Self-Directed Programs
Powered by PPL

# OR FMAS EES - Referral Form

## Supporting Your Self-Directed Journey

*Fields marked with * are required.*

### Your Contact Information

Let's start with your details so we can stay connected.

***Your Name:** _____

***Phone Number:** _____

***Address:** _____

***Email:** _____

**Date:** _____

**Referral By:** _____

### Information About the Person Receiving Services

Tell us more about the individual who will receive support.

If your contact information is the same as above, simply check this box: ☐

***Name:** _____

**Prime Number:** _____

***Address:** _____

***Email:** _____

***Phone Number:** _____

**Case Manager Name:** _____

**Case Manager Email:** _____

**Preferred Contact Method:** _____

**Preferred Language:** _____

## Service and Enrollment Confirmation

Let's confirm your current services and enrollment status.

***Do you currently receive Employer Resource Connection (ERC) services??** ☐ Yes ☐ No

*If you're currently receiving help from an Employer Representative Consultant (ERC), you won't be able to get Enhanced Employer Supports (EES) at the same time. If you'd like to switch to EES, we can help you cancel your ERC services. Please provide your ERC provider's name here:* _____.

**Is the member already enrolled with OR FMAS PPL?** ☐ Yes ☐ No

## Employer/Proxy Information

If someone else is helping manage your services, please provide their details.

**Name:** _____

**Are they the primary contact?** ☐ Yes ☐ No

**Phone Number:** _____

**Email:** _____

**Preferred Language:** _____

**Preferred Contact Method:** _____

## * Choose the Support That's Right for You

Select the option that fits your needs, and we'll help you every step of the way.

☐ **1:1 Enhanced Orientation**

- Get one-on-one guidance from a program support specialist. Learn about the self-directed program and your role as an employer.

  ☐ Virtual Meeting

- *(Includes enhanced orientation meetings and check-in calls)*

☐ **Enhanced PSW Support**

- Need help recruiting, hiring, or managing your PSW? We've got you covered with expert advice and hands-on support.

☐ **Catalog of Employer Resources**

- Prefer to explore on your own? Gain access to a wealth of resources, including guides, newsletters, training modules, videos, and webinars. Learn at your own pace and get the answers you need.

***Topics You're Interested In (Check All That Apply)**
Let us know what you'd like to discuss or learn more about.

| | | | |
|---|---|---|---|
| ☐ | What is self-direction? | ☐ | PSW rights and safe workplace |
| ☐ | Employer responsibilities | ☐ | Training and orienting the PSW |
| ☐ | Medicaid Fraud | ☐ | Hiring or terminating PSWs |
| ☐ | Abuse and neglect awareness | ☐ | Workplace discrimination |
| ☐ | PSW responsibilities | ☐ | Scheduling the PSW |
| ☐ | Creating a PSW job description | ☐ | Harassment-free workplace |
| ☐ | Hiring a PSW | ☐ | Tracking and verifying work hours |
| ☐ | Using the registry system | ☐ | Supervising the PSW |
| ☐ | PSW benefits and Workers' Comp | ☐ | Communication tips |
| ☐ | Recruiting, interviewing, and screening | ☐ | PSW in-home ADA requests |

**Additional Information**

**Is there anything else you'd like us to know? Feel free to share!**

_____

_____

**Note:** If you are filling out this form on paper, please return the completed form via email to **orees@pplfirst.com** for review.