

## Participant Referral & Intake

The Supports Coordinator completes the VF/EA Referral form and submits it to Palco. Palco will send a pre-populated Common Law Employer Packet and 2 SSP Applicant Worker Intake Forms to the CLE.

Selecting a Common Law Employer:

In the VF/EA FMS model, the participant can serve as their own Common Law Employer (CLE), or may designate a trusted individual to serve in this role.

Key Responsibilities of the Common Law Employer:

- Complete all Enrollment Forms and submit them to Palco.
- Recruit, hire, and train all Support Service Professionals (SSP).
- Determine the SSPs' responsibilities to ensure services are provided in accordance with ODP service definitions and the Individual Supports Plan (ISP).
- Develop the SSPs' work schedules and an emergency back-up plan in accordance with the current authorized ISP.
- Review, approve, sign, and submit qualified SSP timesheets to the VF/EA FMS organization for processing.

Complete this form entirely to enroll the participant, provide important information to continue the enrollment process, and establish the employer of record.

PARTICIPANT INFORMATION			
First Name	Middle Name	Last Name	
Social Security Number	MA Number (10 Digits)	Date of Birth (mm/dd/yyyy)	
Diagnosis Code		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Waiver <input type="checkbox"/> Community Living <input type="checkbox"/> Consolidated <input type="checkbox"/> P/FDS		Region <input type="checkbox"/> Central <input type="checkbox"/> Northeast <input type="checkbox"/> Southeast <input type="checkbox"/> Western	
Physical Address (Street Address, Including Apt. #)			
City	State	Zip	County
Mailing Address (Street Address, Including Apt. #) – <i>if different than the physical address</i>			
City	State	Zip	County
Phone1	Email	Preferred Method of Communication <input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Phone	
Emergency Contact	Relationship	Phone Number	

COMMON LAW EMPLOYER INFORMATION			
First Name		Middle Name	Last Name
Social Security Number		Date of Birth (mm/dd/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Physical Address (Street Address, Including Apt. #)			
City		State	Zip
County			
Mailing Address (Street Address, Including Apt. #) – <i>if different than the physical address</i>			
City		State	Zip
County			
Phone1		Phone2	Preferred Method of Communication <input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Phone / Voicemail
Email			
Relationship to Participant <input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Other Non-relative <input type="checkbox"/> Other: _____			
Emergency Contact		Relationship	Phone Number
<input type="checkbox"/> <b>If the participant is designating a surrogate to act as his or her CLE, the CLE designation form must be included.</b>			
ENROLLMENT PREFERENCE			
How would you like to continue the enrollment process?			
<input type="checkbox"/> Complete Enrollment Paperwork Online, the CLE will receive login instructions from Palco			
<input type="checkbox"/> Email a prepopulated PDF packet to the Common Law Employer			
<input type="checkbox"/> Mail a prepopulated paper packet to the Common Law Employer's address			
SUPPORTS COORDINATOR INFORMATION			
SCO Name		Supports Coordinator Name	
Phone1		Phone2	Email
ADMINISTRATIVE ENTITY INFORMATION			
Administrative Entity (AE)			

## Common Law Employer (CLE) Designation

### CLE Responsibilities and Attestation:

I understand and agree with my role as a Common Law Employer. I understand that my appointment as Common Law Employer may be revoked at any time by the Participant, myself, or the Office of Developmental Programs (ODP).

I understand as a Common Law Employer, I cannot receive payment for performing the Common Law Employer role. I also cannot receive payment for any services funded through the Consolidated, Community Living, or Person/Family Directed Support (P/FDS) Waivers that I provide to the Participant with the exception of Transportation Mile reimbursement.

I understand that PDS must be provided in accordance with the authorized Individual Support Plan (ISP). As a surrogate, I agree that I will make decisions regarding PDS services on the Participant's behalf.

Once appointed to be the Common Law Employer, I am responsible to do the following:

- Maintain compliance with federal and state regulations, ODP policy bulletins and the approved waivers noted above, as applicable.
- As much as possible, make the decisions the Participant would make if the Participant made the decisions.
- Accommodate the Participant, to the extent necessary, so that the Participant is included to the extent possible in all decisions that affect the Participant.
- Give due consideration to all information including the recommendations of other interested and involved parties.

I understand and agree with my responsibilities as the Common Law Employer. I understand and agree with my responsibilities as they relate to participating in the PDS program and enrolling with Palco. If I am a surrogate, I understand and agree with my responsibilities and will act on behalf of the Participant who designated me as the Common Law Employer

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CLE Printed Name

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Participant Printed Name

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CLE Signature

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Participant Signature

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Date

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Date