



Completing a Form in PPL@Home

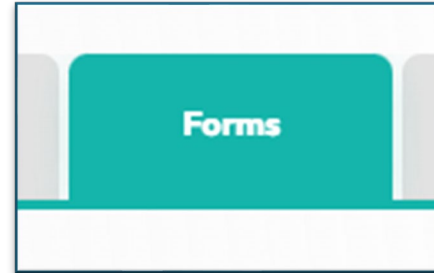
Walk-Me Guide | California SDP



All forms can be signed and completed electronically in PPL@Home, including by adding your electronic signature.

1

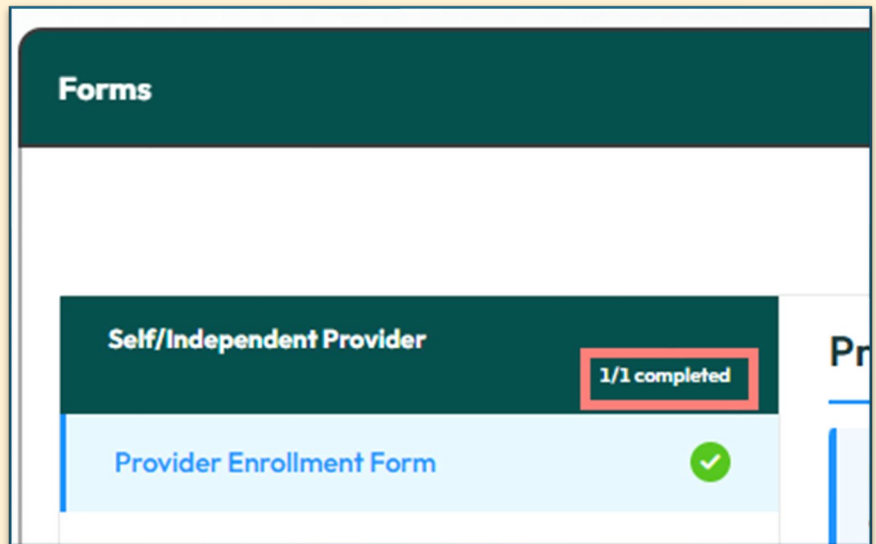
After logging into PPL@Home, click on the **'Forms'** tab.



2

Under the **'Forms accordion menu'**, you will see all available forms to complete.

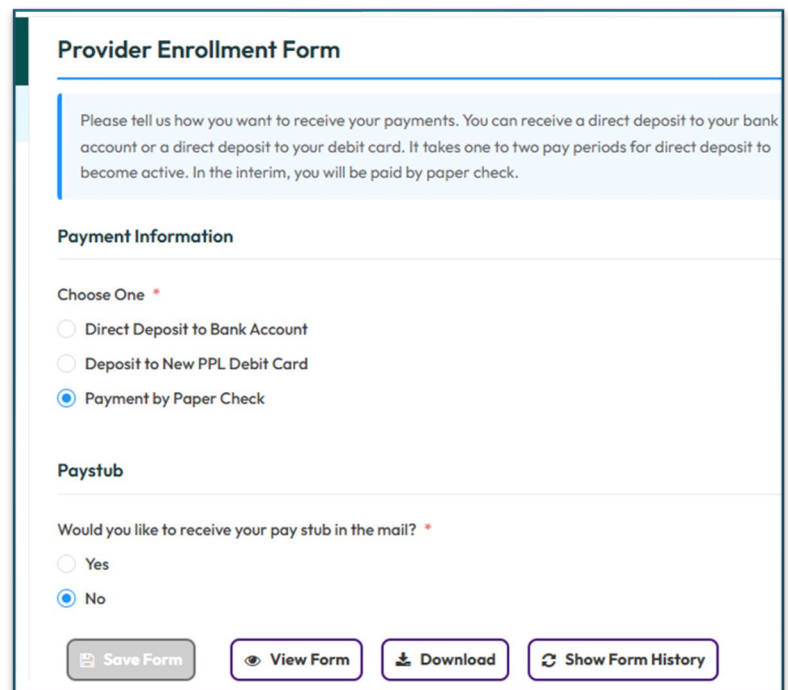
Please note there may be multiple forms. In this example there is only one.



3

Complete each section using dials and check boxes.

Some dial options will show additional fields to complete.



4

Once you have made your selections, click the **purple Save Form button**.

Your selections will not be saved unless you click Save Form.

5

You will see a popup notification that your changes have saved successfully.

6

If additional action is needed an orange exclamation icon will appear. You can hover over the icon for more information.

In this example an additional signature is needed and you will click the **Sign Form button**.

7

You will complete information within the form. Some fields will be pre-populated with information you have already entered into PPL@Home.

The **Save Form button** will be greyed until all required fields have been completed.

Provider Enrollment Form

CA SDP
Powered by PPL

WORKER ENROLLMENT FORM

This form is the first step in your enrollment with Public Partnerships LLC (PPL). The details you provide on this form will be used for both employment and payment choices. Please complete this form.

Worker Name

First: Don Middle: Last: Indeprovider

Maiden or Previous Last:

Worker Address (where you live)

Street (no PO Box): 1315 10th St Street 2 (APT., STE., etc.):

City: Sacramento State: CA Zip Code: 95814-4905

County: Sacramento

Select if the address where you live is the same as your mailing address. If not, complete the Mailing Address section below.

8

You will find the signature section at the end of the form. Clicking on **Click Here to Sign** will automatically create the signature you set up in PPL@Home.

Worker Enrollment Form California | SDP

Worker Signature: **Date:** 05/08/2026

Click Here to Sign

Worker Name (Please print)
Don Indeprovider

9

Click **Save Form** to save your changes and signature. You will see a popup notification that your changes have saved successfully.

Save Form

Worker Enrollment Form

Worker Signature: **Date:** 05/08/2026

D1

Worker Name (Please print)
Don Indeprovider

Call or email your Support Broker or Enrollment Specialist if you have any questions.



YOUR LIFE
YOUR CARE
YOUR PEOPLE