

KS WORK Participant Referral & Intake

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	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	Email	Preferred Method of Communication <input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Phone	
INDEPENDENT LIVING COUNSELOR INFORMATION			
Full Name		Address:	
Phone1	Email		

By participating in the self-directed, budget authority model, the participant or someone over the age of 18 who the participant elects (the “surrogate”) will manage and direct the services and funds provided under the budget. This may include either agency-provided, agency-directed employer of record or member-directed attendant care. The tasks may include recruiting, hiring, training, and terminating caregivers who provide support to the participant, overseeing worker tasks and schedules, completing enrollment forms, and submitting timesheets. Tasks may also include directing budgeted funds to providers or vendors the participant chooses to use. This responsibility is known as the employer of record. Who will serve as the employer of record? (Select one.)

- A surrogate individual. **Please complete a Designation of Surrogate Employer.**

- The participant.

How would you like to continue the enrollment process?

- Complete Enrollment Paperwork Online. The EOR will receive login instructions from Palco
- Email a prepopulated PDF packet to the EOR
- Mail a prepopulated paper packet to the EOR's address

The Independent Living Counselor assigned to your case will have access to enrollment information, carryover funds, and utilization data in the Palco portal. If you want to opt out of them having this access, please write below that you are choosing to opt out.

By signing below, the participant consents to complete enrollment electronically and has provided an email address and Social Security Number that belongs to him and her. The participant understands that Palco is not responsible for providing information to an incorrect email address supplied by him and her. The participant has read and agrees to Palco's Notice of Privacy Practices and the Terms and Conditions of Palco's online enrollment system and agrees to receive information, notifications, and other correspondence electronically to the email address provided in this document. Such correspondence may contain Personal Health Information as defined at 45 CFR 160.103 and other personally identifiable information. The participant accepts all risks associated with the transmission of such information via those channels. The participant understands that his or her consent is in effect until Palco is notified in writing that the participant withdraws such consent.

Participant Printed Name

Participant Signature

Date

**Please return this form to Palco
via email: enrollment@palcofirst.com
or via fax to 1.877.859.8757.**

*If the participant is unable to sign, please
witness:*

Witness Printed Name

Witness Signature

Date