



Lane County CDDP PSW Enrollment Process Existing PSW Adding a New Client

Step 1 - PSW Credentials DO NOT WORK

FORMS REQUIRED: PSW-Domestic Employee Form (0550)

Complete and submit forms to: LaneDDSCrims@lanecountyor.gov

Step 2 - PPL DO NOT WORK

PUBLIC PARTNERSHIPS LLC (PPL) FORMS

LCDDS associates you to the client/employer. This will prompt PPL to send you a packet of their forms.

Complete and return these forms to PPL. This establishes the Employment Relationship.

NOTE: Contact PPL for assistance with these forms.

Phone: 1-888-419-7705 Email: PPLORFMAS-CS@pcgus.com

Step 3 - Provider Service Agreement DO NOT WORK

PPL establishes the Employment Relationship and transfers the update to show in the State's eXPRS system.

You will receive an eXPRS User Enrollment Form by email from the State to complete

Sign and return Provider Service Agreement – this will be sent by the client's Case Manager to the client/employer for you to sign

This will be processed by LC DDS staff

Step 4 - BEGIN WORK

Once you receive the secured email from Lane County DDS Staff with your Approval to Work, you can begin working



Personal Support Worker Packet Instructions

Welcome to Lane County Developmental Disability Services Personal Support Worker Add Client Process

Please be sure to read these directions carefully!

In this packet you will receive the following documents:

- PSW-Domestic Employee Form (SDS 050)

Please complete each document with your Employer of Record (EOR). If you are unsure who the EOR is going to be, please reach out to your client's case manager at your earliest convenience. They will be able to assist you.

Please ensure all copies are clear, readable, and contain all information and signatures.

Documents may be:

- Dropped off in our lobby. For information regarding our hours and availability please review our website
https://lanecounty.org/government/county_departments/health_and_human_services/developmental_disabilities
 - Our Lobby is currently closed per the Governor's Executive Order
- Emailed to LaneDDSCrims@lanecountyor.gov. Please ensure that all documents are completed and signed.

Once we have received and reviewed your documents you will receive a reply with additional instructions.

IMPORTANT NOTES:

- Please do not begin working until you receive a formal authorization to start from our office.
- Please ensure that all paperwork is completed legibly and thoroughly and signed where appropriate
- Please ensure that all information is consistent on each document. Any difference in name, address or other information can result in a delay to your certification.

If you have any questions feel free to contact our office at 541-682-3695 or LaneDDSCrims@lanecountyor.gov.

Thank you for your continued support of I/DD individuals in our community!

Developmental Disabilities Employer/Personal Support Worker/ Domestic Employee Information

Please Print and Write Clearly

Personal Support Worker Information

Name			Social Security Number	
Last	First	Middle		
Residential Address			Date of Birth	
Address	City	Zip Code	(MM/DD/YYYY)	
Mailing Address			Phone	
If different from Residential Address				
Address	City	Zip Code	Is this a Mobile Number <input type="checkbox"/> Yes <input type="checkbox"/> No	
Email				

Client Information

Name			Client Date of Birth	
Last	First	Middle	(MM/DD/YYYY)	
Prime Number (if known)				

Employer Information

For clients 17 and younger, this may be the Parent or Guardian
For adults 18 and older this may be the client, Guardian or other designated person (Employer of Record)

Name			Date of Birth	
Last	First	Middle	(MM/DD/YYYY)	
Residential Address			Phone	
Address	City	Zip Code	Is this a Mobile Number <input type="checkbox"/> Yes <input type="checkbox"/> No	
Mailing Address				
If different from Residential Address				
Address	City	Zip Code		
Email				

RETURN COMPLETED DOCUMENT TO:

Lane County Developmental Disabilities Services
125 E 8th Eugene, OR 97401
Fax: (541) 682-3879

Personal Support Worker Provided Services

Please check all the services that your employee will provide. If an activity is not included, please add it in the "other services provided" column.

Community Living Support

- Eating Dressing Mobility Community Participation Communication
- Bathing Personal Hygiene Socialization Personal Environmental Skills

Homecare/Chore Services

- Giving and Setting up Medications Housekeeping Chores Shopping
- Special Diet/Meal Preparation Laundry

Non-medical Transportation (Please check all that apply)

- Drives your vehicle Escorts you in your vehicle
- Drive you in their car Escorts you on public transportation

Community Inclusion Supports (list a sample of activities in the boxes below)

- Activities supporting independence and community inclusion

- Individual choice of activities

- Respite Services

Other Services provided by your employee (write in)

- Create & Submit hours worked using online eXPRS system

- Utilize EEV for logging in and out of work shifts

PSW/Employee Signature

Date

Employer/Representative Signature

Date