

AGENCY PERSONNEL COMPLETING FORM		AGENCY SIGNATURE	
AGENCY NAME		AGENCY NPI OR UMPI	AGENCY FAX NUMBER

Agency Information

You have the option to affiliate or enroll the individual PCA named above, if 18 years old or older, with other agencies you directly own without completing another application and agreement. Do you want to affiliate the above named individual PCA with any other agencies you own? Yes No

Group Affiliation Information

NAME OF PCA (print or type)	SIGNATURE OF PCA	DATE SIGNED
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I have reviewed and certify the information provided above is true and correct to the best of my knowledge. I will notify the Minnesota Department of Human Services Provider Enrollment of any additions or changes to the information. By signing this form, I acknowledge I have read and understand the Application and Background Study Privacy Notice. I also authorize the Minnesota Department of Human Services to use the information collected about me according with the Privacy Notice.

Individual PCA Provider Statement

PROVIDER TYPE		38 - INDIVIDUAL	
LEGAL NAME (FIRST)	FULL MIDDLE NAME	LAST NAME	SOCIAL SECURITY NUMBER
ADDRESS (RESIDENTIAL ADDRESS ONLY - DO NOT ENTER A PO BOX)			
CITY	STATE	ZIP CODE	
COUNTRY OF RESIDENCE	PHONE NUMBER	DATE OF BIRTH	UMPI (if requesting reinstatement)
INDIVIDUAL PCA TRAINING		DATE PASSED:	
Is the individual 18 years old or older?		CERTIFICATION NUMBER:	
<input type="radio"/> Yes <input type="radio"/> No		*May affiliate with only one agency	
If previously used for MCO only claims, has this individual maintained continuous employment with your agency?		BGS NUMBER or APPLICATION ID	
<input type="radio"/> Yes <input type="radio"/> No			

Individual PCA Information

- New hire (requires new background study and completion of PCA training)
- Rehire (requires new background study and completion of PCA training)
- Previously used for managed care organization (MCO) claims only (new background study not required)

We will return incomplete forms to you. Complete this form online, print and then fax to MHCP. Complete at least all bolded fields to enroll an individual PCA.

Individual PCA Enrollment Application

Minnesota Health Care Programs (MHCP)

Minnesota Department of Human Services



Next Steps

Read, sign and date the MHCP Provider Agreement - Support Worker (PCA, CDCS and CSG) (DHS-4611), and return it with this application.

Fax the application and agreement to 651-431-7465. Only faxed requests will be processed.