



Minnesota Health Care Programs (MHCP)

Individual PCA Enrollment Application

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

- 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)

Individual PCA Information

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
COUNTY OF RESIDENCE	PHONE NUMBER	DATE OF BIRTH	UMPI (if requesting reinstatement)	
INDIVIDUAL PCA TRAINING DATE PASSED: _____ CERTIFICATION NUMBER: _____			Is the individual 18 years old or older? <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? <input type="radio"/> Yes <input checked="" type="radio"/> No				BGS NUMBER or APPLICATION ID

Individual PCA Provider Statement

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.

NAME OF PCA (print or type)	SIGNATURE OF PCA	DATE SIGNED

Group Affiliation 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

Agency Information

AGENCY NAME Sincere Home Care	AGENCY NPI OR UMPI A151667200	AGENCY FAX NUMBER 763-208-6089
AGENCY PERSONNEL COMPLETING FORM Cheemika Jenkins	AGENCY SIGNATURE <i>Cheemika Jenkins</i>	