



## Employee Intake

Complete this form entirely to begin the enrollment process as an employee with a participant or member in the Supports Waiver, Mi Via, or Self-Directed Community Benefits (SDCB) Program.

PARTICIPANT/MEMBER INFORMATION			
Full Name (First, Middle, Last):			

  

EMPLOYEE INFORMATION			
First Name		Middle Name	Last Name
Social Security Number	Email	Date of Birth (mm/dd/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Are you related to the participant/member by blood or marriage? <input type="checkbox"/> No <input type="checkbox"/> Yes. I am the participant/member's: _____ (specify relationship)			
Do you share a residence with the participant/member? <input type="checkbox"/> No <input type="checkbox"/> Yes. Please specify who owns or rents the residence: _____			
Are you at least 18 years of age? <input type="checkbox"/> No <input type="checkbox"/> Yes			
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	Preferred Method of Communication <input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Phone / Voicemail	



How would you like to continue the enrollment process?

- Complete enrollment online. (recommended)** By checking this option, the employee 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 employee 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 employee accepts all risks associated with the transmission of such information via those channels. The employee understands that his or her consent is in effect until Palco is notified in writing that the employee withdraws such consent.
- Receive a packet via email.**
- Receive a paper packet via mail.**

\_\_\_\_\_  
Employee Printed Name

\_\_\_\_\_  
Employer Printed Name

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Employer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**Please return this form via email: [docprocessing@conduent.com](mailto:docprocessing@conduent.com) or via fax to 1.866.302.6787.**