PO Box 242930
Little Rock, AR 72223
Toll Free 866.710.0456
Online: PalcoFirst.com

Support Service Professional (SSP) Employment Packet

Welcome to self-direction and to Palco! This packet contains all the forms you need to enroll as a SSP and begin providing services to your participant. Please follow all directions in this packet. You will not be paid for services until all forms are completed, Palco verifies all information, criminal checks, and clears you for hire, and you are notified that you are ready to provide service.

You must complete and return:

- ☐ SSP Intake & Attestation Form
- ☐ SSP Qualification Form
- ☐ U.S.CIS Form I-9
- ☐ I-9 supporting documentation
- ☐ Copy of Social Security Card
- ☐ Copy of State Issued Photo ID/Driver's License
- ☐ Payroll Information Worksheet
- ☐ IRS Form W-4
- ☐ Residency Certification
- ☐ SSP Pay Selection and Direct Deposit Form
- ☐ SSP Rate Sheet
- ☐ EVV Registration Form

We encourage you to use the checklist above as a final review before you return the forms to Palco. Failure to return these forms will delay enrollment. The other documents, including information on how to complete forms, the payment schedule, Palco's Notice of Privacy Practices, F.A.Q. and similar instructional forms, are for informational purposes only and do not need to be returned to Palco. Send completed paper forms by fax, email or mail to Palco at the address below.

Fax: 501-821-0045
Email: enrollment@palcofirst.com
Palco, Inc.
Attn: Enrollment
P.O. Box 242930
Little Rock, AR 72223

You can also complete the packet online if you do not wish to complete these forms by hand. To do so, complete the Online Registration Consent form and send it in to Palco via email, mail, or fax, and your credentials will be sent to you within 3 business days. You will receive an email with your login information. Follow the instructions in that email to complete your enrollment.

Should you need any assistance during this process, please contact a friendly customer support representative at 1.866.710.0456 or PAODP@palcofirst.com. Customer support is available 8:00 am - 5:00 pm EST, Monday through Friday, except on state and federal holidays. Please visit our website at www.palcofirst.com for more information on forms and frequently asked questions.

We look forward to serving you!

Sincerely,
The Palco Team

Frequently Asked Questions

Palco serves individuals who participate in the Pennsylvania Office of Developmental Programs self-directed model by providing various financial, customer support, and informational services. Below are frequently asked questions to help you understand our processes, your requirements, and how to receive assistance.

What if I need assistance in completing forms?
Online enrollment is the easiest method for completing forms. Palco customer support agents can assist you in gaining credentials to enroll online. Or, if you would prefer, our staff can provide over the phone or in-person assistance with completing forms.

When can the Support Service Professional (SSP) begin providing services?
Palco will notify the Common Law Employer (CLE) once all requirements for enrollment have been met. The date of this notification is the date work can begin. Any work performed prior to that date will not be paid by the program.

What happens if a SSP stops providing services?
Anytime a SSP stops providing services, Palco must be notified via an Employment Separation Notice, which can be found on our website. Even after termination, SSPs should keep Palco aware of any changes in contact information throughout the year, so that we can send correspondence, such as W-2s, to the correct address.

How does a participant change an CLE of record?
A new Participant Referral & Intake form must be completed. Be sure to fill out the information at the bottom of page 2 of the form, indicating that the form is for a change in Common Law Employer.

How does an CLE of record change impact existing SSPs?
SSPs must re-complete some new hire forms, such as the I-9. Palco will notify you of the requirements. Be sure to complete any required forms so that your pay is not impacted.

Can someone correspond with Palco on my behalf?
Federal and state privacy laws prevent Palco from disclosing personal information to unauthorized individuals. Palco will only correspond with SSPs about that SSP's particular account. Common Law Employers may receive all information about the SSP's accounts and information about the participant necessary to carry out employer roles.

How are timesheets submitted?
Timesheets can be submitted online via our portal, by fax, by mail or email. When using the online portal, submit all time properly. Both the CLE and the SSP must approve all time before it can be processed for payment by Palco. Additional instructions can be found in our website. When submitting a paper timesheet, follow all instructions to reduce submission errors. A properly submitted timesheet must be received before the deadline to ensure a SSP's pay is not delayed.

When does a SSP submit timesheets?
The CLE is provided with a payroll schedule that shows the deadlines for submitting timesheets and scheduled paydays. The payroll schedule for specific programs can also be found at palcofirst.com.

How will I know a timesheet was received and approved?
The online portal will display approval messages in real time. For other methods of submission, contact Palco Customer Support 48 hours after submission to allow time for processing.

What if a SSP doesn't receive the funds on the scheduled payday?
For direct deposited payments, please allow sufficient time for the pay to deposit into your account. We recommend allowing 24 hours after payday for the deposit.

Will the SSP receive a W-2 at year-end?
W-2s are available January 31. If receiving the W-2 by mail, please allow one week for delivery. All workers receive a W-2. SSPs who earn less than the annual domestic service threshold, per IRS Pub. 15 (Circular E), will also receive a refund of over-collected FICA. The employer should encourage their SSPs to make sure that the correct address and direct deposit information is current with Palco prior to this date, even if the SSP is no longer working.

How do I change my information with Palco?
The fastest and easiest method is to log into your account and change your information. Otherwise, you must complete the appropriate form and mail or fax it to Palco (see address and fax number at the top of the page). All forms are found at palcofirst.com. For name and contact information changes, complete a Change of Information form and attach documentation to show proof of name change which can be driver's license, divorce degree or marriage license. For withholding changes, complete an IRS W-4, AR4EC or Payroll Information Worksheet. To change payment information, complete a Direct Deposit Authorization. For any other changes, contact Palco customer support.

Notice of Privacy Practices

Palco may receive and create records concerning your medical and individually identifiable information ("PHI") and is required to maintain the privacy and security of your PHI. Please read this notice carefully. If you have questions or concerns, contact the Palco Privacy Officer at privacy@palcofirst.com. Palco will only use and disclose your information as allowed by law and as described below:

- **Help manage the health care treatment you receive.** We may disclose your information to provide treatment and administer services, including performing assessments, issuing workers' compensation and administering similar programs, and recommending services in some situations. We may disclose information to others who implement your health services. We may correspond with you and/or your designated representative (e.g., Common Law Employer). All emailed correspondence from Palco is encrypted and secure. By emailing Palco with your personal email account, you accept the risk that your correspondence may not be encrypted, nor secure.
- **Run our business, including payment for and administration of your health services.** We may use and disclose your information to receive and issue payment on your behalf and bill Medicaid, or other bodies, as required by your program.
- **Comply with federal and state law, including investigations by the United States Department of Health and Human Services (U.S. DHHS) and law enforcement.** Palco is required by law to comply with investigations by regulatory bodies and issues involving national security. Palco may be required to disclose your information to coroners and other officials at your death.
- **Respond to legal actions and health oversight, such as lawsuits or quality assurance reviews.** Palco may be required to respond to requests, including discovery, subpoenas, audits, and other legal or regulatory matters.

You have the right to:

- **Authorize the use and disclosure of your PHI for reasons not authorized by federal or state law.** Palco will seek your approval to disclose PHI for reasons not required at law, and you may reject disclosure.
- **Receive this notice of privacy practices**. You can request a copy of this notice or view the posting at palcofirst.com, in enrollment packets, and in program manuals, as applicable. Palco can change the terms of this notice at any time. Changes will apply to all of your medical records. Direct complaints to the Privacy Officer or the U.S. DHHS.
- **Review and receive copies of your records and a list of disclosures.** Requests must be on a Request for Sensitive Records. We will provide you with a copy or summary within 10 days of receiving your request. We may charge a reasonable, cost-based fee for collection of the records, including postage and labor. Palco may reject some requests if required by law.
- **Request amendments to your records.** Requests must be on a Request to Amend Sensitive Information. We will provide you with a copy or summary or a rejection within 15 days of receiving your request.
- **Request information in an alternate format or restrict access on your records**. Requests must be in writing on a Request for Additional Privacy. We will provide you with a copy or summary within 15 days of receiving your request. We may reject or terminate the request in certain limited cases and will notify you of rejections and terminations.
- **Be notified in case of a breach of your sensitive information.** You will be notified within 60 days by the Privacy Officer.
- **Choose someone to act on your behalf with regard to your records.** You must complete the appropriate forms and information to designate Authorized Users in order for those individuals to communicate with Palco on your behalf.

PALCO BI-WEEKLY PAYMENT SCHEDULE

Pennsylvania ODP Payment Schedule 2021-2022

Pay Period		Timesheets submitted in Connect by CLE due by Monday at 5:00	Payment Date
Start Date	End Date	Deadline	Paid On
June 20, 2021	July 3, 2021	July 5, 2021	July 16, 2021
July 4, 2021	July 17, 2021	July 19, 2021	July 30, 2021
July 18, 2021	July 31, 2021	August 2, 2021	August 13, 2021
August 1, 2021	August 14, 2021	August 16, 2021	August 27, 2021
August 15, 2021	August 28, 2021	August 30, 2021	September 10, 2021
August 29, 2021	September 11, 2021	September 13, 2021	September 24, 2021
September 12, 2021	September 25, 2021	September 27, 2021	October 8, 2021
September 26, 2021	October 9, 2021	October 11, 2021	October 22, 2021
October 10, 2021	October 23, 2021	October 25, 2021	November 5, 2021
October 24, 2021	November 6, 2021	November 8, 2021	November 19, 2021
November 7, 2021	November 20, 2021	November 22, 2021	December 3, 2021
November 21, 2021	December 4, 2021	December 6, 2021	December 17, 2021
December 5, 2021	December 18, 2021	December 20, 2021	December 31, 2021
December 19, 2021	January 1, 2022	January 3, 2022	January 14, 2022
January 2, 2022	January 15, 2022	January 17, 2022	January 28, 2022
January 16, 2022	January 29, 2022	January 31, 2022	February 11, 2022
January 30, 2022	February 12, 2022	February 14, 2022	February 25, 2022
February 13, 2022	February 26, 2022	February 28, 2022	March 11, 2022
February 27, 2022	March 12, 2022	March 14, 2022	March 25, 2022
March 13, 2022	March 26, 2022	March 28, 2022	April 8, 2022
March 27, 2022	April 9, 2022	April 11, 2022	April 22, 2022
April 10, 2022	April 23, 2022	April 25, 2022	May 6, 2022
April 24, 2022	May 7, 2022	May 9, 2022	May 20, 2022
May 8, 2022	May 21, 2022	May 23, 2022	June 3, 2022
May 22, 2022	June 4, 2022	June 6, 2022	June 17, 2022
June 5, 2022	June 18, 2022	June 20, 2022	July 1, 2022
June 19, 2022	July 2, 2022	July 4, 2022	July 15, 2022
July 3, 2022	July 16, 2022	July 18, 2022	July 29, 2022
July 17, 2022	July 30, 2022	August 1, 2022	August 12, 2022

2021-2022 Bank & Palco Office Holidays

Labor Day - Monday, September 6, 2021*
Columbus Day - Monday, October 11,2021
Veteran's Day - Wednesday, November 11,2021
Thanksgiving - Thursday-Friday, November 25-26, 2021*
Christmas - Friday-Saturday, December 24-25, 2021*
New Year's Day - Monday, January 3, 2022*
Martin Luther King, Jr. Day - Monday, January 17, 2022
President's Day - Monday, February 21, 2022
Memorial Day - Monday, May 30, 2022*
Independence Day - Monday, July 4, 2022*

*** Palco Office Closures**

Instructions for SSP Forms

Please use the instructions below to complete the attached Palco forms in order to become a worker through the VF/EA FMS program.

- The **Support Service Professional Intake and Attestation Form** is used to gather demographic information for all SSPs and inform of the requirements that they must agree to in order to become a SSP in this program. This information needs to be completed fully and accurately in order for the information in the SSP Packet to be prepopulated. This form is also used to notify the SSP of all required background checks. The SSP must read and sign this form.

- The **Support Service Professional Qualification Form** is used to gather information to determine what qualifications a SSP needs in order to provide certain services. The CLE and SSP must both initial the qualification verification section on Page 1 of the SSP Qualification Form. Each of the following five questions must be answered by checking the YES or NO in each box. Under question five if the SSP answers yes, they are relative of the participant, they must check what their relationship to the participant is. The remaining sections ask questions about specific services that a SSP could provide, if yes please read carefully as additional information may need to be provided.

- The **USCIS I-9 Form** is used to verify employment eligibility. Specific instructions on how to fill out this form are listed below.

- The **Payroll Information Worksheet** is used to determine special tax information that Palco will use to comply with Pennsylvania State and Federal payroll laws. Reach each questions carefully and answer all questions if they apply to your situation. Sign and date the bottom of the form.

- The **W-4** is used by Palco to withhold the proper amount of federal income tax from your paycheck. Complete Steps 1 – 4, then sign and date the bottom of the form. Additional instructions are included on page two of this form.

- The **Residency Certification Form** is used to determine a SSP's local tax rates based on their address and the address of the CLE. Sign and date the bottom of the form.

- The **Pay Selection and Direct Deposit Authorization Agreement** is used to inform Palco how you would like to be paid. Please select one of the two choices (Direct Deposit, or Money Network Services). If you select the Direct Deposit option please follow the instructions on the form. If you choose to enroll in the Money Network Services option you will be enrolled with our partners at First Data Money Network Services. Sign and date the bottom of the form.

- The **SSP Pay Rate Information Form** requires the CLE and the SSP to complete this form together. Changes requested on this for will be accommodated within the approved ODP wage ranges. The minimum and max rates for your program are reflected in the ODP Communication Number: 063-17: Consolidated and P/FDS Vendor Fiscal/Employer Agent Wage and Benefit Ranges for Specific Participant Directed Services. For each Service Code that a SSP is qualified to perform an hourly rate must be listed. Once this form is complete submit it to your Supports Coordinator (SC) or Administrative Entity (AE).

- The **SSP Pay Rate Information Form** The CLE and the SSP must complete this form together. Changes requested on this for will be accommodated within the approved ODP wage ranges. The minimum and max rates for your program are reflected in the ODP Communication Number: 063-17: Consolidated and P/FDS Vendor Fiscal/Employer Agent Wage and Benefit Ranges for Specific Participant Directed Services. For each Service Code that a SSP is qualified to perform a hourly rate must be listed. Once this form is complete submit it to your Supports Coordinator (SC) or Administrative Entity (AE).

- The **USCIS I-9 Form** is used to verify employment eligibility. Specific instructions on how to fill out this form are listed below.

Please fill out these three forms and return them to Palco as soon as possible. You can email them to enrollment@palcofirst.com or mail them to the address below.

Palco, Inc.
Attn: Enrollment
P.O. Box 242930
Little Rock, AR 72223

You can also complete the packet online if you do not wish to complete these forms by hand. To do so, please contact Palco's customer service team and provide them with your email address. Palco will email you an online registration link that will walk you through the online enrollment process.

Should you need any assistance during this process, please contact a friendly customer support representative at 1.866.710.0456 or PAODP@palcofirst.com. Customer support is available 8:00 am - 5:00 pm EST, Monday through Friday, except on state and federal holidays. Please visit our website at www.palcofirst.com for more information on forms and frequently asked questions.

We look forward to serving you!
Sincerely,

The Palco Team

PALCO
PO Box 242930
Little Rock, AR 72223
Toll Free 866.710.0456
Online: PalcoFirst.com

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 ☐ Female ☐	
Physical Address (Street Address, Including Apt. #)			
City	State	Zip	County
Mailing Address (Street Address, Including Apt. #) – *if different than the physical address*			
City	State	Zip	County
Phone1	Phone2		
Email			
Preferred Method of Communication ☐ Email ☐ Mail ☐ Phone			
Emergency Contact	Relationship	Phone Number	

ENROLLMENT PREFERENCE
How would you like to continue the enrollment process?
☐ Complete Enrollment Paperwork Online, the SSP will receive login instructions from Palco
☐ Email a prepopulated PDF packet to the Common Law Employer
☐ Mail a prepopulated paper packet to the Common Law Employer's address

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 Medicheck 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: □ Single □ Married		City of Birth:		State of Birth:		
County of Birth: *(if known)*		Country of Birth:				
Race: (please check one)	□ American Indian/ Alaskan	□ Asian/Pacific Islander	□ Black	□ White (includes Mexicans and Latinos)	□ Unknown	
Eye Color: (please check one)	□ Black	□ Blue	□ Brown	□ Green	□ Gray	□ Hazel
	□ Maroon	□ Multi-Colored	□ Pink	□ Unknown		
	□ Bald	□ Black	□ Blonde	□ Blue	□ Brown	□ Gray

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

Height:	Weight:
_____Feet _____Inches	_____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.

_____ _____

SSP Signature **Date**

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

Support Service Professional (SSP) Qualification Form

This form serves as documentation that the SSP has been qualified for services as identified in the approved waiver. The form has seven sections, please review each section and complete the form entirely. If services are added to the authorization at any point, a new qualification form will be required.

REQUIRED INFORMATION	
Common Law Employer (CLE) Name	ID
SSP Name	ID or Last 4 of SSN
Participant Name	ID

Section One: Qualification Verification

By placing your initials for the following statements, you are confirming that the Support Service Professional will continue to meet the following Medicaid waiver standards and ODP qualification requirements. Any change in the SSP's qualifications status must be reported to Palco, by submitting a new Support Service Professional (SSP) Qualification Form to Palco, within 5 business days of being notified of the change.

Please read and initial:

1. The SSP will comply with Department standards related to provider qualifications.	
SSP's Initials: _____	CLE's Initials: _____
2. The SSP is trained to meet the unique needs of the Participant; which includes, but is not limited to communication, mobility, and behavioral needs.	
SSP's Initials: _____	CLE's Initials: _____
3. The SSP has been trained on the ISP and agrees to carry out ISP responsibilities.	
SSP's Initials: _____	CLE's Initials: _____

Please answer each of the next **5** questions by checking either Yes or No:

1. Has the SSP continuously lived in the state of PA for the past 2 years?	
☐ **YES**, the SSP has continuously lived in the state of PA for the past 2 years.	☐ **NO**, the SSP has <u>not</u> continuously lived in the state of PA for the past 2 years; *the SSP must submit to FBI fingerprinting.*

2. Is the Participant the SSP will be providing services to at least 18 years of age?	
☐ **YES**, the Participant is at least 18 years of age.	☐ **NO**, the Participant is a minor; *the SSP must mail the Child Abuse History Clearance Check form found in the SSP Enrollment Packet and submit to FBI fingerprinting.*
3. Is the SSP a legally responsible individual as defined in section C-2-d of the approved Waiver?	
☐ **YES**, the SSP is a legally responsible individual as defined in section C-2-d of the approved Waiver.	☐ **NO**, the SSP is not a legally responsible individual.
A legally responsible individual *is a person who has a* ***legal obligation*** *under the provisions of law to care for another person, including parents of minors (natural or adoptive), spouses, and legally-assigned relative caregivers of minor children.*	
4. Is the SSP a Court-Appointed Legal Guardian of the Participant?	
☐ **YES**, the SSP is a Court-Appointed Legal Guardian.	☐ **NO**, the SSP is not a Court-Appointed Legal Guardian.
A legal guardian *is a person who has legal standing to make decisions on behalf of the participant (e.g., a guardian who has been appointed by the court).*	
5. Is the SSP a Relative of the Participant?	
☐ **YES**, the SSP is a relative of the participant. What is the relationship of the SSP to the participant? ☐ Spouse ☐ Stepparent of an adult child ☐ Brother ☐ Half-Brother ☐ Aunt ☐ Niece ☐ Adult child or stepchild of a parent with an intellectual disability ☐ Parent of an adult child ☐ Grandparent ☐ Sister ☐ Half-Sister ☐ Uncle ☐ Nephew ☐ Adult grandchild of a grandparent with an intellectual disability	☐ **NO**, the SSP is not a relative of the participant (for example, friend, neighbor, hired SSP)
A relative *is any of the following by blood, marriage or adoption who have not been assigned as legal guardian for the participant: a spouse, a parent of an adult, a stepparent of an adult child, grandparent, brother, sister, aunt, uncle, niece, nephew, adult child or stepchild of a participant or adult grandchild of a participant.*	

Valid Driver's License or State/Federal Issued Identification:

All Support Service Professionals **must** submit a valid driver's license or state/federal identification or any other documentation that verifies the the SSP's identity. **You must submit a copy with this qualification form.**

Section Two: Transportation Please read and answer.

Will the Support Service Professional provide Transportation to the participant?

☐ YES ☐ NO

If YES, the following must be submitted to Palco with this form:

1. A copy of valid **Driver's License** showing state licensed under, license number, and expiration date.
2. A copy of the current state **Motor Vehicle Registration**.
3. A copy of **Automobile insurance** certificates for all automobiles owned, leased, and/or hired with policy numbers and expiration dates.
4. A Copy of the inspection sticker (front and back) or the invoice from the inspection station.

Mileage will be paid per trip. A trip is defined as from the point of pick-up to the destination while the participant is in the car as identified in the service plan

Section Three: 1:1 Services Please read and answer.

Enhanced 1:1 In Home and Community Habilitation or Enhanced 1:1 Respite:

Has the team identified a behavior or medical need for enhanced 1:1 service to be provided?

☐ YES ☐ NO

If yes, which one?

☐ W7061 Enhanced 1:1 In-Home & Community Supports
☐ W9863 Enhanced 1:1 In-Home Respite (15 Minute)
☐ W9799 Enhanced 1:1 In-Home Respite (Day)

If **YES**, the following section must be completed and documentation provided:

By placing your initials below, you are confirming that the CLE has received, reviewed and attached a copy of current Nursing License/degree documentation.		
SSP's Initials: _____	CLE's Initials: _____	
What type documentation has been received, reviewed and attached?		
☐ Current Nursing License ☐ Certified Nursing Assistant	☐ NADD Competency-Based Clinical Certification ☐ NADD Competency-Based Dual Diagnosis Certification ☐ NADD Competency-Based Support Professional Certification ☐ Registered Behavior Technician ☐ Board Certified Assistant Behavior Analyst	☐ Four-year degree (copy of diploma)** **Requires Bachelor's Degree or higher in Psychology, Education, Special Education, Counseling, Social Work or Gerontology.

Section Four: 2:1 Services Please read and answer.

Enhanced 2:1 Home and Community Habilitation or Enhanced 2:1 Respite:
"The service requires at least one staff member who has at a minimum of a 4-year degree or who is a licensed nurse. The second staff member must have at least a high school diploma."

Has the team identified a behavior or medical need for enhanced services?
☐ YES ☐ NO

If yes, which one?
☐ W7069 Enhanced 2:1 In-Home & Community Supports
☐ W8095 Enhanced 2:1 In-Home Respite (15 Minute)
☐ W9801 Enhanced 2:1 In-Home Respite (Day)

If **YES**, the following section must be completed and documentation provided:

By placing your initials below, you are confirming that the CLE has received, reviewed and attached a copy of current Nursing License/degree documentation or High School Diploma.			
SSP's Initials: _____		CLE's Initials: _____	
What type documentation has been received, reviewed and attached?			
☐ Current Nursing License ☐ Certified Nursing Assistant	☐ NADD Competency-Based Clinical Certification ☐ NADD Competency-Based Dual Diagnosis Certification ☐ NADD Competency-Based Support Professional Certification ☐ Registered Behavior Technician ☐ Board Certified Assistant Behavior Analyst	☐ Four-year degree (copy of diploma)** **Requires Bachelor's Degree or higher in Psychology, Education, Special Education, Counseling, Social Work or Gerontology.	☐ High school diploma

Section Five: Support Broker Services Please read and answer.

Supports Broker Services (W7096)
If your Support Service Professional is being hired to provide support broker services:
- Support Service Professional **must** successfully complete a Supports Broker Certification Program provided by ODP or its designee. Support Service Professionals must complete this program prior to enrollment as a Supports Broker.

Will the Support Service Professional provide Support Broker Services?
☐ YES ☐ NO

If YES, the following section must be completed, and documentation provided:

Documentation for the following must be submitted to Palco with this form. Check the box to indicate documentation received, reviewed and attached.
☐ Supports Broker Certification

Section Six: Support Employment Please read and answer.

Supported Employment

If your Support Service Professional is hired to provide supported employment services:

- Your Support Service Professional must have one of the following by 7/1/19 or within 6 months if hired after 1/1/19:
  - Hold a Certified Employment Support Professional (CESP) credential from the Association of People Supporting Employment First (APSE); or
  - Have been awarded a Basic Employment Services Certificate of Achievement or a Professional Certificate of Achievement in Employment Services from an Association of Community Rehabilitation Educators (ACRE) organizational member that has ACRE-approved training.

Will the Support Service Professional provide Supported Employment Services?

☐ YES ☐ NO

Which Supported Employment Service will the Support Service Professional provide?

☐ **W7235 - Supported Employment – Career Assessment**
☐ **H2023 – Supported Employment – Job Finding and Development**
☐ **W9794 – Supported Employment – Job Coaching and Support**

By placing your initials below, you are confirming that the SSP has a date of hire that is less than six months and the supervisor has the required training certificates that meet the Supported Employment requirements. That required training document was reviewed and submitted	
SSP's Initials: _____	CLE's Initials: _____

Section Seven: Criminal Background Checks and Attestation with Signatures Please read and sign.

Criminal background checks and child abuse clearances (if the Participant is under 18), must be obtained for the Support Service Professional (SSP) before they can become initially qualified and issued a "Good to Go" status. If the SSP does not provide valid clearances, Palco will pay for, process, and maintain the results for all required clearances. The Common Law Employer or SSP may request copies of the results.
In accordance with the approved waivers, SSPs must:

- Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 Pa. Code Chapter 15.
- Have child abuse clearances (when the Waiver participant is under age 18) as per 23 Pa. C.S. Chapter 63.
- Have FBI Fingerprinting when the SSP has NOT continuously lived in PA for the past two (2) years or when the Waiver participant is under age 18.

	PA State CRC	FBI Fingerprinting	Child Abuse Clearances
All SSPs:	✓		
SSPs who have NOT continuously lived in PA for the past two years:	✓	✓	
SSPs providing services to a Participant who is a under the age of 18:	✓	✓	✓

Child Abuse Clearances

Requirements for new SSP's during the initial qualification and beginning July 1, 2015, clearances must be obtained every 60 months. Any SSP currently employed and has been prior to December 31, 2014 is required to obtain updated clearances, as follows:

- By December 31, 2015, if the clearance is older than 60 months; or
- By December 31, 2015, if you have not received clearance because you were employed in the same position and was not required to obtain clearances under prior law.
- If you received clearances prior to 2008 and were not required to obtain the FBI clearance, the three required clearances would be obtained consistent with the timeframes above.

If the SSP's clearances are current, they may use their clearances to:

- To apply for employment;
- To serve as an employee;
- To apply as a volunteer; and
- To serve as a volunteer

However, when transferring clearances prior to beginning new employment or service, an employee must swear or affirm in writing that they have not been disqualified from employment or service under section 6344(c) or have not been convicted of an offense similar in nature to a crime listed in section 6344(c) under the laws or former laws of the United States or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law of this Commonwealth.

Support Service Professional Attestation:

By signing this form, I do verify, that I have read and/or have had the Individual Support Plan read to me, and I understand the requirements. By signing, I give consent for Palco to perform the required checks as outlined above. I attest that I shall report any change that may affect my qualification status listed above or in the approved Waivers to my Common Law Employer within 5 business days of the change occurring.

_____ _____

SSP Signature **Date**

Common Law Employer Attestation:

By signing this form, I do verify, that I have read and/or have had the requirements of the approved waiver read to me, and I understand these requirements. I verify that I will submit all required SSP qualification documentation to the VF/EA. I also verify that I am in compliance with the waiver requirements. I attest that I shall report a change in my SSP's qualifications status, by submitting a new Support Service Professional (SSP) Qualification Form to Palco within 5 business days of being notified of the change.

_____ _____

CLE Signature **Date**

Return Form with Supporting Documentation to Palco:

Fax: 501-821-0045

Email: enrollment@palcofirst.com

Mail- Palco, Inc.
Attn: Enrollment
P.O. Box 242930 Little Rock, AR 72223

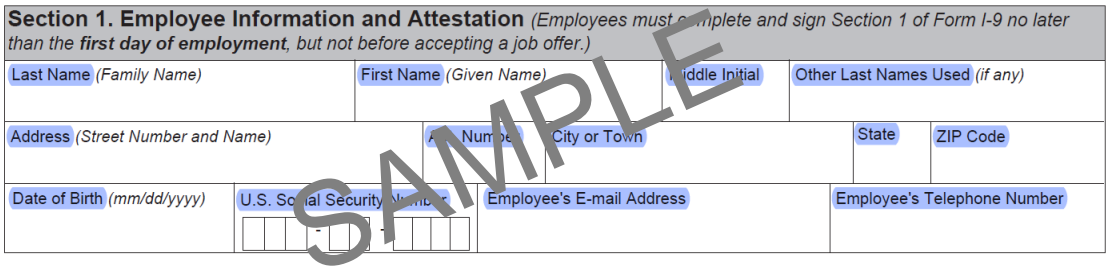
Instructions for I-9

The United States Department of Homeland Security, Citizenship and Immigration Services (CIS) department, requires all U.S. employers and workers to complete the I-9. The purpose is to verify that the applicant worker can be legally employed in the United States. Palco verifies all workers through the U.S. CIS online system.

Use the instructions and checklist below to guide you through completing this form. The Support Service Professional should complete all fields highlighted in blue. The Common Law Employer should complete all fields highlighted in yellow.

1. Complete page 1. Must be completed by the SSP.

☐ Complete all fields in Section 1. The name here must match the name on your verification documents. (See #3 on this checklist.)



Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.)*

Last Name *(Family Name)*	First Name *(Given Name)*	Middle Initial	Other Last Names Used *(if any)*

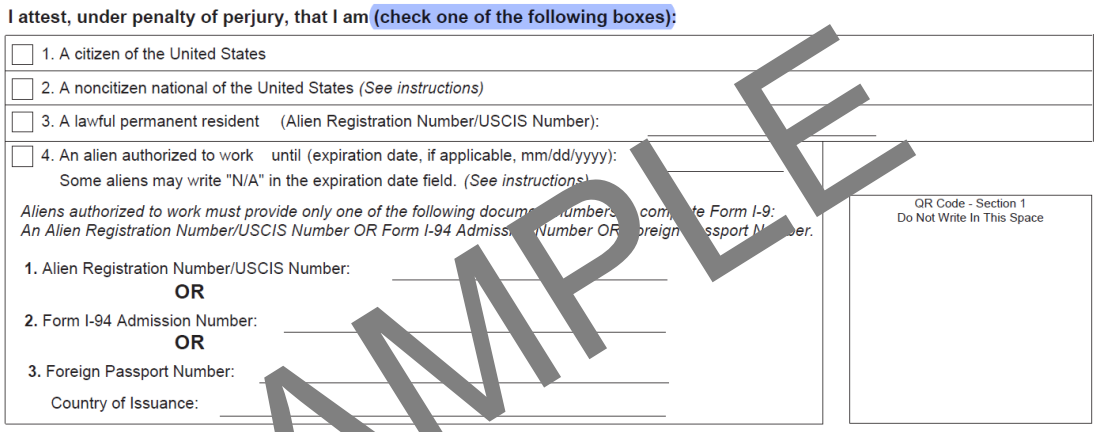
Address *(Street Number and Name)*	Apt. Number	City or Town	State	ZIP Code

Date of Birth *(mm/dd/yyyy)*	U.S. Social Security Number	Employee's E-mail Address	Employee's Telephone Number
	- -		

SAMPLE

☐ Select the following box that applies to you.

- If you select box 3, supply your alien registration or USCIS number.
- If you select box 4, supply your work expiration date and complete any one of the three fields that follow.



I attest, under penalty of perjury, that I am (check one of the following boxes):

☐ 1. A citizen of the United States

☐ 2. A noncitizen national of the United States *(See instructions)*

☐ 3. A lawful permanent resident (Alien Registration Number/USCIS Number):

☐ 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy):
Some aliens may write "N/A" in the expiration date field. *(See instructions)*

Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.

1. Alien Registration Number/USCIS Number:

OR

2. Form I-94 Admission Number:

OR

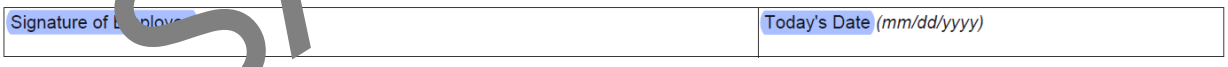
3. Foreign Passport Number:

Country of Issuance:

QR Code - Section 1
Do Not Write In This Space

SAMPLE

☐ Sign and date.



Signature of Employee	Today's Date *(mm/dd/yyyy)*

☐ If necessary, complete the Preparer and/or Translator Certification boxes at the bottom of page 1.

2. Complete page 2. Must be completed by the CLE.

☐ Enter the worker's name and citizenship status as it appears on page 1.

Employee Info from Section 1	Last Name *(Family Name)*	First Name *(Given Name)*	M.I.	Citizenship/Immigration Status

☐ Refer to page 3 of the I-9 for appropriate verification documents. Complete all lines associated with the documents provided in the space designated. You must complete one, but not both, of the following two options for submission:

- ☐ One document from List A.
- ☐ One document from List B **and** One document from List C.

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date *(if any)(mm/dd/yyyy)*		Expiration Date *(if any)(mm/dd/yyyy)*		Expiration Date *(if any)(mm/dd/yyyy)*

SAMPLE

☐ Attach copies of the verification documents listed on page 2 of the I-9. The employer must review the worker's verification documents.

☐ Provide the employee's first day of employment in the space provided. This date must match the date the worker signed on page 1.

The employee's first day of employment *(mm/dd/yyyy)*: _____

☐ Complete the next three rows of information in Section 2, including signing and dating the form.

Signature of Employer or Authorized Representative	Today's Date *(mm/dd/yyyy)*	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)	City or Town	State	ZIP Code

SAMPLE

☐ Complete Section 3 *only* if the worker had a name or citizenship status change, or if the worker previously worked for the employer within the last three years. If none of these apply, leave Section 3 blank.

☐ Sign, date, and print the employer's name at the bottom of the page.

Signature of Employer or Authorized Representative	Today's Date *(mm/dd/yyyy)*	Name of Employer or Authorized Representative

For more information and assistance on how to complete this form, visit https://www.uscis.gov/i-9.

Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 10/31/2022

►START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.)*

Last Name *(Family Name)*	First Name *(Given Name)*	Middle Initial	Other Last Names Used *(if any)*

Address *(Street Number and Name)*	Apt. Number	City or Town	State	ZIP Code

Date of Birth *(mm/dd/yyyy)*	U.S. Social Security Number	Employee's E-mail Address	Employee's Telephone Number
	☐☐☐ - ☐☐ - ☐☐☐☐		

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

☐ 1. A citizen of the United States

☐ 2. A noncitizen national of the United States *(See instructions)*

☐ 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____

☐ 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____
Some aliens may write "N/A" in the expiration date field. *(See instructions)*

Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:
An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.

1. Alien Registration Number/USCIS Number: _____
OR
2. Form I-94 Admission Number: _____
OR
3. Foreign Passport Number: _____
Country of Issuance: _____

QR Code - Section 1
Do Not Write In This Space

Signature of Employee	Today's Date *(mm/dd/yyyy)*

Preparer and/or Translator Certification (check one):

☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.

(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator	Today's Date *(mm/dd/yyyy)*

Last Name *(Family Name)*	First Name *(Given Name)*

Address *(Street Number and Name)*	City or Town	State	ZIP Code

STOP *Employer Completes Next Page* STOP

Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 10/31/2022

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name *(Family Name)*	First Name *(Given Name)*	M.I.	Citizenship/Immigration Status

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date *(if any)(mm/dd/yyyy)*		Expiration Date *(if any)(mm/dd/yyyy)*		Expiration Date *(if any)(mm/dd/yyyy)*
Document Title				
Issuing Authority				
Document Number				
Expiration Date *(if any)(mm/dd/yyyy)*				
Document Title				
Issuing Authority				
Document Number				
Expiration Date *(if any)(mm/dd/yyyy)*				

Additional Information

QR Code - Sections 2 & 3
Do Not Write In This Space

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment *(mm/dd/yyyy)*: _____ ***(See instructions for exemptions)***

Signature of Employer or Authorized Representative	Today's Date *(mm/dd/yyyy)*	Title of Employer or Authorized Representative Household Employer

Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name

Employer's Business or Organization Address (Street Number and Name)	City or Town	State	ZIP Code

Section 3. Reverification and Rehires *(To be completed and signed by employer or authorized representative.)*

A. New Name *(if applicable)*			**B.** Date of Rehire *(if applicable)*
Last Name *(Family Name)*	First Name *(Given Name)*	Middle Initial	Date *(mm/dd/yyyy)*

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date *(if any) (mm/dd/yyyy)*

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date *(mm/dd/yyyy)*	Name of Employer or Authorized Representative

LISTS OF ACCEPTABLE DOCUMENTS
All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		**1.** Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		**1.** A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		**2.** ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		**2.** Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		**3.** School ID card with a photograph		**3.** Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
4. Employment Authorization Document that contains a photograph (Form I-766)		**4.** Voter's registration card		**4.** Native American tribal document
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: **a.** Foreign passport; and **b.** Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		**5.** U.S. Military card or draft record		**5.** U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card		**6.** Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card		**7.** Employment authorization document issued by the Department of Homeland Security
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		**8.** Native American tribal document		
		9. Driver's license issued by a Canadian government authority		
		For persons under age 18 who are unable to present a document listed above:		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

PO Box 242930
Little Rock, AR 72223
Toll Free 866.710.0456
Online: PalcoFirst.com

Payroll Information Worksheet

As a home care worker in self-direction, your payroll tax withholdings are subject to special tax rules, and your residency may impact your benefits under labor laws. Completing this form accurately will ensure that your taxes and benefits are calculated properly.

REQUIRED INFORMATION	
Employee Name	ID
Employer Name	Participant Name (If different from Employer)

Select the following box that applies:

- ☐ This form is part of your **first-time enrollment** with Palco.
- ☐ You are already enrolled with Palco and need to **change** your information

Part A: Family Member Exemptions

Depending on your relationship to your employer and your age, you may be exempt from certain taxes, such as FICA (Social Security and Medicare), FUTA (Federal Unemployment) and SUTA (State Unemployment). You can find more information about this in IRS Publication 15.

Relationship to Employer	FICA[1]	FUTA[2]
Child employed by Parent	Exempt until child turns 21	Exempt until child turns 21
Parent employed by Adult Child (including Adoptive and or Stepparent)	Exempt	Exempt
Spouse employed by Spouse	Exempt	Exempt

Select the appropriate response:

- ☐ **Non-Exempt.** None of the selections apply.
- ☐ **Exempt.** I am the spouse of my employer.
- ☐ **Exempt.** I am the child of my employer and am under 21
- ☐ **Exempt.** I am the parent of my employer who is an adult. This includes adoptive and stepparents.

Part B: Federal Income Tax Withholding Difficulty of Care (DOC) Exclusion Information.

Per IRS Notice 2014-7, payments made to workers for the care of a Medicaid self-direction program participant with whom the worker lives full time are exempt from federal income tax withholding (FIT). Use the checklist below to determine if you qualify for the exclusion/exemption.

(continued on next page)

[1] If you are not exempt as indicated above, appropriate taxes, including FICA, will be withheld. Should you not meet the annual IRS domestic service wage threshold for the current tax year, your FICA will be refunded to you in January of the following year, and your W-2 will reflect that no FICA was withheld.
[2] In most states, an exemption from FUTA will also apply to SUTA.

PO Box 242930
Little Rock, AR 72223
Toll Free 866.710.0456
Online: PalcoFirst.com

☐ **Not Exempt.** I don't live at the participant for whom I provide care for residences at least 5 days per week.

☐ **Exempt.** I provide services to participant in my residence, and I provide care to 10 or fewer individuals under age 19 or 5 or fewer individuals age 19 and older in my residence.

By checking **Exempt**, under penalties of perjury, I declare that I am an individual care provider receiving payments under a state Medicaid Home and Community-Based Services program for care I provide to the participant(s), named in this document, who live(s) in my home under the care recipients' plan of care. I understand I am responsible to determine if the DOC exclusion applies to State, Federal and/or local taxes depending on where I reside.

Part C: Overtime Payments

There are several factors that may qualify you as being exempt from overtime payments or ineligible for overtime based on program specific rules. Please check the box that applies below:

☐ **Exempt from overtime pay** for any reason, including program rules or that I meet the DOL Home Care Rule Exclusion qualifications, which means that I am a live-in caregiver or I reside at the participant's residence at least 5 days per week. (See 29 CFR §552.102 and DOL Fact Sheet #79B). *By checking this box, I understand that, if my employer or the program allows me to work more than 40 hours per week, any hours that I do work over 40 in a work week, will NOT be paid at overtime rates.*

☐ **Non-Exempt.** I do not qualify for any exemptions and understand that I will be paid overtime rates for time worked beyond 40 in a work week.

Part D: City of Philadelphia Wage Tax.

This tax applies to payments that a person receives from an employer in return for work or services. All Philadelphia residents owe the City Wage Tax, regardless of where they work. Non-residents who work in Philadelphia must also pay the Wage Tax.

☐ **Yes**, my residence is located within the City of Philadelphia.

☐ **Yes**, the participant's work site is located within the City of Philadelphia.

☐ **No**, these do not apply to me.

If any of the information in this document changes at any time, please complete a new document and submit to Palco immediately. Failure to notify Palco may result in a tax bill to you or other employment-related matters from your employer. Palco is not responsible for incorrectly calculating or withholding pay due to your failure to complete and submit a new Payroll Information Worksheet. By signing below, you certify that the information in this document is correct and understand that you have the burden to notify Palco immediately of any changes in this information, and you hold Palco harmless for any incorrect information supplied herein.

_____

Employee Printed Name

_____ _____

Employee Signature **Date**

Please return this form to Palco via email to enrollment@palcofirst.com or via fax to 501-821-0045.

Form **W-4**

Department of the Treasury
Internal Revenue Service

Employee's Withholding Certificate

► **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**
► **Give Form W-4 to your employer.**
► **Your withholding is subject to review by the IRS.**

OMB No. 1545-0074

2022

Step 1: Enter Personal Information

(a) First name and middle initial	Last name	**(b) Social security number**
Address		► **Does your name match the name on your social security card?** If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to *www.ssa.gov*.
City or town, state, and ZIP code		

(c) ☐ **Single** or **Married filing separately**
☐ **Married filing jointly** or **Qualifying widow(er)**
☐ **Head of household** (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at *www.irs.gov/W4App*, and privacy.

Step 2: Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at *www.irs.gov/W4App* for most accurate withholding for this step (and Steps 3–4); **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . ► ☐

TIP: To be accurate, submit a 2022 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependents

If your total income will be $200,000 or less ($400,000 or less if married filing jointly):

Multiply the number of qualifying children under age 17 by $2,000 ► $ _____

Multiply the number of other dependents by $500 . . . . ► $ _____

Add the amounts above and enter the total here . . . . . **3** $

Step 4 (optional): Other Adjustments

(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . . **4(a)** $

(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . . **4(b)** $

(c) Extra withholding. Enter any additional tax you want withheld each **pay period** . . **4(c)** $

Step 5: Sign Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

Employee's signature (This form is not valid unless you sign it.) _____ **Date** _____

Employers Only

Employer's name and address	First date of employment	Employer identification number (EIN)

General Instructions

Section references are to the Internal Revenue Code.

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to *www.irs.gov/FormW4*.

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2022 if you meet both of the following conditions: you had no federal income tax liability in 2021 **and** you expect to have no federal income tax liability in 2022. You had no federal income tax liability in 2021 if (1) your total tax on line 24 on your 2021 Form 1040 or 1040-SR is zero (or less than the sum of lines 27a, 28, 29, and 30), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2022 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2023.

Your privacy. If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

When to use the estimator. Consider using the estimator at *www.irs.gov/W4App* if you:

1. Expect to work only part of the year;

2. Have dividend or capital gain income, or are subject to additional taxes, such as Additional Medicare Tax;

3. Have self-employment income (see below); or

4. Prefer the most accurate withholding for multiple job situations.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at *www.irs.gov/W4App* to figure the amount to have withheld.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option **(a)** most accurately calculates the additional tax you need to have withheld, while option **(b)** does so with a little less accuracy.

If you (and your spouse) have a total of only two jobs, you may instead check the box in option **(c)**. The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.

Multiple jobs. *Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.*

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2022 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

CLGS-32-6 (05/17)

RESIDENCY CERTIFICATION FORM
Local Earned Income Tax Withholding

TO EMPLOYERS/TAXPAYERS:

This form is to be used by employers and taxpayers to report essential information for the collection and distribution of Local Earned Income Taxes to the local EIT collector. This form must be used by employers when a new employee is hired or when a current employee notifies employer of a name or address change. Use the Address Search Application at dced.pa.gov/Act32 to determine PSD codes, EIT rates, and tax collector contact information.

EMPLOYEE INFORMATION – RESIDENCE LOCATION

NAME (Last Name, First Name, Middle Initial)			SOCIAL SECURITY NUMBER
STREET ADDRESS **(No PO Box, RD or RR)**			
ADDRESS LINE 2			
CITY	STATE	ZIP CODE	DAYTIME PHONE NUMBER
MUNICIPALITY (City, Borough or Township)			
COUNTY	RESIDENT PSD CODE		TOTAL RESIDENT EIT RATE

EMPLOYER INFORMATION – EMPLOYMENT LOCATION

EMPLOYER BUSINESS NAME (Use Federal ID Name)			EMPLOYER FEIN
STREET ADDRESS WHERE ABOVE EMPLOYEE REPORTS TO WORK **(No PO Box, RD or RR)**			
ADDRESS LINE 2			
CITY	STATE	ZIP CODE	PHONE NUMBER
MUNICIPALITY (City, Borough or Township)			
COUNTY	WORK LOCATION PSD CODE		WORK LOCATION NON-RESIDENT EIT RATE

CERTIFICATION

Under penalties of perjury, I (we) declare that I (we) have examined this information, including all accompanying schedules and statements and to the best of my (our) belief, they are true, correct and complete.

SIGNATURE OF EMPLOYEE	DATE (MM/DD/YYYY)
PHONE NUMBER 866.710.0456	EMAIL ADDRESS tax@palcofirst.com

For information on obtaining the appropriate MUNICIPALITY (City, Borough, Township), PSD CODES, and EIT (Earned Income Tax) RATES, please refer to the Pennsylvania Department of Community & Economic Development website:

dced.pa.gov/Act32

PALCO
PO Box 242930
Little Rock, AR 72223
Toll Free 866.710.0456
Online: PalcoFirst.com

Pay Selection and Direct Deposit Authorization Agreement

HOW WOULD YOU LIKE TO BE PAID?
Payment Selection: (please check only one box) ☐ Direct Deposit: ☐ Money Network Services.* *If you choose the Money Network Services Option, Palco will enroll you with our partners at First Data: Money Network Services. You will need to sign an additional Money Network Services Form to enroll.

Request Type (check one):
☐ New Account Setup ☐ Change in Existing Account ☐ Cancellation

DIRECT DEPOSIT ACCOUNT INFORMATION		
Account Holder's Full Name		ID or Last 4 of SSN
Financial Institution	Routing Number	Account Number
Type of Account (select one): ☐ Checking ☐ Savings ☐ Pre-paid card		

REQUIRED The following validating documentation is attached:

☐ Voided check with account holder name printed on the check.
Check cannot be a temporary check.

OR

☐ Official documentation from financial institution listing account holder name, account, and routing number. This includes letters from banks and paperwork from pre-paid cards.

I authorize Palco, Inc. to initiate deposits and debit entries for the purpose of correcting an erroneous deposit to the account indicated herein. In the event Palco is unable to initiate debit entries, I authorize the repayment to Palco from future amounts owed to me. I understand Palco is not responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account. I understand that it is my responsibility to verify the crediting of funds by my financial institution prior to initiating debits against my account. I understand the risks of sharing an account with others, including my employer or worker. Palco is not responsible for any charges I incur from my financial institution. Any changes to my account must be submitted to Palco immediately. This authorization will remain in full force and effect until Palco has received written cancellation in such time and in such manner as to afford Palco and all appropriate financial institutions a reasonable opportunity to act on it.

_____
Printed Name

_____ _____
Signature **Date**

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

SSP Pay Rate Information

Select the appropriate reason for this form:

☐ Initial Setup ☐ New Service for SSP ☐ Change Existing Rate

REQUIRED INFORMATION	
CLE Name	ID
SSP Name	ID or Last 4 of SSN
Participant Name	ID

The CLE and the SSP must complete this form together. Changes requested on this form will be accommodated within the approved ODP wage ranges. The minimum and max rates for your program are reflected in the ODP Communication Number: 063-17: Consolidated and P/FDS Vendor Fiscal/Employer Agent Wage and Benefit Ranges for Specific Participant Directed Services. Please allow five (5) days for processing. Once processed, the change will take effect the next pay period. Changes will not be applied retroactively to payments already made. Fill this form out and then submit it to your Supports Coordinator (SC) or Administrative Entity (AE). All mileage will be paid at the standard mileage rate set by the Internal Revenue Service as dictated in the program rules.

SERVICE TYPE	SERVICE CODE	HOURLY RATE*

**The State of Pennsylvania minimum hourly rate is $7.25.*

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

_____ _____

SSP Signature **Date**

_____ _____

CLE Signature **Date**

_____ _____

SC or AE Signature **Date**

PA ODP EVV Registration Form

This form is for the purpose of Electronic Visit Verification (EVV) registration with Palco as well as changes to an existing EVV registration. Please complete the entire form and review for accuracy before submitting.

☐ **New EVV Setup for New Worker** ☐ **Change to Existing EVV Registration**

PARTICIPANT INFORMATION	
Full Name (First, Middle, Last):	Palco ID:
Email (optional):	Phone:

EMPLOYEE INFORMATION	
Full Name (First, Middle, Last):	Palco ID:
Email (Required):	Phone:

EVV METHOD SELECTION

How would you like to utilize EVV? *Choose only **one** option*

☐ **Authenticare Mobile Application**

Device ID:

PRINT CLEARLY! INCLUDE ALL DASHES (-) IF APPLICABLE.

For instructions on obtaining your Device ID, see the Authenticare Mobile App instructions located in your program's page on palcofirst.com. Failure to provide your proper device ID will result in your time being rejected and a delay in payroll.

OR

☐ Telephony/IVR option via the **participant's homeland line.**

Landline Phone Number:

****CANNOT BE A CELL PHONE****

THIS FORM IS NOT TO BE USED TO UPDATE LANDLINE PHONE NUMBER; A CHANGE OF INFORMATION FORM MUST BE SUBMITTED SEPARATELY.

EVV APPROVALS

Making edits and approvals to time submissions entered via the mobile application will require registration in our Connect online portal. Palco will register you in Connect with your email address. Please check your email address for further registration instructions.

Employer Email Address:

****REQUIRED FIELD****

Important Information:

- ✓ CLEs and SSPs may not share email addresses. Everyone must have a unique email address in the system.
- ✓ Please allow 3-5 business days for processing of this form and for updating and changes. Change will be effective the following pay period after processing.
- ✓ You may only use one method of EVV at a time and you must submit this form again to make a change to an existing registration. Changes take 3-5 business days to process.
- ✓ The selected method must be used for the capturing and recording of all time expected for payment reimbursement by Palco on services that have been mandated as a required under the 21st Century Cures Act. **Fraudulent misrepresentation of location, false registration of information, or failure to use EVV as required will result in your requirement to repay Medicaid funds.**
- ✓ This form cannot be used to change your email address or primary phone number for contact purposes. If you would like to update that information, please complete a Change of Information form instead.
- ✓ Visit www.palcofirst.com for instructions on using the mobile application and telephony/IVR.

Consent:

By signing below, both the participant and employee (collectively, "parties") attest that the information provided is true and accurate. Both parties acknowledge that Palco will use the information provided herein to complete EVV registration on their behalf, which will include exchanging Personal Health Information ("PHI"), as defined at 45 CFR 160.103, and other personally identifiable information ("PII") with the EVV vendor, any EVV aggregators, and other related organizations required for the treatment, payment, and operations under the self-directed program. Both parties have read and agree to Palco's Notice of Privacy Practices, Palco's EVV policies posted at palcofirst.com, and the Terms and Conditions of Palco's online system; agree to receive information, notifications, and other correspondence, which may contain PHI/PII, to the email address / phone number provided in this document; and, accept all risks associated with the transmission of such information. The parties understand it is their responsibility to obtain the credentials required to access the system by properly completing this form and using this form to update their information, and that Palco is not responsible for incorrect information that is submitted.

_____ _____

Employer Signature **Employee Signature**

_____ _____

Date **Date**