

Support Broker Authorized User

This form allows a Common Law Employer to designate a Support Broker who is authorized to assist with their services and supports. Please complete all fields. This form must be signed by the Common Law Employer to be valid and can be revoked at any time.

PARTICIPANT INFORMATION		
Full Name	Palco ID #	Program/Plan <div style="text-align: right;">PA ODP</div>
COMMON LAW EMPLOYER INFORMATION		
Full Name	Palco ID #	

SUPPORT BROKER INFORMATION			
First Name	Middle Name	Last Name	
Is the Support Broker an employee of an agency that provides Supports Broker services? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "yes" list the agency: _____			
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 / Voicemail			
Relationship to Participant: Support Broker		Reason for Disclosure: Support Broker Services	
Term of Disclosure (if applicable):			
Start date of this Authorization: ____ / ____ / ____			
End date of this Authorization: ____ / ____ / ____			
*If no end date, the end date is the end of the contract date between ODP and Palco			

I voluntarily consent and authorize Palco, Inc. to use or disclose information that will allow the participant/CLE in understanding or fulfilling the responsibilities outlined in the CLE agreement.

Information which may be released to the Support Broker includes:

- Information which assists the participant/CLE in determining pay rates for the SSP
- Information which assists the participant/CLE developing schedules for the SSP
- Information which may assist the participant/CLE to complete employer related paperwork
- Information that may assist the participant/CLE in advising and assisting with the development of procedures to monitor expenditures and utilization of services

The CLE understands that he/she may revoke this authorization at any time in writing to Palco. The revocation will be effective immediately to all disclosures made after receipt of the revocation. The witness cannot be the Support Broker or the Support Service Professional and must be 18 years of age or older.

CLE Printed Name

CLE Signature

Date

Witness Printed Name

Witness Signature

Date

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