

Worker Application Request Form

Upon receipt of this form PPL will send you a full packet with your information filled in

Workers have 2 options to enroll in the GGRC PDS program:

1) Workers can enroll over the phone (**1-877-908-1752**) or 2) Workers can fill out this form and fax it back to PPL. To enroll over the phone, please call **1-877-908-1752** and have the information requested below available to communicate to PPL. Otherwise, this Worker Application Form must be completed when a NEW Worker is applying to work for a Participant or if an EXISTING Worker is applying to work for a new or additional Participant. All Workers must include a street address (IRS requirement for physical address) and a mailing address where paychecks will be mailed. Please enter all information and submit the completed form by mail to Public Partnerships, LLC – Attn: CA GGRC Program – 7776 S Pointe Pkwy W Suite 150 – Phoenix, AZ 85044 or fax to PPL at **1-855-867-1676**. If you have questions, call PPL Customer Service at **1-877-522-1053**.

****Participants vendorized for Transportation Only (470-****): PPL needs a completed "Worker Application Request Form" for whomever will be receiving the reimbursement check. The Employer will always be the vendorized individual for that service****

WORKER INFORMATION					
First Name	Mid Initial	Last Name	Maiden Name	Date of Birth	SSN
Marital Status: Single: ____ Married: ____	PHYSICAL Address (no P.O. Box):		MAILING Address (street, city, state, zip code):		
Primary Language:	Telephone:		Alternate Telephone:		
PROOF OF CITIZENSHIP (The I-9 Form requires multiple forms of identification to show citizenship status. Select from the list of Acceptable Documents provided to verify what forms of identification you will use to identify your status) <i>*To be completed and signed by Employer. Examine one document from List A OR examine one document from List B AND one from List C.</i>					
LIST A		OR	LIST B		AND LIST C
Document title: Issuing Authority: Provide Document Number: Expiration date (if any):		Document title: Issuing Authority: Provide Document Number: Expiration date (if any):		Document title: Issuing Authority: Provide Document Number: Expiration date (if any):	
EMPLOYER (Please complete the following information)					
Participant UCI:		Services Provided (please refer to Service Code Table): Category: _____ Service Name: _____ Sub Code: _____			
First Name:			Last Name:		
Will Worker require a Criminal Background Check? Yes (fee paid for by the Employer) or No			Employer of Record Email Address:		
Will Worker require training? (please select as applicable): <input type="checkbox"/> CPR <input type="checkbox"/> First Aid <input type="checkbox"/> Other _____ <input type="checkbox"/> I do not require this level of certification of my worker			Physical Address (street, city, state, zip code): Relationship: The Worker is the		

Phone (English)	(877)-522-1053	Administrative Fax:	(855)-867-1676
Phone (Cantonese)	(877)-522-1055	Timesheet Fax:	(855)-597-3876
Phone (Spanish)	(877)-522-1054	TTY:	(800)-360-5899
Email:	CAGGRC@pcgus.com	Web:	www.publicpartnerships.com

Worker Application Request Form

Upon receipt of this form PPL will send you a full packet with your information filled in

Place a check mark below for any and all services the Worker will provide to the Employer:

Service Category	Service Name	Sub Code		Check All That Apply
Respite (465)				
	(1:1 Rate/Hour/Participant - San Francisco County)	ASF1		
	(1:2 Rate/Hour/Participant - San Francisco County)	ASF2		
	(1:3 Rate/Hour/Participant - San Francisco County)	ASF3		
	(1:1 Rate/Hour/Participant - San Mateo or Marin County)	AR1		
	(1:2 Rate/Hour/Participant - San Mateo or Marin County)	AR2		
	(1:3 Rate/Hour/Participant - San Mateo or Marin County)	AR3		
Nursing (460)				
	Nursing Services (Per Hour/Participant - Home Health Aide)	HHA		
	Nursing Services (Per Hour/Participant - Vocational Nurse)	LVN		
	Nursing Services (Per Hour/Participant - Registered Nurse)	RN		
Transportation (470)				
MILEAGE	Mileage	MR /2MR		
OTHER	Monthly TAFT bus ticket book	TAFT	\$15.00	
PASS	Senior/Disabled 31-Day Transit Pass for Marin Local	1MM	\$25.00	
PASS	BART Red Ticket (\$24 Value Ticket for \$9) Available to Persons with Disabilities and Medicare Cardholders	1PI	\$9.00	
PASS	Monthly Pass - SF Muni Only Disabled	MSF1	\$22.00	
PASS	Monthly Pass - SAMTRANS "Eligible Discount"	MSM1	\$25.00	
TRIP	TRIP - BART per one-way trip	1TOB	\$1.45	
TRIP	TRIP - Whistlestop Wheels	1TOM	\$2.00	
TRIP	TRIP - Redi-Wheels / Redi-Coast	1TOSM	\$3.75	
TRIP	TRIP - Whistlestop Wheels - "Extended Trip"	2TOM	\$2.50	
TRIP	TRIP - Redi-Wheels / Redi-Coast Lifeline Fare	2TOSM	\$1.75	
TRIP	TRIP - Golden Gate Transit Zone 2 - Zone 5 (Disabled/Medicare)	3TOM	\$3.25	
TRIP	TRIP - SF Paratransit - ADA Fare	3TOSF	\$2.00	
TRIP	TRIP - Golden Gate Transit Marin Local Fare (Disabled/Medicare)	4TOM	\$1.00	
TRIP	TRIP - Whistlestop Wheels - Specific Route/Participant	5TOM	\$2.25	
TRIP	TRIP - Whistlestop Wheels - Specific Route/Participant (Intercounty)	6TOM	\$7.25	

Note: If you will provide Nursing or Transportation - mileage, the worker must submit the appropriate licenses to PPL for verification. This must be done before the participant starts to receive these services.

Title	Criteria ¹
Home Health Aid (Nurse's Aid or Assistant)	Certified as a home health aid or nurse's aid by California Department of Public Health ²
Licensed Vocational Nurse	Valid license as a licensed vocation nurse by the California State Board of Vocational Nurse and Psychiatric Technician Examiners
Registered Nurse	Valid license as a registered nurse by the California State Board of Registered Nurses
Transportation Mileage	1) Valid driver's licenses 2) Copy of Auto Insurance

¹ California Code of Regulations, Title 17, Section 54342 (a) (46), (51), and (66)

² Formerly "California Department of Health Services"

Worker Application Request Form

Upon receipt of this form PPL will send you a full packet with your information filled in

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

LIST A Documents that Establish Both Identity and Employment Authorization	LIST B Documents that Establish Identity	LIST C Documents that Establish Employment Authorization
OR		AND
1. U.S. Passport or U.S. Passport Card	1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)	2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa	3. School ID card with a photograph	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)	4. Voter's registration card	4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form	5. U.S. Military card or draft record	5. Native American tribal document
	6. Military dependent's ID card	
	7. U.S. Coast Guard Merchant Mariner Card	6. U.S. Citizen ID Card (Form I-197)
	8. Native American tribal document	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
	9. Driver's license issued by a Canadian government authority	8. Employment authorization document issued by the Department of Homeland Security
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI	For persons under age 18 who are unable to present a document listed above:	
	10. School record or report card	
	11. Clinic, doctor, or hospital record	
	12. Day-care or nursery school record	

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)