

## Attendant Pay Rate Information

Select the appropriate reason for this form:

- New Client Setup
  Change Existing Rate

REQUIRED INFORMATION	
Client/Member Name	ID
Attendant Name	ID or Last 4 of SSN
Authorized Representative Name (if applicable)	ID (if applicable)

Below, please indicate the Pay Rate you are agreeing to. The Pay Rate is the amount that the Attendant will receive per hour worked.

Rate Name	Hourly Rate*
<b>CDASS Rate 1 (Required)</b>	
CDASS Rate 2 (optional)	
CDASS Rate 3 (optional)	

Supporting Living Services (SLS) Only:

<b>SLS CDASS Health Maintenance – Rate 1</b> <i>(required for SLS Clients who have a Health Maintenance budget)</i>	
CDASS SLS Health Maintenance – Rate 2 (optional)	
*CDASS SLS Health Maintenance – Rate 3 (optional)	

\*CDASS employers can set any rate of pay between minimum wage and up to \$49.58 per hour. Changes to wages should coincide with updating the Attendant Support Management Plan (ASMP) with the Case Manager to account for spending plan.

By signing below, the Consumer/Authorized Representative and Attendant certify that the information in this form is correct and was agreed to by both parties. For changes to existing rates, 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.

\_\_\_\_\_  
**Attendant Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Client/Authorized Representative Signature**

\_\_\_\_\_  
**Date**

Please return this form to Palco via fax: 1-877-859-8757, email: [enrollment@palcofirst.com](mailto:enrollment@palcofirst.com)  
 or mail: PO Box 242930, Little Rock, AR 72223