

## Support Service Professional Intake & Attestation

Complete this form entirely to begin the enrollment process as a worker in the self-direction program. Completion of this form does not constitute a hiring by the employer.

PARTICIPANT AND COMMON LAW EMPLOYER INFORMATION	
Participant Name	ID
Employer Name	ID

SUPPORT SERVICE PROFESSIONAL (APPLICANT) INFORMATION			
First Name	Middle Name	Last Name	
Social Security Number	Date of Birth (mm/dd/yyyy)	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>	
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	
Email			
Preferred Method of Communication <input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Phone			
Emergency Contact	Relationship	Phone Number	

ENROLLMENT PREFERENCE
<p>How would you like to continue the enrollment process?</p> <p><input type="checkbox"/> Complete Enrollment Paperwork Online, the SSP will receive login instructions from Palco</p> <p><input type="checkbox"/> Email a prepopulated PDF packet to the Common Law Employer</p> <p><input type="checkbox"/> Mail a prepopulated paper packet to the Common Law Employer’s address</p>

Common Law Employers (CLE) who choose to be the employers of their support service professionals (SSP) will be required to have criminal history background checks performed on the SSPs that they hire. The common law employer will be informed about his or her

responsibilities as an employer for their own personal health and safety in their own homes. The common law employer will be informed of the results of the criminal history background check. The common law employer may still choose to hire a support service professional even if an SSP is found to have a criminal history with prohibited offenses contained in the Older Adults Protective Services Act.

Criminal history background checks will be performed at no cost to the common law employer. Performance of the criminal history background check and its cost will be the responsibility of the Fiscal/Employer Agent.

Criminal history background checks are mandatory but a common law employer may still choose to hire a support service professional even if a SSP is found to have a criminal history.

- Criminal background check.
- Individuals residing in Pennsylvania less than 2 years must submit to an FBI (fingerprinting) check.
- Child Abuse History Clearances (SSPs working with participants who are not yet 18 years of age.)
- Office of Inspector General Medicaid exclusion check.
- Pennsylvania Medichcek List
- Social Security Administration SSN check.

Upon completion of the new hire process, Palco will submit your information to the Pennsylvania New Hire Reporting Program on behalf of your employer (CLE).

Complete the fields provided below and on the next page to ensure we have sufficient information to run the required background checks.

REQUIRED BACKGROUND INFORMATION						
State Issued Photo ID No. (You must submit a copy)				State of Issuance		
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married		City of Birth:		State of Birth:		
County of Birth: <i>(if known)</i>		Country of Birth:				
Race: (please check one) <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> White (includes Mexicans and Latinos) <input type="checkbox"/> Unknown						
Eye Color: (please check one) <input type="checkbox"/> Black <input type="checkbox"/> Blue <input type="checkbox"/> Brown <input type="checkbox"/> Green <input type="checkbox"/> Gray <input type="checkbox"/> Hazel						
<input type="checkbox"/> Maroon <input type="checkbox"/> Multi-Colored <input type="checkbox"/> Pink <input type="checkbox"/> Unknown						
<input type="checkbox"/> Bald <input type="checkbox"/> Black <input type="checkbox"/> Blonde <input type="checkbox"/> Blue <input type="checkbox"/> Brown <input type="checkbox"/> Gray						

Hair Color:  Orange  Purple  Pink  Red  Sandy  White  
(please check one)  Unknown

Height: \_\_\_\_\_ Feet \_\_\_\_\_ Inches      Weight: \_\_\_\_\_ Pounds

As an SSP, you must agree to the following terms of employment:

- You understand that the participant, or his or her surrogate, is your employer. Neither Palco, nor program/state administrators, are your employer. The participant or their appointed surrogate/representative is my legal employer, also referred to as the common law employer (CLE).
- This position is paid as an employee and not as an independent contractor. I understand that in consideration of the above stated agreement, I shall be compensated through this program for only those services approved by my employer and authorized in the ISP.
- This document does not create an anticipation of, nor a contract of, employment.
- To adhere to all federal, state, local, and program laws, regulations, policies, and requirements throughout employment. This includes staying current on information provided to me about the program throughout employment.
- To accurately complete all enrollment documentation to ensure that you meet the program's eligibility requirements for providing services and is not prohibited in any manner from providing services and to maintain all qualifications and resubmit as requested in accordance with 55 Pa. Code 51.13 and as required in the approved Waiver.
- Employment is contingent upon many factors, including successful completion and/or passing of required background checks, State Police criminal background checks, child abuse clearances (when required) and Federal criminal history records (when required). By signing below you consent to all required checks.
- Employment is contingent upon training, and credentialing as required and identified in the ISP, ODP policies and procedures, and 55 Pa Code, Chapter 51.
- I understand that I cannot begin providing services and receive payment in this program before I have successfully cleared the background checks, have been determined to be qualified, and receive notification of such. I understand I must report any changes in my ability to deliver services, including changes in your background history or qualifications required to perform services under this program.
- Being paid for services through the program is contingent upon the participant's eligibility for the program. Once eligibility terminates, you may no longer be paid through this program.
- Your employer is responsible for payment of services for activities not authorized in or exceeding the limitations established by the budget.
- Funds to pay for services are from public sources, and financial accountability and liability applies to the use of the funds. You understand that submitting false or fraudulent timesheets or submitting timesheets for tasks other than those approved on the authorized budget will be reported to the appropriate authorities for investigation and possible prosecution as fraud. I understand and acknowledge that any untruthful

submission of services provided in an attempt to obtain improper payment is subject to investigation as Medicaid Fraud. Medicaid Fraud is a felony and can lead to substantial penalties and/or imprisonment.

- That medical and personal information and data about the participant and the SSP is confidential. In addition, you have read and agree to Palco's Privacy Practices. All records I may have or assist in maintain will be kept confidential.
- That neither Palco nor program/state administrators are responsible or liable for any negligent acts, work-related injuries, or omissions by me, the employer, participant, other workers or service providers, or authorized representatives.
- I agree to report all critical incidents relating to the participant's health, safety, and welfare, including suspicion of fraud, abuse, or neglect.
- I certify that I am at least 18 years of age.

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

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**SSP Signature**

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**Date**

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