

Toll Free Numbers

Phone: 1-866-836-6792

TTY System: 1-800-360-5899

Administrative Fax: 1-866-461-0195

VENDOR INFORMATION PACKET

**Introduction to PPL Financial Management Services
Information for Independent Contractors**

Dear Participant:

You have received this letter and the enclosed forms because you have indicated an interest in purchasing a good or service using **Public Partnerships, LLC (PPL)**, the financial management service hired by the **Georgia's Department of Behavioral Health and Developmental Disabilities (DBHDD) NOW & COMP Wavier Programs**. PPL will be responsible for cutting a check to your chosen vendor for the goods/services you are approved to use.

The process for self-directing these services through PPL is:

1. **Work with your Support Coordinator to get approval for these services added to your Plan of Care.** Once the Division updates your budget, the Support Coordinator can add / approve the service in PPL's Web Portal.
2. **Give the Vendor their portion of this packet.** The Vendor has forms that they must complete before PPL can issue a payment to them on your behalf.
3. **Complete and submit invoices to PPL.** Once you do this, we will cut a check made out to the vendor and send it to you.
4. **Pay the vendor – when appropriate and keep your receipts.** You are required to keep all receipts for all services when you pay out of pocket.

There are two portions to this packet. One section is for you, the other should be given to your Vendor/Independent Contractor.

Forms you must complete:

- Invoice:** You must fill out this form in order for Vendors to be paid. You can also complete the invoice online via PPL's Web Portal. Otherwise, fax the invoice and W-9 to PPL via our administrative fax number (866-461-0195), or mail it to: PPL Georgia DBHDD NOW & COMP Wavier Programs, 5660 New Northside Drive, Suite 450, Atlanta, Georgia 30328

(Note: Invoices are paid using the same pay schedule as timesheets. This means if invoices are submitted by the deadline for submitting timesheets, then the invoice will be paid out in the next check date.)

Forms to review and keep:

PPL has enclosed the following forms for your review. Keep these forms. You may need to refer to them in the future.

- Common Vendor List:** For all requisition services, you will have to go through a vendor. For small or local vendors, you will need to have them complete the Form W-9 included in this packet. This will give PPL the information we need to assign them an ID in our system. However, for larger national chains, PPL already has that information.
- Payroll Schedule:** Outlines the pay periods, Submission deadline, and Check transmission date. In most cases, payments will be mailed/transmitted directly to Vendors.
- Customer Service Sheet:** PPL encourages you to call us toll free at 866-836-6792 if you have any questions. TTY users can dial toll free at 800-360-5899. PPL staff is available to help walk you through the forms over the phone and answer any questions you may have.

Forms to give to your Vendor:

- Introduction Letter:** Identifies PPL as the Financial Management Service and outlines the Vendor's responsibilities.
- W-9:** This form lets PPL obtain the vendor's correct Tax Identification Number so that we can report the vendor's income correctly. This only needs to be done once per vendor. You should give this form to the Vendor that you are purchasing good/services from so that they may complete and sign the form.
 - (**Note:** If you are purchasing something from a national chain such as Target or Sears, this does not need to be filled out, as we have the number on file. See the included Common Vendor List. You may also call PPL to verify if we already have a W-9 on file for a particular vendor.)
- Cogent Demographic Info Form:** The Vendor will complete this and return with Employee packet.
- Direct Deposit Form (Optional):** The Vendor will complete this if they wish to have payments sent directly to their bank account(s).
- Payment Schedule:** Outlines the pay periods, Submission deadline, and Check transmission date. In most cases, payments will be mailed/transmitted directly to Vendors.
- Customer Service Sheet:** Contains PPL's contact information.

We look forward to working with you!

Thank You!

Toll Free Numbers

Phone: 1-866-836-6792

Administrative Fax: 1-866-461-0195

VENDOR INFORMATION PACKET

**Introduction to PPL Financial Management Services
Information for Vendors/ Independent Contractors**

To whom it may concern:

You have received this letter because a participant in the **Georgia's Department of Behavioral Health and Developmental Disabilities (DBHDD) NOW & COMP Wavier Programs** has indicated they would like to purchase one or more goods or services from your organization. PPL has contracted with DBHDD to serve as the Financial Management Service that issues vendor checks on behalf of Georgia NOW & COMP participants.

In order to issue a check payable to your business (for goods or services provided to NOW & COMP participants), we must receive the following required paperwork:

- Form W-9:** By completing form W-9, you will be providing your Tax Identification Number to PPL and identifying the type of business you operate. Annually, PPL is required to report all funds paid to vendors on Form 1099-MISC. As some business types and payments are exempt from this reporting, it is vital that you complete and return this form to ensure that PPL properly classifies your status as a vendor. We will not be able to issue payments to you without a copy of this form on file.
- Form Cogent Demographic Info Form:** Any individual applying to be a DBHDD NOW & COMP Wavier program independent contractor will have to undergo a full DBHDD background check and fingerprinting. PPL will utilize the Cogent System to help individuals complete this requirement.

Optional paperwork:

- Documentation of Tax Exempt Status (Optional):** If your business or entity is exempt from taxes, please include official documentation of your status in addition to form W-9. PPL will not issue form 1099-MISC to exempt vendors, but we must keep record of your Tax Identification Number (TIN) for Medicaid reporting purposes.

- Direct Deposit Form (Optional): If you would prefer to receive your payments from Public Partnerships via Direct Deposit, please complete this form and return to us via mail with a copy of a voided check. See Direct Deposit form and instructions for additional information.

Informational Paperwork:

- Payment Schedule: Outlines the pay periods, Submission deadline, and Check transmission dates.

To ensure we can process payments made to your organization, please **fax W-9 paperwork to PPL at: (866) 461-0195** as soon as possible. Although we prefer to receive your W-9 paperwork via fax, we can also accept mail at:

Public Partnerships, LLC (PPL)
Georgia DBHDD NOW & COMP Waiver Programs
5660 New Northside Drive, Suite 450
Atlanta, Georgia 30328

You may also give the W-9 directly to the participant and have them submit it to PPL on your behalf.

Customer Service Contact:

PPL encourages you to call us toll free at 866-836-6792, or email us at PPLGADDD@pcgus.com if you have any questions. PPL staff is available to help walk you through the forms over the phone and answer any questions you may have.

We look forward to working with you!

Thank you,

Public Partnerships, LLC

IRS FORM W-9 - Request for Taxpayer Identification Number and Certification

What is it for?

This form tells the IRS that you are an independent contractor or vendor and is used to verify your name and Taxpayer Identification Number (TIN). This TIN is used to report to the IRS income that has been paid to you.

Where do I get a TIN?

For individuals who have a Social Security Number (SSN), your SSN is your TIN. For businesses, for TIN is your Federal Employer Identification Number or (FEIN). Enter this in the SSN field. If you are a resident alien and you do not have, and are not eligible to get an SSN, your TIN is your IRS Individual Taxpayer Identification Number (ITIN). You should enter this number in the SSN field.

What if I am an independent contractor and I have an FEIN?

If you have a Federal Employer Identification Number (FEIN), you may enter either your SSN or FEIN; however, for independent contractors the IRS prefers that you use your SSN.

What if I don't have either an SSN or an ITIN?

If you are asked to complete a W-9, but do not have an SSN or an ITIN, write "Applied for" in the space for the TIN. You should then apply for an SSN by completing Form SS-5, Application for a Social Security Card. This is available at your local Social Security Administration office or online at www.socialsecurity.gov. If you are a resident alien and are not eligible to obtain an SSN, you will need to apply for an ITIN on Form W-7, Application for IRS Individual Taxpayer Identification Number. If you have an application pending for an SSN, simply write "Applied for" in the space for the TIN.

What lines do I complete?

You need to complete the top part of the form that asks for your demographic information. You should then complete Part I and sign and date in Part II.

W-9 Request for Taxpayer Identification Number and Certification

Form (Rev. November 2004)
Department of the Treasury
Internal Revenue Service

Give form to the requester. Do not send to the IRS.

Name (as shown on your income tax return)

Business name, if different from above

Check appropriate box: Individual/Sole proprietor Corporation Partnership Other Exempt from backup withholding

Address (number, street, and apt. or suite no.)

Requester's name and address (optional)

City, state, and ZIP code

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the same given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 2. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 2. Note: If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out lines 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and qualified plans, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign Here Signature of U.S. person Date

Purpose of Form
A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct for you are waiting for a number to be issued,
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

In 3 above, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States; or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(p) for additional information.

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

Cat. No. 50201X Form W-9 (Rev. 11-2004)

Public Partnerships, LLC Fingerprinting and Criminal Background Checks

Any individual applying to be a DBHDD NOW & COMP Wavier program independent contractor will have to undergo a full DBHDD background check and fingerprinting. PPL will utilize the Cogent System to help individuals complete this requirement.

Please refer to the following for detailed instructions on using Cogent Systems to complete the DBHDD NOW & COMP Wavier program background check process.

Cogent Background Check Process

Any individual applying to become an independent contractor will be required to undergo a full DBHDD NOW & COMP Wavier background check and fingerprinting. PPL will utilize the Cogent System to help individuals complete this requirement.

As an individual applying to become an independent contractor, you must complete the following steps to begin the background check process:

1. Complete the Cogent Demographic Information in the vendor packet.
2. Submit the completed packet to PPL.

PPL will complete the Cogent individual applicant registration for you online using the information that you provided on the Demographic Information Form.

You will be notified by PPL when your online registration is complete, and you will be given your **Registration ID**.

Once you receive this notification, you will need to go to a GAPS Print Location to have the check and fingerprinting completed.

➤ What to Bring with You to the GAPS Print Location

Before heading to a print location to have your check completed, please be sure you have received your Registration ID from PPL and have this number available when you arrive at the location. You will also need to bring the appropriate identification with you. Cogent Systems requires current, valid, and unexpired picture identification documents. As a primary form of picture identification, one of the following will be accepted at GAPS Print Locations:

Primary Documents

- State Issued Driver's License with Photograph
- State Issued Identification Card with Photograph
- US Passport with Photograph
- US Active Duty/Retiree/Reservist Military ID Card (000 10-2) with Photograph

- Government Issued Independent contractor Identification Card with Photograph (includes Federal, State, County, City, etc.)
- Tribal Identification Card with Photograph

However, in the absence of one of the above Primary identifications, applicants may provide one or more of the following Secondary Documents, along with two of the following supporting documents:

Secondary Documents:

- State Government Issued Certificate of Birth
- Social Security Card
- Certificate of Citizenship (N560)
- Certificate of Naturalization (N550)
- INS I-551 Resident Alien Card Issued since 1997
- NS 1-688 Temporary Resident Identification Card
- INS I-688B, I-766 Employment Authorization Card

Secondary Documentation must be supported by at least two of the following:

- Utility Bill (Address)
- Voter Registration Card
- Vehicle Registration Card/Title
- Paycheck Stub with Name/Address
- Cancelled Check or Bank Statement

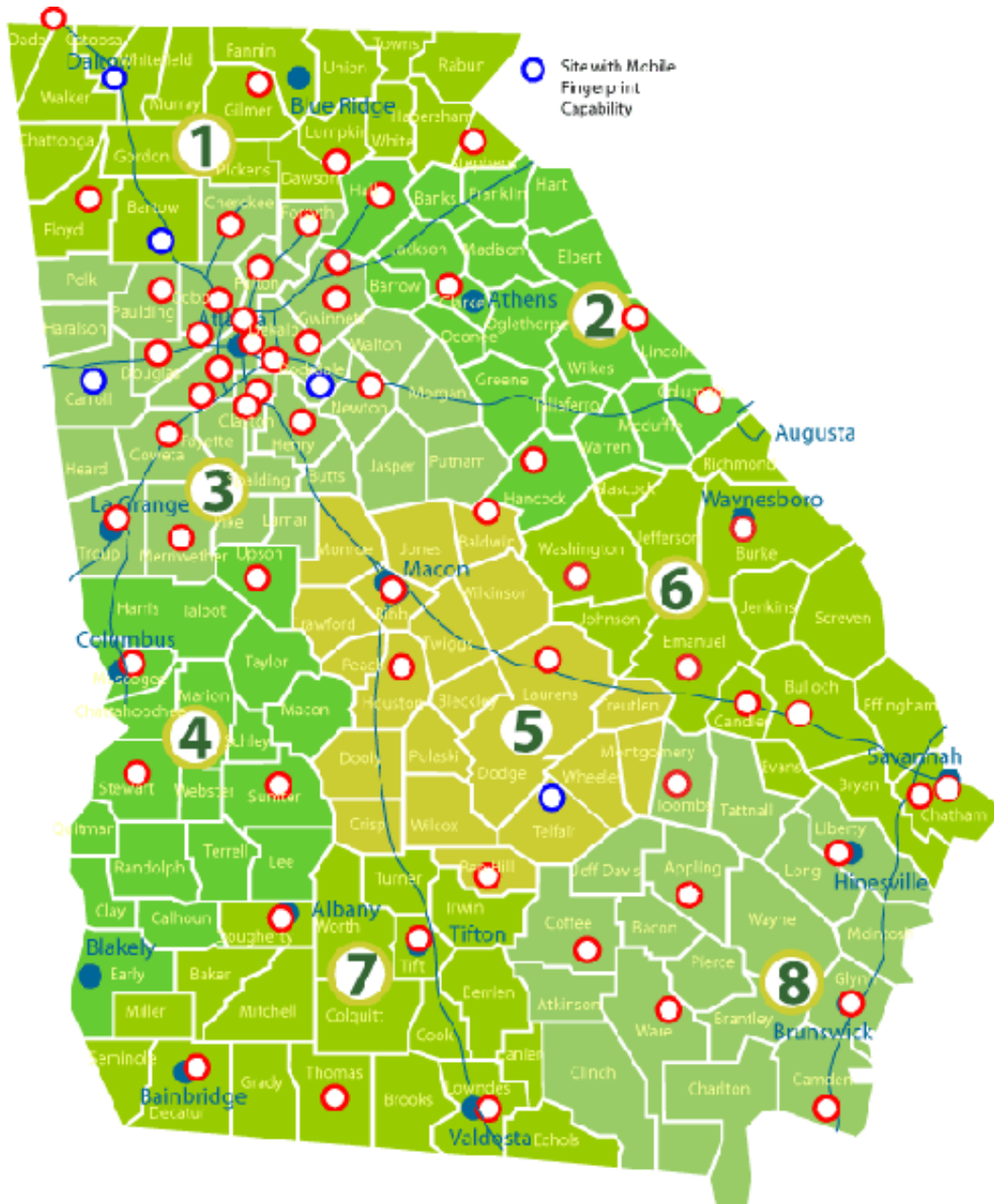
Once the check has been completed, PPL will receive a determination clearance letter from DBHDD indicating a status of Pass/Fail and will communicate the results to you.

If you have received a 'Pass' status, and all required documents have been submitted in the Independent contractor Packet, PPL will mark you as Good To Go.

If you have received a 'Fail' status for any reason, PPL will indicate that you have not met the background check requirement, and you will not be marked as Good To Go. You may not be able to be employed at that time.

If you have any questions regarding the Cogent background check process or requirements, please contact PPL at 866-835-3371.

Map of Current Cogent Locations



Toll Free Numbers

Phone: 1-866-836-6792

TTY System: 1-800-360-5899

Administrative Fax: 1-866-461-0195

**GEORGIA DBHDD NOW & COMP WAIVER PROGRAMS
DEMOGRAPHIC INFORMATION/ REGISTRATION FORM
FOR INDEPENDENT CONTRACTORS**

Please provide the following information. Lines marked with a (*) indicate required fields. PPL will use this information to complete the Individual Applicant Registration with Cogent Systems on your behalf.

* Last Name: _____

* First Name: _____

Middle Name: _____

Suffix (circle one if applicable): Jr, Sr, II, III, IV, Other

* Date of Birth: __ / __ / _____

* Place of Birth (state and country if outside of US): _____

SSN: _____ * **Note:** If you choose not to provide your SSN, you will be required to provide your Registration ID (provided by PPL) at the GAPS Print Location.

* Sex (circle one): Male/Female

* Race (check one):
Asian or Pacific Islander White
Black Mexican
American Indian Latino
Alaskan Native Unknown

* Eye Color: _____ * Hair Color: _____

* Height: _____ * Weight: _____

Country of Citizenship: _____

Driver's License No: _____ Driver's License State: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Public Partnerships, LLC
Georgia DBHDD NOW & COMP Waiver Programs
 5660 New Northside Drive, Suite 450
 Atlanta, Georgia 30328



Toll Free Numbers
Phone: 1-866-836-6792
TTY System: 1-800-360-5899
Administrative Fax: 1-866-461-0195
Email: PPLGADDD@pcgus.com

Pay Period		Timesheets Must Be Received By:	Checks Will Be Mailed Out/EFT Transmitted*:
<u>Start</u>	<u>Finish</u>	<u>Deadline</u>	<u>Check Run Date</u>
January 1, 2012	January 15, 2012	January 20, 2012	January 25, 2012
January 16, 2012	January 31, 2012	February 5, 2012	February 10, 2012
February 1, 2012	February 15, 2012	February 20, 2012	February 25, 2012
February 16, 2012	February 29, 2012	March 5, 2012	March 10, 2012
March 1, 2012	March 15, 2012	March 20, 2012	March 25, 2012
March 16, 2012	March 31, 2012	April 5, 2012	April 10, 2012
April 1, 2012	April 15, 2012	April 20, 2012	April 25, 2012
April 16, 2012	April 30, 2012	May 5, 2012	May 10, 2012
May 1, 2012	May 15, 2012	May 20, 2012	May 25, 2012
May 16, 2012	May 31, 2012	June 5, 2012	June 8, 2012
June 1, 2012	June 15, 2012	June 20, 2012	June 25, 2012
June 16, 2012	June 30, 2012	July 5, 2012	July 10, 2012
July 1, 2012	July 15, 2012	July 20, 2012	July 25, 2012
July 16, 2012	July 31, 2012	August 5, 2012	August 10, 2012
August 1, 2012	August 15, 2012	August 20, 2012	August 24, 2012
August 16, 2012	August 31, 2012	September 5, 2012	September 10, 2012
September 1, 2012	September 15, 2012	September 20, 2012	September 25, 2012
September 16, 2012	September 30, 2012	October 5, 2012	October 10, 2012
October 1, 2012	October 15, 2012	October 20, 2012	October 25, 2012
October 16, 2012	October 31, 2012	November 5, 2012	November 9, 2012
November 1, 2012	November 15, 2012	November 20, 2012	November 23, 2012
November 16, 2012	November 30, 2012	December 5, 2012	December 10, 2012
December 1, 2012	December 15, 2012	December 20, 2012	December 21, 2012
December 16, 2012	December 31, 2012	January 5, 2013	January 10, 2013

Italicized dates indicate the check transmission date or payroll processing falls on a holiday or weekend. When that occurs deadlines will be extended until the next business day.

*Please note that the date the checks will be mailed out/EFT transmitted indicates the date the checks will be postmarked or transmitted to our bank. This does not indicate the date that the check should be expected by the provider.

REQUISITION INVOICE

PARTICIPANT INFORMATION

First name: _____	Participant PPL ID #: _____
Last name: _____	

VENDOR/ INDEPENDENT CONTRACTOR INFORMATION

Name: _____	PPL ID# (if known): E _____
Address: _____	Phone number: _____
City, State, & Zip: _____	

SERVICE/ ITEM INFORMATION

Requisition Service Category: <input type="checkbox"/> Individually Directed Goods & Services
If Service, List Service Provided: _____
Total cost (including all applicable taxes and fees): \$ _____.
PARTICIPANT ACKNOWLEDGEMENT
I acknowledge that no checks will be cut to the Independent Contractor or Agency until the funds have been added to my self-direction budget in PPL's Web Portal and the Support Coordinator has allocated funds to the appropriate requisition service.
Participant Signature: _____ Date: ____ / ____ / ____

Send to administrative fax: (866) 461-0195

Or mail to: **Public Partnerships, LLC**
GA DBHDD NOW & COMP Waiver Programs
5660 New Northside Drive, Suite 450
Atlanta, GA 30328

Phone: (866) 836-6792	Administrative Fax: (866) 461-0195
TTY: (800) 360-5899	Email: GAPPLDDD@pcgus.com
Web: www.publicpartnerships.com	

Public Partnerships, LLC

Georgia DBHDD NOW & COMP Waiver Programs

Financial Management Services

5660 New Northside Drive Suite 450

Atlanta, GA 30328



Toll Free Numbers

Phone: 1-866-836-6792

TTY System: 1-800-360-5899

Administrative Fax: 1-866-461-0195

Payment by Direct Deposit Vendor Information Guide

Direct Deposit is the fastest and safest way to receive payment from Public Partnerships, LLC for services provided to participants of the NOW & COMP Waiver Programs Administered by Georgia's Department of Behavioral Health and Developmental Disabilities (DBHDD).

You can choose to receive your payment directly deposited into your checking account, savings account, or to a pay card of your choice. To sign up for Direct Deposit, review the three steps below and complete the Direct Deposit application. If you have any questions, contact Customer Service toll- free at 1-866-836-6792.

1. Meet Direct Deposit Requirements

You may receive Direct Deposit payments if you meet the following requirements:

- a. You must complete the Direct Deposit Application. The person filling out the form must have the authority to authorize payment processing to the account listed.
- b. You must agree to immediately notify PPL in writing if you change your bank, account number, account type, ABA routing number, or contact information. With changes, you may need to submit a new Direct Deposit Application form. Failure to comply with notification policies may result in a delay of payment.

2. Submit Direct Deposit Application to PPL

Complete and sign the Direct Deposit application. You also need to submit account verification documents. These documents differ depending on the type of Direct Deposit you want to do:

- a. To Direct Deposit **to a checking account**, you need to submit a voided check or you will need to submit a letter from your bank that states your account number for the account you wish the payment to be deposited.
- b. To Direct Deposit **to a savings account**, you need to submit a letter from your bank that states your account number for the account you wish the payment to be deposited.
- c. To Direct Deposit **to a pay card/ debit card**, you need to submit documentation from the pay card's enrollment process or the pay card's financial entity that verifies the account number and the routing number you want PPL to deposit funds to.

NOTE: Please be advised that if you choose the pay card/debit card option, PPL is **not** supporting any particular pay card/debit card financial institution and is **not** responsible for any fees established by the financial institution. PPL recommends you review all information regarding services fees, transaction limitations, or any other important information pertaining to your pay card prior to enrolling and activating your pay card.

The application and the supporting documents must be sent to:

Fax: 1-866-461-0195

Mail:

Public Partnerships, LLC
Georgia DBHDD NOW & COMP Waiver Programs
5660 New Northside Drive Suite 450
Atlanta, GA 30328

3. Await confirmation from PPL

Your Direct Deposit account will become active after PPL verifies your account number with your bank or pay card. The whole process will take 1 to 2 **pay cycles** from the time we receive your completed and signed application.

If there is a change in bank account information, your PPL payment account will be taken off Direct Deposit status until the new bank account information is verified. Verification may take a few weeks. You will receive paper checks in the interim period.

The Direct Deposit payment is sent on payday and should be in your bank account on the date reflected on the Payroll Schedule. Please be aware that bank holidays may delay payment posting. After considering bank holidays, contact Customer Service toll free at 1-866-836-6792 if you have not received your payment on time.

4. Remittance Advice

Once your Direct Deposit becomes active, you will receive a summary of your payment on a document called a "Remittance Advice" that is mailed to you. This is information that used to show on your check stub.

We hope you enjoy having faster access to your payments!

Optional Form



Public Partnerships - Georgia DBHDD NOW & COMP Wavier Programs

FORM - DD2
Revised 07/2010

DIRECT DEPOSIT APPLICATION

Section 1

CREATE/CHANGE GA DBHDD Direct Deposit Account or CLOSE Existing GA DBHDD Direct Deposit Account

Check the appropriate box below based on your request.

- New Direct Deposit Set-up Change Account Number Cancellation Request
- New Pay Card/Debit Card Set-up Change Account Type Change Financial Institution

Section 2

PAYEE INFORMATION

Disclosure of your Social Security Number (SSN) is voluntary pursuant to 42 USC 405c2C. PPL will use to file required information returns to IRS.

1. Social Security Number (SSN)

			-			-				
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2. Payee Name

3. Phone

4. Payee Address

5. City

6. State

7. Zip

Section 3

AUTHORIZATION FOR SET-UP, CHANGE OR CANCELLATION

I authorize Public Partnerships - Georgia DBHDD NOW & COMP Wavier to process payments owed to me for services authorized by the Georgia DBHDD NOW & COMP Wavier programs. Per my request, PPL will deposit my payment directly to my bank or pay card account indicated below using an Automated Clearing House (ACH) transaction. I recognize that if I fail to provide complete and accurate information on this form, processing may be delayed or made impossible, or my electronic payments may be erroneously made. I authorize PPL to withdraw from the designated account all amounts deposited electronically in error. If the designated account is closed or has an insufficient balance to allow withdrawal, then I authorize PPL to withhold any payment owed to me by PPL until the erroneous deposited amounts are repaid. If I decide to change or revoke this authorization, I recognize that I must forward such notice to PPL. The change or revocation is effective on the day PPL processes the request.

I certify that I have read and agree to comply with PPL rules governing payments and electronic transfers as they exist on the day of my signature on this form or as subsequently adopted, amended, or repealed.

I authorize PPL to stop making electronic transfers to my account without advance notice.

If I choose to have my payments deposited to a pay card or debit card, I accept all responsibility for all terms, conditions and/or fees that may be applicable to my chosen pay card/debit card.

I certify that I am authorized to contract for the entity receiving deposits per this agreement, and that all information provided is accurate.

8. Signature (Required)

9. Title

10. Date

Section 4

ACCOUNT DETAIL INFORMATION

11. Financial Institution Name (My Bank or my Pay Card Bank's Name)

12. Bank Address

				-					
--	--	--	--	---	--	--	--	--	--

13. Bank Routing Number

14. Account Type:

- Checking Savings Pay Card/Debit Card

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

15. My Account Number

16. Bank City

17. Bank State

18. Bank Zip

Mail with VOIDED CHECK or ACCOUNT VERIFICATION to
Public Partnerships - Georgia DBHDD NOW & COMP Wavier, 5660 New Northside Drive, Suite 450, Atlanta, GA 30328

For all requisition services, you will have to go through a vendor. For small or local vendors, you will need to have them complete the W-9 form included in this packet. This will give PPL the information we need to assign them an ID in our system. However, for larger national chains, PPL already has that information. The following common vendors have already been assigned an ID in PPL's system:

Vendor Name
Apple Store
Barnes and Noble
Best Buy
Dell
Home Depot
K-Mart
Sears
Lowe's
Target
Wal-Mart

If there is a large national vendor that you would like to use, but is not on the above list, please call PPL Customer Service (866-836-6792). We will add the vendor to our list and provide you with the vendor ID number.

Public Partnerships, LLC
Georgia DBHDD NOW & COMP Waiver Programs
5660 New Northside Drive, Suite 450
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Toll Free Numbers

Phone: 1-866-836-6792

TTY System: 1-800-360-5899

Administrative Fax: 1-866-461-0195

PPL CUSTOMER SERVICE

PPL has a Customer Service Center located in Atlanta, Georgia. This center will support Participants and Employees and can be reached by calling toll-free 866-836-6792. The Customer Service Center is open between 8:30AM and 5:30 PM EST, Monday through Friday. At all other times, a messaging system is available.

PPL has a separate phone line (800-360-5899) that connects callers to our TTY system. This is for people with hearing and/or speech impairments who use text telephones. We also have a toll-free fax number (866-461-0195) and a program specific e-mail address (PPLGADDD@pcgus.com).

Our Customer Service Center telephone system has a voicemail system, which is used as a back up during regular business hours. It is also used on nights, weekends, and holidays. PPL will return all calls left on voicemail during business hours within one business day of receiving the message.

PPL's Customer Service Center has experienced Customer Service Specialists. PPL enters all calls received, including any complaints that we may receive, directly into our computer system. We identify the caller, the reason for the call, and the date received. We also track how we addressed the issue and the date it was resolved. This allows for easy reporting and tracking of calls so that we can provide the best service to you possible.

Please call us at 1-866-836-6792 if you have any questions.

We look forward to working with you!