



YOUR LIFE
YOUR CARE
YOUR PEOPLE

ADA Accommodation Request / EVV Compliance Explanation

Request:

As an ADA accommodation, I am requesting approval to continue utilizing PPL@Home as an alternative method for reporting service delivery, rather than the standard EVV system.

I understand the importance of maintaining accurate records and remain committed to ensuring all required information is submitted correctly and timely through the approved alternative system.

Acknowledgment:

By submitting this request, I acknowledge:

- EVV compliance is required under program guidelines
- This request is for an exception based on disability-related needs that prevent me from being able to use EVV compliant systems.

This form can be mailed or faxed:

Public Partnerships LLC

17 Plaza Dr. Latham, NY 12110

Fax: 1-833-951-0828

Consumer/Designated Representative Name:

PPL ID:

Date:

Personal Assistant Name:

PPL ID:

Date:

Personal Assistant Signature:
