

Ohio Participant/Client Referral & Intake

Complete this form entirely to enroll the participant/client, provide important information to continue the enrollment process, and establish the employer of record.

PARTICIPANT/CLIENT INFORMATION			
First Name	Middle Name	Last Name	
Social Security Number	Date of Birth (mm/dd/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
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	Email	Preferred Method of Communication <input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Phone	

By participating in the Consumer Directed Care program, the participant/client or someone over the age of 18 who the participant/client elects (the “surrogate”) will manage and direct these services and funds provided under the budget. This may include either agency-provided, agency-directed employer of record or member-directed attendant care. The tasks may include recruiting, hiring, training, and terminating caregivers who provide support to the participant/client, overseeing worker tasks and schedules, completing enrollment forms, and submitting timesheets. Tasks may also include directing budgeted funds to providers or vendors the participant/client chooses to use. This responsibility is known as the employer of record. Who will serve as the employer of record? (Select one.)

- A surrogate individual. **Please complete a Designation of Surrogate Employer.**
- The participant/client.

How would you like to continue the enrollment process?
<input type="checkbox"/> Complete Enrollment Paperwork Online. The Employer of Record will receive login instructions from Palco
<input type="checkbox"/> E-mail a prepopulated PDF packet to the Employer of Record.
<input type="checkbox"/> Mail a prepopulated paper packet to the Employer of Record’s address

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