

SUPPORTS BROKER (SB) CHOICE FORM

The Common Law Employer (CLE) uses this form to provide Public Partnerships LLC (PPL) with:

- The name and needed details about your Supports Broker (SB), and
- A release of information for the named Supports Broker.

The CLE may revoke this Supports Broker Choice Form at any time. Revoking this form:

- Ends the named Supports Broker’s role in the PPL system, and
- Revokes the release of information for the named Supports Broker.

When you have completed and signed this form, please send it to PAODP@pplfirst.com for processing.

Participant Name

First: Last: PPL ID:

Common Law Employer (CLE) Name

First: Last:

Supports Broker (SB) Name

First: Middle: Last:

Supports Broker Agency Name (if applies)

Supports Broker Agency Name:

SB Contact Details

SB Email:

SB Cell Phone: SB Home or Other Phone:

Revocation of This Supports Broker (SB) Choice Form

I have chosen to revoke this Supports Broker Choice Form. I understand that:

- The Revocation Date I enter below is the effective date that I revoke this form.
- I, as CLE, must plan ahead:
 - To make sure the Revocation Date does not interrupt needed services for the Participant.
 - Knowing that PPL will need a few days to process this form and act to remove:
 - The status of the named Supports Broker from PPL’s system, and

- Access to Participant information listed in the Agree and Sign section of this Supports Broker Choice Form.

I must provide this fully completed and signed form to PPL.

Revocation Date:

Agree and Sign

I confirm:

- I have read and I agree to all that is stated on this Supports Broker Choice Form.
- The details I have provided are accurate and complete.
- I authorize Public Partnerships LLC to release the listed information below to the Supports Broker. This includes information that assists the CLE with:
 - Deciding pay rates for SSPs,
 - Creating or changing SSP work schedules,
 - Completing employer paperwork,
 - Creating and using methods to monitor the use of the:
 - Services, and
 - The budget.
- I understand that I, as CLE, can revoke this Supports Broker Choice Form at any time.

Common Law Employer (CLE) Signature:

Date: