PALCO

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

Participant Referral & Intake- New Mexico

Complete this form entirely to enroll the participant, provide important information to continue the enrollment process, and establish the employer of record for the Supports Waiver, Mi Via, or Self-Directed Community Benefits (SDCB) Program.

The employer of record must recruit, hire, train, supervise, and terminate employees who provide support to the participant. This includes overseeing employee tasks and schedules, completing enrollment forms, and submitting timesheets. The employer of record functioning, must be over the age of 18, demonstrate a strong commitment to the participant, display knowledge about and respect for the participant's preferences, and use sound judgment to act on the participant's behalf.

PARTICIPANT INFORMATION			
First Name	Middle Name	Last Name	
Social Security Number	Email	Date of Birth (mm/dd/yyyy)	
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	Email	Preferred Method of Communication ☐ Email ☐ Mail ☐ Phone	
Emergency Contact	Relationship	Phone Number	

DESIGNATED EMPLOYER (if different than Participant)			
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

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Phone1	Phone2	Preferred Method of Communication ☐ Email ☐ Mail ☐ Phone
Email		
Relationship to Participant ☐ Parent ☐ Spouse ☐ Child ☐ Legal Guardian ☐ Power of Attorney ☐ Other Non-relative ☐ Other: ___________________________		
Emergency Contact	Relationship	Phone Number

How would you like to enroll?	
☐	**Complete enrollment online. (recommended)** By checking this option, the employer has provided an email address that belongs to him or her and understands that Palco is not responsible for providing information to an incorrect email address supplied by him or her. The employer agrees to receive information, notifications, and other correspondence electronically. Such correspondence may contain Personal Health Information, as defined at 45 CFR 160.103, and other personally identifiable information. The employer accepts all risks associated with the transmission of such information via those channels. The employer understands that his or her consent is in effect until Palco is notified in writing that the employer withdraws such consent.
☐	**Receive a packet via email to employer email address.**
☐	**Receive a paper packet via mail to employer mailing address.**

____
Employer Printed Name

____
Participant Printed Name
(if different from Employer)

____
Employer Signature

____
Participant Signature
(if different from Employer)

____
Date

____
Date

Please return this form to Conduent via email: docprocessing@conduent.com
or via Fax: 866.302.6787