

## SSP Pay Rate Information

Select the appropriate reason for this form:

- Initial Setup                     
  New Service for SSP     
  Change Existing Rate

REQUIRED INFORMATION	
CLE Name	ID
SSP Name	ID or Last 4 of SSN
Participant Name	ID

The CLE and the SSP must complete this form together. Changes requested on this form will be accommodated within the approved ODP wage ranges. Please allow five (5) days for processing. Once processed, the change will take effect the next pay period. Changes will not be applied retroactively to payments already made. Fill this form out and then submit it to your Supports Coordinator (SC) or Administrative Entity (AE).

SERVICE TYPE	SERVICE CODE	HOURLY RATE*

\*The State of Pennsylvania minimum hourly rate is \$7.25.

By signing below, the CLE and SSP certify that the information in this form is correct and was agreed to by both parties.

\_\_\_\_\_  
SSP Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
CLE Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
SC or AE Signature

\_\_\_\_\_  
Date