details:				
Attendant Mailing Address				
To make sure PPL can mail a fina attendant's current mailing address Address:	SS:			
Address 2 (APT.STE., etc.):				
City:				
State: Zip Co	ode:			
Agree and Sign				

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Your Signature:	
Date:	
Your Printed Name (first and last):	
	PPL ID:

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.