



## Notice of Discontinued Employment

This form lets you notify VA Cardinal Care, through Public Partnerships LLC (PPL) when an attendant has stopped working for you. Please complete all sections and sign and date in the spaces provided.

Consumer Name:	Consumer ID:	Consumer Phone:
Attendant Name:	Attendant ID:	Attendant Phone:
Employer of Record (EOR) Name:		EOR Phone:

Last date attendant worked \_\_\_\_\_

Reason for separation (select one):       Quit       Fired       Deceased       Other

This form can be completed by the EOR or both the EOR and attendant to document the reason(s) for ending employment. Briefly state the reason(s) why employment was terminated.

\_\_\_\_\_  
\_\_\_\_\_

**NOTE: If the attendant cannot or will not sign, the EOR should sign, date, and return this form without the attendant's signature.**

EOR Signature \_\_\_\_\_ Date \_\_\_\_\_

Attendant Signature \_\_\_\_\_ Date \_\_\_\_\_

**NOTE: An Agent authorized by power of attorney (POA), an Executor of Estate, or Medicaid Service Facilitator may sign the form when the EOR is unable to do so. (An Agent or Executor of the Estate must provide a copy of the POA to verify they have authority to terminate the employee.)**

Agent Signature \_\_\_\_\_ Date \_\_\_\_\_

A copy of the power of attorney is attached:       Yes       No

**This form must be signed.** Mail the form to VA Cardinal Care, through PPL.  
**For faster processing fax or email.**

**Fax Number:**

1-833-772-0991

**Email:**

vapplfax@pplfirst.com

**Mailing Address:**

**VA Cardinal Care**

Public Partnerships LLC  
17 Plaza Dr  
Suite 300  
Latham, NY 12110