



Toll Free Numbers:  
Phone: 1-833-202-6175  
Admin Fax: 1-833-571-4908  
TTY: 1-800-360-5899

## CA PDS Employer of Record Request Form

### Member Information:

<b>Member Name:</b>	
<b>Member j Ž8ZZD\$:</b>	
<b>Member Address 1:</b>	
<b>Member Address 2:</b>	
<b>Member Telephone:</b>	
<b>Member Social Security Number:</b>	
<b>Member Date of Birth:</b>	

### Employer of Record Information (Required for Fiscal Intermediary Services):

<b>Employer of Record Name:</b>	
<b>Employer of Record Address 1:</b>	
<b>Employer of Record Address 2:</b>	
<b>Employer of Record City/Town:</b>	
<b>Employer of Record State:</b>	
<b>Employer of Record Zip Code:</b>	
<b>Employer of Record Zip Code:</b>	
<b>Employer of Record Social Security Number:</b>	

<b>Regional Center Name:</b>	
<b>Social Worker/Case Manager Name &amp; Email:</b>	
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Please return the completed form to Public Partnerships either by fax or email:  
Fax: (833) 571-4908  
E-mail: [capds@pplfirst.com](mailto:capds@pplfirst.com)

**NEED HELP? CALL TOLL FREE AT 1-833-202-6175**