

KS WORK Personal Care Assistant Employment Packet

Welcome to self-direction and to Palco! This packet contains all the forms you need to enroll as a PCA and begin providing services to your participant. Please follow all directions in this packet. You will not be paid for services until all forms are completed, Palco verifies all information, criminal checks, and clears you for hire, and you are notified that you are ready to provide service.

You must complete and return:

- | | |
|---|--|
| <input type="checkbox"/> Worker Intake Form | <input type="checkbox"/> Copy of Social Security Card |
| <input type="checkbox"/> Worker Qualification Form | <input type="checkbox"/> Payroll Information Worksheet |
| <input type="checkbox"/> KBI Certified Record Check Request Form | <input type="checkbox"/> IRS Form W-4 |
| <input type="checkbox"/> KS Child Abuse & Neglect Central Registry | <input type="checkbox"/> Kansas K-4 Form |
| <input type="checkbox"/> KS Adult Abuse, Neglect, Exploitation Central Registry | <input type="checkbox"/> Pay Selection & Direct Deposit Form |
| <input type="checkbox"/> US CIS Form I-9 | <input type="checkbox"/> EVV Registration Form |
| <input type="checkbox"/> I-9 Supporting Documentation | |

We encourage you to use the checklist above as a final review before you return the forms to Palco. Failure to return these forms will delay enrollment. The other documents, including information on how to complete forms, the payment schedule, Palco's Notice of Privacy Practices, F.A.Q. and similar instructional forms, are for informational purposes only and do not need to be returned to Palco. Send completed paper forms by fax, email or mail to Palco at the address below.

Fax: 501-821-0045
Email: enrollment@palcofirst.com
Palco, Inc.
Attn: Enrollment
P.O. Box 242930
Little Rock, AR 72223

Visit our website to download an intake form OR contact customer support to get connected to an enrollment specialist. You must complete a consent form before receiving an email with your login instructions. Follow the instructions in that email to complete your enrollment.

Should you need any assistance during this process, please contact a friendly customer support representative at 1.866.710.0456 or KSWORK@palcofirst.com.

We look forward to serving you!

Sincerely,
The Palco Team



Frequently Asked Questions

Palco serves individuals who participate in the self-directed model by providing various financial, customer support, and informational services. Below are frequently asked questions to help you understand our processes, your requirements, and how to receive assistance.

How do I complete forms if I am unable to sign?

We encourage you to enroll online, as there are plenty of accessible options on our website. However, if you are unable to use our online system, you may either sign with an X or a mark, then have a witness legibly sign the document on the line above the 'witnessed by'.

What if I need assistance in completing forms?

Online enrollment is the easiest method for completing forms. Palco customer support agents can assist you in gaining credentials to enroll online. Or, if you would prefer, our staff can provide in-person assistance with completing forms.

When can the worker begin providing services?

Palco will notify the employer and the worker once all requirements for enrollment have been met. The date of this notification is the date work can begin. Any work performed prior to that date will not be paid by the program.

Can a worker provide services to multiple participants?

Yes. However, a worker must abide by all program rules, especially those regarding overlapping claims for payment of services.

What happens if a worker wants to work for another employer?

Workers may be employed by as many employers as he or she would like. Each time he or she begins working for a new employer, a new worker packet must be completed, just like getting any new job. However, some requirements may be waived depending on the circumstances, such as providing a copy of Social Security cards or documentation related to receiving direct deposit. Generally, background checks can also transfer, but be sure to check with your program rules to make sure you understand all the requirements.

What happens if a worker stops providing services?

Anytime a worker stops providing services, Palco must be notified via an Employment Separation Notice, which can be found on our website. Even after termination, workers should keep Palco aware of any changes in contact information throughout the year, so that we can send correspondence, such as W-2s, to the correct address.

How does a participant change an employer of record?

A Designation of Surrogate Employer form must be completed. Be sure to include the date of the change at the top of the form.



How does an employer of record change impact existing workers?

Workers must re-complete some new hire forms, such as the I-9. Palco will notify you of the requirements. Be sure to complete any required forms so that your pay is not impacted.

Can someone correspond with Palco on my behalf?

Federal and state privacy laws prevent Palco from disclosing personal information to unauthorized individuals. Palco will only correspond with workers about that worker's particular account. Surrogate employers may receive all information about the worker's accounts and information about the participant necessary to carry out employer roles. Participants have unlimited information on their account. Participants may appoint an authorized user by completing an Authorized User Designation form.

How are timesheets submitted?

Timesheets can be submitted online via our portal, by fax, by mail or email. When using the online portal, submit all time properly. Both the employer and the worker must approve all time before it can be processed for payment by Palco. Additional instructions can be found in our Online Registration Packet. When submitting a paper timesheet, follow all instructions to reduce submission errors. A properly submitted timesheet must be received before the deadline to ensure a worker's pay is not delayed.

When does a worker submit timesheets?

The employer is provided with a payroll schedule that shows the deadlines for submitting timesheets and scheduled paydays. The payroll schedule for specific programs can also be found at palcofirst.com.

How will I know a timesheet was received and approved?

The online portal will display approval messages in real time. For other methods of submission, contact Palco Customer Support 48 hours after submission to allow time for processing.

What if a worker doesn't receive the funds on the scheduled payday?

For direct deposited payments, please allow sufficient time for the pay to deposit into your account. We recommend allowing 24 hours after payday for the deposit.

Will the worker receive a W-2 at year-end?

W-2s are available January 31. If receiving the W-2 by mail, please allow one week for delivery. All workers receive a W-2. Workers who earn less than the annual domestic service threshold, per IRS Pub. 15 (Circular E), will also receive a refund of over-collected FICA. The employer should encourage their workers to make sure that the correct address and direct deposit information is current with Palco prior to this date, even if the worker is no longer working.

**How do I change my information with Palco?**

The fastest and easiest method is to log into your account and change your information. Otherwise, you must complete the appropriate form and mail or fax it to Palco. All forms are found at palcofirst.com. For name and contact information changes, complete a Change of Information form and attach documentation to show proof of name change which can be driver's license, divorce decree or marriage license. For withholding changes, complete an IRS W-4, or Payroll Information Worksheet. To change payment information, complete a Direct Deposit Authorization. For any other changes, contact Palco customer support.

How can Palco be contacted?

Palco Customer Support representatives are available Monday through Friday, 8:00 a.m. to 5:00 p.m. CST, except state holidays. You may reach us by phone at 501.604.9936 or toll free at 1.866.710.0456, email to KSWORK@palcofirst.com, fax to 501.821.0045 or mail to P.O. Box 242930, Little Rock, AR 72223. Palco has a range of translator and interpreter services at your request.



Notice of Privacy Practices

Palco may receive and create records concerning your medical and individually identifiable information (“PHI”) and is required to maintain the privacy and security of your PHI. Please read this notice carefully. If you have questions or concerns, contact the Palco Privacy Officer at privacy@palcofirst.com. Palco will only use and disclose your information as allowed by law and as described below:

- **Help manage the health care treatment you receive.** We may disclose your information to provide treatment and administer services, including performing assessments, issuing workers’ compensation and administering similar programs, and recommending services in some situations. We may disclose information to others who implement your health services. We may correspond with you and/or your designated representative (e.g., surrogate employer or authorized user). All emailed correspondence from Palco is encrypted and secure. By emailing Palco with your personal email account, you accept the risk that your correspondence may not be encrypted, nor secure.
- **Run our business, including payment for and administration of your health services.** We may use and disclose your information to receive and issue payment on your behalf and bill Medicaid, Medicare, Managed Care Organizations, the Veterans Administration, or other bodies, as required by your program.
- **Comply with federal and state law, including investigations by the United States Department of Health and Human Services (U.S. DHHS) and law enforcement.** Palco is required by law to comply with investigations by regulatory bodies and issues involving national security. Palco may be required to disclose your information to coroners and other officials at your death.
- **Respond to legal actions and health oversight, such as lawsuits or quality assurance reviews.** Palco may be required to respond to requests, including discovery, subpoenas, audits, and other legal or regulatory matters.

You have the right to:

- **Authorize the use and disclosure of your PHI for reasons not authorized by federal or state law.** Palco will seek your approval to disclose PHI for reasons not required at law, and you may reject disclosure.
- **Receive this notice of privacy practices.** You can request a copy of this notice or view the posting at palcofirst.com, in enrollment packets, and in program manuals, as applicable. Palco can change the terms of this notice at any time. Changes will apply to all of your medical records. Direct complaints to the Privacy Officer or the U.S. DHHS.
- **Review and receive copies of your records and a list of disclosures.** Requests must be on a Request for Sensitive Records. We will provide you with a copy or summary within 10 days of receiving your request. We may charge a reasonable, cost-based fee for collection of the records, including postage and labor. Palco may reject some requests if required by law.
- **Request amendments to your records.** Requests must be on a Request to Amend Sensitive Information. We will provide you with a copy or summary or a rejection within 15 days of receiving your request.
- **Request information in an alternate format or restrict access on your records.** Requests must be in writing on a Request for Additional Privacy. We will provide you with a copy or summary within 15 days of receiving your request. We may reject or terminate the request in certain limited cases and will notify you of rejections and terminations.
- **Be notified in case of a breach of your sensitive information.** You will be notified within 60 days by the Privacy Officer.
- **Choose someone to act on your behalf with regard to your records.** You must complete the appropriate forms and information to designate Authorized Users in order for those individuals to communicate with Palco on your behalf.



PALCO BI-WEEKLY PAYMENT SCHEDULE - 2023

KS WORK Program

Service Period		Timesheets Due to Palco By 5:00 PM	Payment Date
Start Date	End Date	Deadline	Paid On
December 18, 2022	December 31, 2022	January 3, 2023	January 13, 2023
January 1, 2023	January 14, 2023	January 17, 2023	January 27, 2023
January 15, 2023	January 28, 2023	January 31, 2023	February 10, 2023
January 29, 2023	February 11, 2023	February 14, 2023	February 24, 2023
February 12, 2023	February 25, 2023	February 28, 2023	March 10, 2023
February 26, 2023	March 11, 2023	March 14, 2023	March 24, 2023
March 12, 2023	March 25, 2023	March 28, 2023	April 7, 2023
March 26, 2023	April 8, 2023	April 11, 2023	April 21, 2023
April 9, 2023	April 22, 2023	April 25, 2023	May 5, 2023
April 23, 2023	May 6, 2023	May 9, 2023	May 19, 2023
May 7, 2023	May 20, 2023	May 23, 2023	June 2, 2023
May 21, 2023	June 3, 2023	June 6, 2023	June 16, 2023
June 4, 2023	June 17, 2023	June 20, 2023	June 30, 2023
June 18, 2023	July 1, 2023	July 4, 2023	July 14, 2023
July 2, 2023	July 15, 2023	July 18, 2023	July 28, 2023
July 16, 2023	July 29, 2023	August 1, 2023	August 11, 2023
July 30, 2023	August 12, 2023	August 15, 2023	August 25, 2023
August 13, 2023	August 26, 2023	August 29, 2023	September 8, 2023
August 27, 2023	September 9, 2023	September 12, 2023	September 22, 2023
September 10, 2023	September 23, 2023	September 26, 2023	October 6, 2023
September 24, 2023	October 7, 2023	October 10, 2023	October 20, 2023
October 8, 2023	October 21, 2023	October 24, 2023	November 3, 2023
October 22, 2023	November 4, 2023	November 7, 2023	November 17, 2023
November 5, 2023	November 18, 2023	November 21, 2023	December 1, 2023
November 19, 2023	December 2, 2023	December 5, 2023	December 15, 2023
December 3, 2023	December 16, 2023	December 19, 2023	December 29, 2023
December 17, 2023	December 30, 2023	January 2, 2024	January 12, 2024
December 31, 2023	January 13, 2024	January 16, 2024	January 26, 2024

2023 Bank & Palco Office Holidays

New Year's Day - Monday, January 2*
 Martin Luther King, Jr. Day - Monday, January 16
 President's Day - Monday, February 20
 Memorial Day - Monday, May 29*
 Juneteenth Day - Monday, June 19
 Independence Day - Tuesday, July 4*

Labor Day - Monday, September 4*
 Columbus Day - Monday, October 9
 Veterans Day - Friday, November 10
 Thanksgiving - Thursday-Friday, November 23-24*
 Christmas - Monday, December 25*

* Palco Office Closures

Instructions for Worker Forms

Please use the instructions below to complete the attached Palco forms in order to become a worker through the self-directed program.

- The **Applicant Worker Intake** is used to enroll the worker in the program and associate him or her with the employer and participant. Complete the entire form. Sign and date the highlighted fields on page 2. Please make sure your employer signs and dates the highlighted fields on page 2 as well.
- The **Worker Information & Qualification** notifies you of your duties associated with being a worker on the self-direction program. Please read this form carefully to make sure that you understand and will comply with the information therein. Complete the Worker Information box at the top of page 1. Sign and date the highlighted fields on page 2.
- The **KBI Certified Record Check Request** form gives Palco the permission to release information for a required background check that is performed on all workers that are hired by the employer. The employer will be informed about his or her responsibilities as an employer for their own personal health and safety in their own homes. The employer will be informed of the results of the criminal history background check. Complete all of the highlighted fields on the form. Sign and date the highlighted fields at the bottom of the page.
- The **KS Child Abuse & Neglect Central Registry** form gives Palco the permission to release information for a required background check that is performed on all workers that are hired by the employer. The employer will be informed about his or her responsibilities as an employer for their own personal health and safety in their own homes. The employer will be informed of the results of the criminal history background check. Complete all of the highlighted fields on the form. Sign and date the highlighted fields at the bottom of the page.
- The **KS Adult Abuse, Neglect, Exploitation Central Registry** form gives Palco the permission to release information for a required background check that is performed on all workers that are hired by the employer. The employer will be informed about his or her responsibilities as an employer for their own personal health and safety in their own homes. The employer will be informed of the results of the criminal history background check. Complete all of the highlighted fields on the form. Sign and date the highlighted fields in the middle of the page.

Applicant Worker Intake

Complete this form entirely to begin the enrollment process as a worker in the Work Opportunities Reward Kansans (WORK) program. Completion of this form does not constitute a hiring by the employer.

PARTICIPANT INFORMATION		
Full Name	SSN	Program <input type="checkbox"/> WORK

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. I am the participant's: _____ (specify relationship)			
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	

How would you like to continue the enrollment process? <input type="checkbox"/> Complete Enrollment Paperwork Online. The worker will receive login instructions from Palco. <input type="checkbox"/> Email a prepopulated PDF packet to the worker. <input type="checkbox"/> Mail a prepopulated paper packet to the worker's address

By signing below, the worker consents to complete enrollment electronically and has

provided an email address and Social Security Number that belongs to him and her. The worker understands that Palco is not responsible for providing information to an incorrect email address supplied by him or her. The worker has read and agrees to Palco's Notice of Privacy Practices and the Terms and Conditions of Palco's online enrollment system. The worker agrees to receive information, notifications, and other correspondence electronically to the email address provided. Such correspondence may contain Personal Health Information as defined at 45 CFR 160.103 and other personally identifiable information. The worker accepts all risks associated with the transmission of such information via those channels. The worker understands that his or her consent is in effect until Palco is notified in writing that the worker withdraws such consent.

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.

KS WORK Worker Information & Qualification

This form is required for all workers in self-direction. Please complete this form entirely.

WORKER (APPLICANT) INFORMATION	
Full Name	ID/Last 4 of SSN

As a worker in self-direction, you must agree to the following terms of employment:

- You understand that the participant, or his or her surrogate, is your employer. Neither Palco, nor program/state administrators, is your employer.
- This position is paid as an employee and not as an independent contractor.
- This document does not create an anticipation, nor a contract, of employment.
- To adhere to all federal, state, local, and program laws, regulations, policies, and requirements throughout your employment. This includes staying current on information provided to me about the program throughout your employment.
- To accurately complete all enrollment documentation to ensure that you meet the program’s eligibility requirements for providing services and is not prohibited in any manner from providing services.
- That your employment is contingent upon many factors, including successful completion and/or passing of required background checks, training, and/or credentialing.
- To report any changes in your ability to deliver services, including changes in your background history or qualifications required to perform services under this program.
- Being paid for services through the program is contingent upon the participant’s eligibility for the program. Once eligibility terminates, you may no longer be paid through this program.
- Your employer is responsible for payment of services for activities not authorized in or exceeding the limitations established by the budget.
- Funds to pay for services are from public sources, and financial accountability and liability applies to the use of the funds. You understand that submitting false or fraudulent timesheets or submitting timesheets for tasks other than those approved on the authorized budget will be reported to the appropriate authorities for investigation and possible prosecution as fraud.
- That medical and personal information and data about the participant and the worker is confidential. You have read and agree to Palco’s Privacy Practices.
- That neither Palco nor program/state administrators are responsible or liable for any negligent acts, work-related injuries, or omissions by me, the employer, participant, other workers or service providers, or authorized representatives.
- To report all critical incidents relating to the participant’s health, safety, and welfare, including suspicion of fraud, abuse, or neglect.

Worker Initials

You certify that you are at least 18 years of age. You give your permission for Palco to run federal and state Office of Inspector General Medicaid exclusion checks and to share the results with my employer, state and program administrators, and others who may be involved in the participant's care through this program. You understand that your employment is based on the outcome of these checks and that you cannot provide services, nor receive payment, until Palco has notified you that you have been cleared to do so. You hereby release your employer, Palco, and his/her agents from any and all liability, claims and/or demands, of whatever kind, related to the compilation or preparation of the checks hereby authorized.

- KBI Certified Record Check.
- Office of Inspector General Medicaid exclusion check.
- List of Excluded Individuals and Entities (LEIE)
- Social Security Administration SSN check.
- U.S.CIS e-verify system.
- KS Child Abuse and Neglect Central Registry.
- KS Adult Abuse, Neglect, Exploitation Central Registry.

By signing below, you acknowledge that you have read this agreement and accept responsibility as a worker in self-direction, understand their responsibilities and duties associated with that role, and will comply with program policies and requirements. The information provided herein is true and accurate to the best of your knowledge. You further understand and agree that violation of this agreement will result in termination.

Worker Printed Name

Worker Signature

Date

Certified Record Check Request Form

Regular name-based record checks are to be requested on-line at www.kansas.gov/kbi/criminalhistory

To: Kansas Bureau of Investigation
Attn: Central Repository
1620 SW Tyler
Topeka, KS 66612-1837



From: Palco, Inc.
(Requestor's Full Name or Organization) (Please Print)
Attn: Enrollment Dept.
(Requestor's Point of Contact and title)
P.O. Box 242930
(Requestor's Mailing Address)
Little Rock, AR 72223
(City, State or Country and Zip)
501.604.9936
(Requestor's Phone Number)

1. A criminal history record check of the Kansas Central Repository is requested for the following individual. The **Full Name** and **Date of Birth** are mandatory:

Full Name: _____
(Last Name) (First Name) (Middle Name)

Maiden or Alias Name: _____
(Last Name) (First Name) (Middle Name)

Date of Birth: _____ **Social Security Number:** _____

Sex: _____ **Race:** _____ **Place of Birth:** _____

2. A fingerprint card [is] [is not] included.
3. Purpose for the criminal history record check (Please be specific): To perform personal care assistant services for an individual enrolled in the Work Opportunities Reward Kansans (WORK) program.

4. Mailing address for the results of the record check, if different from the "From" address, above:

Same as the "From" address above.

5. Enclosed is payment made payable to the **KBI Record Check Fee Fund** for the record check in the sum of:
[] \$30.00 for a certified name-based check [] \$45.00 for a certified Kansas fingerprint-based check
[] \$57.00 for a certified Kansas/national fingerprint-based check*
* A state or federal statute allowing a national search is required

6. Dissemination of criminal history information is governed by statutes, laws and regulations. The Requestor will comply with and be subject to the provisions of both State and Federal law regulations, including, but not limited to Title 28 (Judicial Administration) of the Code of Federal Regulations and Kansas Statutes Annotated 22-4107 et seq.

7. Requestor agrees to limit disclosure of the information received to personnel who have a clear, distinct "need to know," and ensure that the information is used only for the purpose for which provided. Further, Requestor shall:

- a. Implement reasonable procedures to insure the confidentiality and security of any information received.
- b. Indemnify and hold harmless the KBI, their employees, including their heirs, executors, administrators, personal representatives, successors, and assigns, from and against any and all causes of actions, claims, demands, suits, rights and other proceedings of any nature which seek damages or their remedies arising from the providing of criminal history

8. The KBI has the right to demand return of all information provided to the Requestor when any rule, policy, procedure, regulation or law described in this request is violated or appears to be violated or for non-payment of any service.

9. I have read and understand my responsibilities when receiving record check information from the Kansas Central Repository, and I agree to safeguard and properly use all information I receive.

(Signature of Requestor)



KANSAS DEPARTMENT FOR CHILDREN AND FAMILIES
 Child Abuse and Neglect Central Registry
 P.O. Box 2637 • Topeka, KS 66601 • DCF.CentralRegistry@ks.gov
Release of Information

OBI 1011
 9/2018
 Page 1 OF 1

Complete form by printing legibly in ink. Fee of \$10.00 per Release of Information form may be required prior to processing.

All releases and fees are to be sent to the address or email listed above (see below for specifics)

CONFIDENTIALITY: *Kansas Department for Children and Family records are confidential. No individual, association, partnership, corporation, or other entity shall willfully or knowingly disclose, permit, or encourage disclosure of the contents of records or reports in violation of the confidentiality requirements of K.S.A. 38-2209. Violation of this statute is a class A nonperson misdemeanor and the court may impose a civil penalty of up to \$1,000.*

Contact Person: Attn: KS WORK Program Agency/Org.: Palco, Inc
 Phone #: (501) 604.9936 Address: P.O. Box 242930
 Email: enrollment@palcofirst.com City/State/Zip: Little Rock, AR 72223

Return Results by: Encrypted email (list if different than above): _____ Postal Mail

Payment/Account Information (check box which applies)

<input type="checkbox"/> <i>Fee included</i>	\$10 per request. Check, Money Order (payable to DCF) or cash. Postal mail only.	
<input type="checkbox"/> <i>Online Payment*</i>	www.dcf.ks.gov – ‘Online DCF Payments’ bottom of page. Payment Portal. Submit receipt with ROI form(s).	
<input checked="" type="checkbox"/> <i>Pre-Pay Account*</i>	Agency/Org. has Pre-Pay Account.	FEIN: 05-0578399
<input type="checkbox"/> <i>Mentoring Account*</i>	As listed in the Kansas Mentors' Partner Directory. http://mentorkansas.org/Find-a-Program	
<input type="checkbox"/> <i>Exempt*</i>	No fee for State government agencies (Sub-contracting agencies not included).	

*Release of Information forms may be submitted via email to DCF.CentralRegistry@ks.gov

APPLICANT: *Instructions: **PRINT CLEARLY.** All requested information is required for processing. Incomplete or illegible information will result in processing delays for the Release of Information. Use 'N/A' rather than leaving a space blank.*

FIRST, MIDDLE, LAST NAME: _____

I give permission for the release of any of my information in the Child Abuse/Neglect Central Registry to the contact listed above. I understand the information released is for their exclusive and confidential use: Yes No
This organization/person/agency may check my information each year I am employed or associated with them: Yes No

OTHER NAMES USED: (Any/all aliases, married, maiden, nicknames, etc. 'N/A' if none used.): _____

DATE OF BIRTH: _____ **RACE:** _____

SOCIAL SECURITY #: _____ **GENDER:** Male Female

CURRENT ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____ **EMAIL:** _____

SIGNATURE: _____ **DATE:** _____

DCF ONLY:

MATCH	
<i>This applicant is listed in the Child Abuse/Neglect Central Registry.</i> <i>Per KSA 65-504 and 65-516 this person prohibited from working, residing, or volunteering in a licensed child care home or facility.</i> (see attached document for more info.)	

CLEARED

I, _____, give permission for the release of information concerning
(PRINT Full Name)

myself in the Adult Abuse, Neglect, Exploitation Central Registry to:

Contact Person(s)* _____ **ATTN:** KSWORK PROGRAM **Phone** _____ 501.604.9936
Agency name _____ PALCO, INC
Agency mailing address _____ PO BOX 242930, LITTLE ROCK, AR 72223
Email address: Will return via Encrypted email unless marked otherwise _____ KSWORK@PALCOFIRST.COM

Maiden Name and/or Other Names Known By: _____

(PRINT ONLY)

Address:

Street City State Zip Code

DOB: _____ **SS#:** _____ Male Female
(mm/dd/yyyy) **(mark one)**

I understand that all information released will be for the exclusive and confidential use of the above named organization/person. I have read and understand this form and information provided is true and correct to the best of my knowledge.

I give permission for the release of any information concerning myself in the Adult Abuse, Neglect, Exploitation Central Registry each year while I am employed or associated with the above agency. Yes No

Signature: _____ **Date:** _____
(An Ink Signature or a Verified E-Signature is Required for Processing) (mm/dd/yyyy)

RETURN TO:

Email: DCF.APSRegistry@ks.gov

Mail: Office of Background Investigations

Adult Abuse Registry
500 SW Van Buren St
Topeka, Kansas 66603

(Please allow 3-5 days for processing email requests and an additional 5-7 days if returning by US Postal Service)

For Official Use Only: Mark in this area if PROHIBITED

For Official Use Only: Mark in this area if CLEARED

Instructions for I-9

The United States Department of Homeland Security, Citizenship and Immigration Services (CIS) department, requires all U.S. employers and workers to complete the I-9. The purpose is to verify that the applicant worker can be legally employed in the United States. Palco verifies all workers through the U.S. CIS online system.

Use the instructions and checklist below to guide you through completing this form. The applicant worker should complete all fields highlighted in **blue**. The employer should complete all fields highlighted in **yellow**.

1. Complete page 1. **Must be completed by the applicant worker.**

- Complete all fields in Section 1. The name here must match the name on your verification documents. (See #3 on this checklist.)

Section 1. Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)

Last Name (Family Name)	First Name (Given Name)	Middle Initial	Other Last Names Used (if any)
Address (Street Number and Name)	Apt. Number	City or Town	State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number	Employee's E-mail Address	Employee's Telephone Number

- Select the following box that applies to you.
 - If you select box 3, supply your alien registration or USCIS number.
 - If you select box 4, supply your work expiration date and complete any one of the three fields that follow.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	QR Code - Section 1 Do Not Write In This Space
<input type="checkbox"/> 2. A noncitizen national of the United States (See instructions)	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. (See instructions)	

Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.

1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____	
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- Sign and date.

Signature of Employee	Today's Date (mm/dd/yyyy)
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- If necessary, complete the Preparer and/or Translator Certification boxes at the bottom of page 1.

2. Complete page 2. Must be completed by the employer.

- Enter the worker's name and citizenship status as it appears on page 1.

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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- Refer to page 3 of the I-9 for appropriate verification documents. Complete all lines associated with the documents provided in the space designated. You must complete one, but not both, of the following two options for submission:
 - One document from List A.
 - One document from List B **and** One document from List C.

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)

- Attach copies of the verification documents listed on page 2 of the I-9. The employer must review the worker's verification documents.
- Provide the employee's first day of employment in the space provided. This date must match the date the worker signed on page 1.

The employee's first day of employment (mm/dd/yyyy): _____

- Complete the next three rows of information in Section 2, including signing and dating the form.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative		
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name		
Employer's Business or Organization Address (Street Number and Name)	City or Town	State	ZIP Code	

- Complete Section 3 *only* if the worker had a name or citizenship status change, or if the worker previously worked for the employer within the last three years. If none of these apply, leave Section 3 blank.
- Sign, date, and print the employer's name at the bottom of the page.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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For more information and assistance on how to complete this form, visit <https://www.uscis.gov/i-9>.



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9

OMB No. 1615-0047
 Expires 10/31/2022

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name <i>(Family Name)</i>		First Name <i>(Given Name)</i>		Middle Initial	Other Last Names Used <i>(if any)</i>	
Address <i>(Street Number and Name)</i>			Apt. Number	City or Town		State
Date of Birth <i>(mm/dd/yyyy)</i>		U.S. Social Security Number		Employee's E-mail Address		Employee's Telephone Number
		[][] - [][] - [][][][]				

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am **(check one of the following boxes):**

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> QR Code - Section 1 Do Not Write In This Space </div>	

Signature of Employee	Today's Date <i>(mm/dd/yyyy)</i>
-----------------------	----------------------------------

Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date <i>(mm/dd/yyyy)</i>	
Last Name <i>(Family Name)</i>		First Name <i>(Given Name)</i>	
Address <i>(Street Number and Name)</i>		City or Town	State
			ZIP Code





Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A	OR	List B	AND	List C
Identity and Employment Authorization		Identity		Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ *(See instructions for exemptions)*

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative		
		Household Employer		
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name		
Employer's Business or Organization Address (Street Number and Name)	City or Town	State	ZIP Code	

Section 3. Reverification and Rehires *(To be completed and signed by employer or authorized representative.)*

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	OR	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

Instructions for Worker Payroll Forms

Please complete the appropriate IRS, state withholding, and additional forms in order to become a worker on the self-directed program. Follow the instructions listed below. All areas highlighted must be signed.

- The **Payroll Information Worksheet** is used to determine any exemptions you qualify for in order for Palco to calculate the proper payroll and payroll tax for you and your employer.
 - Complete all fields in the Required Information section.
 - Select the reason for completing the form.
 - Complete Part **A**.
 - ✓ Please select the option that most closely relates to your relationship.
 - Complete Part **B**.
 - ✓ Please select the option that most closely relates to the living arrangement.
 - Sign and date the bottom of the form.
- The **IRS Form W-4** is used by Palco to withhold the proper amount of federal income tax from your paycheck. Complete Steps 1-4, then sign and date the bottom of the form. Additional instructions are included on page two of this form.
- The **State of Kansas Withholding Allowance Certificate (K-4)** tells Palco the correct amount of state income tax to withhold from your paycheck.
 - Complete Box 1 with your name and full address.
 - Write your Social Security Number in Box 2.
 - Make the appropriate selection in Box 3.
 - Include the total number of dependents you would like to claim in Box 4.
 - Indicate any additional dollar amount to be withheld each pay cycle in Box 5.
 - If you claim any exemptions, write EXEMPT in Box 6.
 - Sign and date the bottom of the form.
- The **Pay Selection and Direct Deposit Authorization Agreement** is used to inform Palco how you would like to be paid and gives Palco the authority to pay you via electronic funds transfer. Please select one of the two choices (Direct Deposit or Money Network Services). If you select the Direct Deposit option, please follow the instructions on the form. If you choose to enroll in the Money Network Services option, Palco will enroll you with our partners at First Data, Money Network Services.

Payroll Information Worksheet

As a home care worker in self-direction, your payroll tax withholdings are subject to special tax rules, and your residency may impact your benefits under labor laws. Completing this form accurately will ensure that your taxes and benefits are calculated properly.

REQUIRED INFORMATION	
Employee Name	ID
Employer Name	Participant Name (If different from Employer)

Select the following box that applies:

- This form is part of your **first-time enrollment** with Palco.
- You are already enrolled with Palco and need to **change** your information

Part A: Family Member Exemptions

Depending on your relationship to your employer and your age, you may be exempt from certain taxes, such as FICA (Social Security and Medicare), FUTA (Federal Unemployment) and SUTA (State Unemployment). You can find more information about this in IRS Publication 15.

Relationship to Employer	FICA ¹	FUTA ²
Child employed by Parent	Exempt until child turns 21	Exempt until child turns 21
Parent employed by Adult Child (including Adoptive and or Stepparent)	Exempt	Exempt
Spouse employed by Spouse	Exempt	Exempt

Select the appropriate response:

- Non-Exempt.** None of the selections apply.
- Exempt.** I am the spouse of my employer.
- Exempt.** I am the child of my employer and am under 21
- Exempt.** I am the parent of my employer who is an adult. This includes adoptive and stepparents.

¹ If you are not exempt as indicated above, appropriate taxes, including FICA, will be withheld. Should you not meet the annual IRS domestic service wage threshold for the current tax year, your FICA will be refunded to you in January of the following year, and your W-2 will reflect that no FICA was withheld.

² In most states, an exemption from FUTA will also apply to SUTA.

Part B: Overtime Payments

There are several factors that may qualify you as being exempt from overtime payments or ineligible for overtime based on program specific rules. Please check the box that applies below:

- Exempt from overtime pay** for any reason, including program rules or that I meet the DOL Home Care Rule Exclusion qualifications, which means that I am a live-in caregiver or I reside at the participant's residence at least 5 days per week. (See 29 CFR §552.102 and DOL Fact Sheet #79B). *By checking this box, I understand that, if my employer or the program allows me to work more than 40 hours per week, any hours that I do work over 40 in a work week, will NOT be paid at overtime rates.*

- Non-Exempt.** I do not qualify for any exemptions and understand that I will be paid overtime rates for time worked beyond 40 in a work week.

If any of the information in this document changes at any time, please complete a new document and submit to Palco immediately. Failure to notify Palco may result in a tax bill to you or other employment-related matters from your employer. Palco is not responsible for incorrectly calculating or withholding pay due to your failure to complete and submit a new Payroll Information Worksheet. By signing below, you certify that the information in this document is correct and understand that you have the burden to notify Palco immediately of any changes in this information, and you hold Palco harmless for any incorrect information supplied herein.

Employee Printed Name

Employee Signature

Date

Please return this form to Palco via email to enrollment@palcofirst.com or via fax to 501-821-0045.

Employee's Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, other details, and privacy.

Step 2: Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Reserved for future use.

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate

TIP: If you have self-employment income, see page 2.

Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 \$ _____		
	Multiply the number of other dependents by \$500 \$ _____		
	Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here	3	\$ _____
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$ _____
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$ _____
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$ _____

Step 5: Sign Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

Employee's signature (This form is not valid unless you sign it.)

Date

Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)

General Instructions

Section references are to the Internal Revenue Code.

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2023 if you meet both of the following conditions: you had no federal income tax liability in 2022 **and** you expect to have no federal income tax liability in 2023. You had no federal income tax liability in 2022 if (1) your total tax on line 24 on your 2022 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. **If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2023 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c).** Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2024.

Your privacy. If you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c).

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay income and self-employment taxes through withholding from your wages, you should enter the self-employment income on Step 4(a). Then compute your self-employment tax, divide that tax by the number of pay periods remaining in the year, and include that resulting amount per pay period on Step 4(c). You can also add half of the annual amount of self-employment tax to Step 4(b) as a deduction. To calculate self-employment tax, you generally multiply the self-employment income by 14.13% (this rate is a quick way to figure your self-employment tax and equals the sum of the 12.4% social security tax and the 2.9% Medicare tax multiplied by 0.9235). See Pub. 505 for more information, especially if the sum of self-employment income multiplied by 0.9235 and wages exceeds \$160,200 for a given individual.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

If you (and your spouse) have a total of only two jobs, you may check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2023 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

K-4

(Rev. 8-15)

KANSAS

EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

Use the following instructions to accurately complete your K-4 form, then detach the lower portion and give it to your employer. For assistance, call the Kansas Department of Revenue at 785-368-8222.

Purpose of the K-4 form: A completed withholding allowance certificate will let your employer know how much *Kansas* income tax should be withheld from your pay on income you earn from Kansas sources. Because your tax situation may change, you may want to re-figure your withholding each year.

Exemption from Kansas withholding: To qualify for exempt status you must verify with the Kansas Department of Revenue that: **1)** last year you had the right to a refund of all STATE income tax

withheld because you had no tax liability; and **2)** this year you will receive a full refund of all STATE income tax withheld because you will have no tax liability.

Basic Instructions: If you are not exempt, complete the **Personal Allowance Worksheet** that follows. The total on line F should not exceed the total exemptions you claim under "Exemptions and Dependents" on your Kansas income tax return.

NOTE: *Your status of "Single" or "Joint" may differ from your status claimed on your federal Form W-4).*

Using the information from your **Personal Allowance Worksheet**, complete the **K-4** form below, sign it and provide it to your employer. If your employer does not

receive a K-4 form from you, they must withhold Kansas income tax from your wages without exemption at the "Single" allowance rate.

Head of household: Generally, you may claim head of household filing status on your tax return only if you are **unmarried and pay more than 50% of the cost of keeping up a home for yourself and for your dependent(s).**

Non-wage income: If you have a large amount of non-wage Kansas source income, such as interest or dividends, consider making Kansas estimated tax payments on Form K-40ES. Without these payments, you may owe additional Kansas tax when you file your state income tax return.

Personal Allowance Worksheet (Keep for your records)

- A** Allowance Rate: If you are a single filer mark "Single"
If you are married and your spouse has income mark "Single"
If you are married and your spouse does not work mark "Joint" **A** Single
 Joint
- B** Enter "0" or "1" if you are married or single and no one else can claim you as a dependent (entering "0" may help you avoid having too little tax withheld)..... **B** _____
- C** Enter "0" or "1" if you are married and only have one job, and your spouse does not work (entering "0" may help you avoid having too little tax withheld)..... **C** _____
- D** Enter "2" if you will file head of household on your tax return (see conditions under *Head of household* above) **D** _____
- E** Enter the number of dependents you will claim on your tax return. Do not claim yourself or your spouse or dependents that your spouse has already claimed on their form K-4. **E** _____
- F** **Add lines B through E** and enter the total here **F** _____

▼ **Cut here and give the lower portion to your employer. Keep the top portion for your records.**

K-4

(Rev. 9-12)

Kansas Employee's Withholding Allowance Certificate

Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the Kansas Department of Revenue. Your employer may be required to send a copy of this form to the Department of Revenue.

1 Print your First Name and Middle Initial	Last Name	2 Social Security Number
Mailing Address		3 Allowance Rate Mark the allowance rate selected in line A above. <input type="checkbox"/> Single <input type="checkbox"/> Joint
City or Town, State and Zip Code		
4 Total number of allowances you are claiming (from line F above)	4	
5 Enter any additional amount you want withheld from each paycheck (this is optional)	5	\$
6 I claim exemption from withholding. (You must meet the conditions explained in the "Exemption from withholding" instructions above.) If you meet the conditions above, write "Exempt" on this line..... Note: The Kansas Department of Revenue will receive your federal W-2 forms for all years claimed Exempt.	6	
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief it is true, correct, and complete.		
SIGN HERE ►		DATE
7 Employer's name and address		8 EIN (Employer ID Number)

Pay Selection and Direct Deposit Authorization Agreement

HOW WOULD YOU LIKE TO BE PAID?

Payment Selection: (please check only one box)

- Direct Deposit: Money Network Services.*

*If you choose the Money Network Services Option, Palco will enroll you with our partners at First Data: Money Network Services. You will need to sign an additional Money Network Services Form to enroll.

Request Type (check one):

- New Account Setup Change in Existing Account Cancellation

DIRECT DEPOSIT ACCOUNT INFORMATION

Account Holder's Full Name		ID or Last 4 of SSN
Financial Institution	Routing Number	Account Number
Type of Account (select one): <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Pre-paid card		

REQUIRED The following validating documentation is attached:

- Voided check with account holder name printed on the check.
Check cannot be a temporary check.

OR

- Official documentation from financial institution listing account holder name, account, and routing number. This includes letters from banks and paperwork from pre-paid cards.

I authorize Palco, Inc. to initiate deposits and debit entries for the purpose of correcting an erroneous deposit to the account indicated herein. In the event Palco is unable to initiate debit entries, I authorize the repayment to Palco from future amounts owed to me. I understand Palco is not responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account. I understand that it is my responsibility to verify the crediting of funds by my financial institution prior to initiating debits against my account. I understand the risks of sharing an account with others, including my employer or worker. Palco is not responsible for any charges I incur from my financial institution. Any changes to my account must be submitted to Palco immediately. This authorization will remain in full force and effect until Palco has received written cancellation in such time and in such manner as to afford Palco and all appropriate financial institutions a reasonable opportunity to act on it.

Printed Name

Signature

Date

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

PCA Pay Rate Information

Select the appropriate reason for this form:

- Initial Setup
 New Service for PCA
 Change Existing Rate

REQUIRED INFORMATION	
Employer Name	ID
PCA Name	ID or Last 4 of SSN
Participant Name	ID

Below, please indicate the Pay Rate and Billable Rate you are agreeing to. The Pay Rate is the amount that the PCA will receive per hour worked, and the Billable Rate is the cost to the employer (including employer taxes) to pay the PCA the agreed upon hourly Pay Rate. The Billable Rate needs to match the approved Individualized WORK Budget. Please note that Palco will only refer to the Pay Rate when processing this form.

SERVICES COVERED	EFFECTIVE DATE	HOURLY PAY RATE	HOURLY BILLABLE RATE*
Personal Assistance Services <ul style="list-style-type: none"> • Activities of Daily Living (bathing, grooming, toileting, eating, transferring, medication, management, & mobility) • Instrumental Activities of Daily Living (shopping, housekeeping, laundry, meal prep, lawn care/snow removal, transportation, & money management) • Employment Related Support 	____/____/____ MM/DD/YYYY	\$____.____ / hour	\$____.____ / hour
Night Support **Please only set a rate for Night Support if it is an approved service on your budget allocated by your ILC**	____/____/____ MM/DD/YYYY	\$____.____ / hour	\$____.____ / hour

**If under age 18, a PCA may only provide Instrumental Activities of Daily Living*

By signing below, the Employer and PCA certify that the information in this form is correct and was agreed to by both parties.

PCA Signature

Date

Employer Signature

Date

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

Electronic Visit Verification (EVV) Registration Form

This form is for the purpose of EVV registration with Palco as well as changes to an existing EVV registration. Please complete the entire form and review for accuracy before submitting.

New EVV Setup for New Worker

Change to Existing EVV Registration

PARTICIPANT INFORMATION

Full Name (First, Middle, Last):	Palco ID:
Email (required):	Phone:

EMPLOYEE INFORMATION

Full Name (First, Middle, Last):	Palco ID:
Email (required):	Phone:

EVV METHOD SELECTION

How would you like to utilize EVV? Choose only one option

Authenticare Mobile Application

Device ID:

PRINT CLEARLY! INCLUDE ALL DASHES (-) IF APPLICABLE

For instructions on obtaining your Device ID, see the Authenticare Mobile App instructions located in your program's page on palcfirst.com. Failure to provide your proper device ID will result in your time being rejected and a delay in payroll.

OR

Telephony/IVR option via the **participant's home land line.**

Landline Phone Number:

****CANNOT BE A CELL PHONE****

THIS FORM IS NOT TO BE USED TO UPDATE LANDLINE PHONE NUMBER, A CHANGE OF INFORMATION FORM MUST BE SUBMITTED SEPARATELY.

EVV APPROVALS

Making edits and approvals to time submissions entered via IVR or the mobile application will require registration in our Connect online portal. Palco will register you in Connect with your email address. Please check your email address for further registration instructions

Employer Email Address:

****REQUIRED FIELD****

Important Information:

- ✓ Please allow 3-5 business days for processing of this form and for updating and changes. Change will be effective the following pay period after processing.
- ✓ You may only use one method of EVV at a time and you must submit this form again to make a change to an existing registration. Changes take 3-5 business days to process.
- ✓ The selected method must be used for the capturing and recording of all time expected for payment reimbursement by Palco on services that have been mandated as a required under the 21st Century Cures Act. **Fraudulent misrepresentation of location, false registration of information, or failure to use EVV as required will result in your requirement to repay Medicaid funds.**
- ✓ This form cannot be used to change your email address or primary phone number for contact purposes. If you would like to update that information, please complete a Change of Information form instead.
- ✓ Visit www.palcofirst.com for instructions on using the mobile application and telephony/IVR.

Consent:

By signing below, both the participant and employee (collectively, "parties") attest that the information provided is true and accurate. Both parties acknowledge that Palco will use the information provided herein to complete EVV registration on their behalf, which will include exchanging Personal Health Information ("PHI"), as defined at 45 CFR 160.103, and other personally identifiable information ("PII") with the EVV vendor, any EVV aggregators, and other related organizations required for the treatment, payment, and operations under the self-directed program. Both parties have read and agree to Palco's Notice of Privacy Practices, Palco's EVV policies posted at palcofirst.com, and the Terms and Conditions of Palco's online system; agree to receive information, notifications, and other correspondence, which may contain PHI/PII, to the email address / phone number provided in this document; and, accept all risks associated with the transmission of such information. The parties understand it is their responsibility to obtain the credentials required to access the system by properly completing this form and using this form to update their information, and that Palco is not responsible for incorrect information that is submitted

Participant/Employer Signature

Employer Signature

Date

Date