



GEORGIA CCSP Program Employee Rate Form

To ensure proper payment, please provide Acumen with the following information so the employee is paid the correct rate for the service provided. Rate change forms must be received by Acumen two weeks prior to the pay period start date for which the rate is to take effect. **If two week notice is not provided, the form will not be processed.**

Employee Name (please print): _____

Employee Social Security Number (last 4 digits): _____

Service Code: PSS (Personal Support Services) **Rate per Hour: \$** _____

Effective Date: _____

*rate changes cannot be retroactive

Participant Name (please print): _____

Participant or Representative Signature

Date

- Please complete this form for each new employee **and** each time you would like to change your employees' pay rate.
- This form **must be received by Acumen two weeks prior to the pay period start date** for which the rate is to take effect. If two week notice is not provided, the form will not be processed.
- Refer to the Pay Schedule* to see pay period dates.
- Please consult the Show Me the Money* form for rate information.

Email: Enrollment@acumen2.net

Fax: 1-866-211-6378

Mail: Acumen Fiscal Agent, LLC
5416 E. Baseline Rd., Suite 200
Mesa, Arizona 85206

**Forms can be found at www.acumenfiscalagent.com, click on "Participant Employers" then locate your state and program in Georgia.*