

## PCA Pay Rate Information

Select the appropriate reason for this form:

- Initial Setup     
  New Service for PCA     
  Change Existing Rate

REQUIRED INFORMATION	
Employer Name	ID
PCA Name	ID or Last 4 of SSN
Participant Name	ID

Below, please indicate the Pay Rate and Billable Rate you are agreeing to. The Pay Rate is the amount that the PCA will receive per hour worked, and the Billable Rate is the cost to the employer (including employer taxes) to pay the PCA the agreed upon hourly Pay Rate. The Billable Rate needs to match the approved Individualized WORK Budget. Please note that Palco will only refer to the Pay Rate when processing this form.

SERVICES COVERED	EFFECTIVE DATE	HOURLY PAY RATE	HOURLY BILLABLE RATE*
<b>Personal Assistance Services</b> <ul style="list-style-type: none"> <li>• <b>Activities of Daily Living</b> (bathing, grooming, toileting, eating, transferring, medication, management, &amp; mobility)</li> <li>• <b>Instrumental Activities of Daily Living</b> (shopping, housekeeping, laundry, meal prep, lawn care/snow removal, transportation, &amp; money management)</li> <li>• <b>Employment Related Support</b></li> </ul>	____/____/____ MM/DD/YYYY	\$____.____ / hour	\$____.____ / hour
<b>Night Support</b> **Please only set a rate for Night Support if it is an approved service on your budget allocated by your ILC**	____/____/____ MM/DD/YYYY	\$____.____ / hour	\$____.____ / hour

*\*If under age 18, a PCA may only provide Instrumental Activities of Daily Living*

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

\_\_\_\_\_  
PCA Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employer Signature

\_\_\_\_\_  
Date

**Please return this form to Palco via email: [enrollment@palcofirst.com](mailto:enrollment@palcofirst.com) or via fax to 1.877.859.8757**