

Applicant Worker Intake

Complete this form entirely to begin the enrollment process as a worker in the self-direction program. Completion of this form does not constitute hiring by the employer.

PARTICIPANT INFORMATION		
Full Name	SSN	Program: NV State Funded <input type="checkbox"/> DRC <input type="checkbox"/> RRC <input type="checkbox"/> SRC

WORKER (APPLICANT) 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
Is the worker-applicant related to the participant by blood or marriage? <input type="checkbox"/> No <input type="checkbox"/> Yes Please specify: _____			
Do you share a residence with the participant? <input type="checkbox"/> No <input type="checkbox"/> Yes Please specify who owns or rents the residence: _____			
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	

WORKER (APPLICANT) INFORMATION

First Name	Middle Name	Last Name
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How would you like to continue the enrollment process?

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

Worker Printed Name

Employer Printed Name

Worker Signature

Employer Signature

Date

Date

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