



Fiscal Employer Agent (F/EA) Enrollment Guide

Colorado- Worker

June 2024



palcofirst.com | info@palcofirst.com

FOR INTERNAL USE ONLY



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Introduction and Process Flow

This document will provide you with key information related to the forms you are signing via Intake. Once you have completed your enrollment online, Palco will process your information and complete any program necessary checks and steps to get you enrolled. If you have forms a part of your enrollment that required a download and signature by multiple parties, please submit that immediately to enrollment@palcofirst.com. You can also submit any supporting documentation to this inbox. Processing of enrollment forms will take approximately 3 business days.

Once everything is complete, Palco will issue each enrollee a “good-to-go” notification that indicates the process is complete. Palco is not the employer for any workers under the self-directed program and all directives to workers on when they can work and be paid is the responsibility of the employer. Palco cannot pay for services prior to the good-to-go date indicated in the email. For more information about time entry and payment processing, visit www.palcofirst.com and navigate to your program specific webpage.

In addition to the website, Palco has a web-based training library where you can find videos and tutorials for all of your functions with the Palco system. You can find this via the Palco homepage or by visiting <https://www.gotostage.com/channel/palcotraining>.

Typical Program Enrollment Process Flow:


(process may vary based on program specifics)

1. Referral to Palco by Case Manager/Support Coordinator following the completion of any program prerequisites.
2. Initial contact by Palco Enrollment Specialist to initiate training and provide online enrollment link.
3. Enrollee completes online enrollment and submits required forms and documentation as necessary.
4. Palco Enrollment Specialist processes forms and completes any required checks and qualifications to ensure program compliance.
 - a. This may include a requirement for certain care providers / workers to also be enrolled to proceed.
5. Palco Enrollment Specialists requests budget / authorization from Case Manager / Support Coordinator for services to begin.
6. Budget / authorization is provided and entered into the Palco system.
7. Good-to-Go notification is issued to all enrollees who have completed the process with an effective date for when services can begin.



Attendant Information and Qualification

The Attendant Information and Qualification explains the duties of a worker/attendant within the CDASS program. This is a two-page form which also includes a consent and explanation of the background checks required in order to become an attendant. It is an internal Palco form and requires the attendant's signature and date at the bottom.



PO Box 242930
 Little Rock, AR 72223
 Toll Free 866.710.0456
 Online: PalcoFirst.com

Attendant Information & Qualification


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

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

As an Attendant (worker) in self-direction, you must agree to the following terms:

- You understand who your employer is. Please note in CDASS, the employer is the Consumer or their Authorized Representative. Neither Palco, nor program/state administrators, are 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, including staying current on information provided to me about the program.
- To accurately complete all enrollment documentation and to ensure that you meet the program's eligibility requirements for providing services and are not prohibited in any manner from providing services.
- That employment is contingent upon many factors, including successful completion and/or passing of required background checks, possible 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 attendant'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.
- You certify that you are at least 18 years of age.

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- You give your permission for Palco to run the below listed checks and to share the results with your employer, state and program administrators, and others who may be involved in the consumer's care through this program. You understand that 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 Member/Authorized Representative, 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.
 - State of Colorado Certified Record Check.
 - Office of Inspector General Medicaid exclusion check.
 - U.S. CIS e-verify system.
 - Colorado Board of Nursing check (if applicable)

By signing below, you acknowledge that you have read this agreement and accept responsibility as an attendant in the CDASS program, 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 may result in inability to provide services under this program.


Attendant Printed Name
Attendant Signature
Date

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I-9 Form

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. Verification of documents being supplied on the form must be done by the employer. The form is three pages long, the last page contains a list of acceptable documents.



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 (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	

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):

1. A citizen of the United States

2. A noncitizen national of the United States (See instructions)

3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____

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: _____

QR Code - Section 1
Do Not Write in This Space

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

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 (mm/dd/yyyy)
Last Name (Family Name)		First Name (Given Name)
Address (Street Number and Name)		City or Town State ZIP Code

STOP Employer Completes Next Page **STOP**

Form I-9 10/21/19


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For more information about this form, [click here](#).



Payroll Information Worksheet

This Palco Payroll Information Worksheet is used to determine any exemptions the worker may qualify for in order for Palco to calculate the proper payroll and payroll tax. It is important you review the questions carefully and verify who exactly the employer is so you can answer accurately. This form is 3 pages long and should be updated at any time if information changes.



Payroll Information Worksheet

As an employer or home care worker in self-direction, payroll wages and tax withholdings are subject to special tax and overtime rules, and residency may impact benefits under labor laws. Completing this form accurately will ensure that taxes and benefits are calculated properly. For more information, visit IRS Publication 15, as well as relevant State tax and labor agency websites. To claim exemptions on either Federal or State (if applicable) Income Tax Withholdings, please mark EXEMPT on your W-4 or State Withholding Certificate, if applicable.

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

Part A: FICA (Social Security and Medicare) Taxes
 The IRS exempts some employers and workers from paying FICA (Social Security and Medicare) taxes.

- Is a parent employing a child under the age of 21?
- Is a minor child employing a parent?
- Are the worker and employer spouses?
- Is the worker under 18 and a full-time student?
- Is the worker a non-resident alien holding a visa for household services?

If any of the above are **YES**, please select EXEMPT.
 Non-Exempt. None of the selections apply.¹
 Exempt. I answered Yes to one of the questions above.

Part B: Unemployment Tax Exemption
 The IRS and State tax agencies exempt some wages from FUTA (Federal Unemployment) or SUTA (State Unemployment) taxes.

- Is a parent employing a child under the age of 21?
- Is a child employing a parent?²
 - If yes, check this box if you live in the state of Colorado: I am a parent, adoptive parent and/or stepparent employed by an adult child in the state of Colorado.
- Are the worker and employer spouses?
- Is the worker a non-resident alien holding a visa for household services?

If any of the above are **YES**, please select EXEMPT.
 Non-Exempt. None of the selections apply.
 Exempt.³ I answered Yes to one of the questions above.

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 the state of Colorado, a Parent employed by an adult child is exempt from FUTA and not exempt from SUTA.
³ In most states, an exemption from FUTA will also apply to SUTA; if an employer is exempt, the employee is also exempt, and taxes will not be collected.
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For more information about this form, [click here](#).



W-4 Employee Withholding Certificate

The IRS Form W-4 is used by Palco to withhold the proper amount of federal income tax from worker paychecks. The information entered into the Intake system will be hard coded on to the form and stored for tax purposes. This form should be updated any time your information changes. Palco cannot provide tax advice of any kind, if you have questions speak to a tax professional or visit the IRS website for additional guidance.

Form W-4		Employee's Withholding Certificate		OMB No. 1545-0074
Department of the Treasury Internal Revenue Service		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.		2023
Step 1: Enter Personal Information	(a) First name and middle initial _____ Last name _____	(b) Social security number _____		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 .
	Address _____			
	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 <input type="checkbox"/> 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) _____	
For Privacy Act and Paperwork Reduction Act Notice, see page 3.		Cat. No. 10220Q	Form W-4 (2023)	


For more information about this form, [click here](#).



Pay Selection and Direct Deposit Form

The Pay Selection and Direct Deposit Authorization Agreement is used to inform Palco how you would like to be paid. Palco offers two options for quick and efficient pay- Direct Deposit to a bank account of your choice or a free Money Network Card.

If you choose to enroll in the Money Network Services option, you will be enrolled with our partners at First Data Money Network Services. A card will be ordered by your Enrollment Specialist and shipped directly to your home. Money Network Card holders also have the benefit of accessing Wages Now, a program that accesses access to worker pay after every shift rather than waiting for pay day. [Click here for more information about Wages Now.](#)



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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): Checking Savings 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.

EN-060043-PDA-1.0

For more information about this form, [click here](#).



EVV Registration / Exemption Forms

The Electronic Visit Verification (EVV) Registration and the EVV Live-in Exemption Form are both used for the purpose of complying with the Federal mandate for EVV. Only **one** of these forms should be completed.

If you will be using EVV, the system will collect required details from you for your device to be setup for using the EVV Mobile Application or storing the phone number that will be utilized for telephony. For information on finding your Device ID and using EVV [click here](#).

If you qualify for an exemption because you live with the Participant, you may complete the live in form along with supporting documentation and submit to Palco for review, please note this form must be resubmitted every year by July 1 for exemption to remain active. You can find examples of acceptable documentation on Page 1 of the EVV Live-in Attestation Form. This form is not valid if submitted without documentation. An exemption does not become effective until after the form has been processed and an effective date has been given by Palco. Both the employer/member and the attendant must sign and date the form.

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 Online: PalcoFirst.com

CO CDASS 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. **If you are submitting a CO CDASS live-in EVV exemption form, this form is not required.**

New EVV Setup for New Worker Change to Existing EVV Registration

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

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

EVV METHOD SELECTION

How would you like to utilize EVV?

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 palcofirst.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 phone.

Phone Number:

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

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COLORADO
 Department of Health Care
 Policy & Financing

**Electronic Visit Verification (EVV)
Live-in Caregiver Attestation Form**

Instructions

Validity of information on this form must be reviewed and updated by the provider agency or Financial Management Service (FMS) vendor with the member and caregiver annually. Changes must be documented immediately. The provider agency or FMS vendor is responsible for maintaining this form and any relevant evidence for Department verification and auditing. If live-in caregiver status is not valid at any time, the attendant and provider agency or FMS vendor shall collect EVV per state rule. Service dates prior to the completion of this form and required approvals must have a corresponding EVV record. The Department reserves the right to deny or revoke live-in caregiver status for an EVV exemption when information on completed form does not meet Department specification or if information is found to be misrepresented or falsified.

On the attached form, complete all informational fields with the most current and accurate information available. Part A, Part B, or Part C attest to the determination of live-in caregiver status by meeting the criteria of a Federal entity definition or Department approval of extenuating circumstances. Only Part A, Part B, or Part C need to be completed per form. Mark your selection and provide the most relevant evidence for that definition. If attesting to an extenuating circumstance, contact the Department for pre-approval*. "Reside" for Part B means the place of residence or the place used most often for domestic activities outside of work such as sleeping, living, eating, etc. "Premise" for Part B means any property, dwelling, apartment, or structure that the member resides in.

Permissible Supporting Documentation (Minimum of 1):

Copy of both state ID's showing shared residency; address listed on tax returns; automobile registration; voter registration card, utility or other household bill showing individuals address; bank account statement; or Medicaid records. All documentation must be current or have a date within the last three months. Other documentation may be used upon Department approval.

*Extenuating circumstance exceptions may be approved for time less than one year. Approval of extenuating circumstance may take 2 - 4 weeks.

EVV Live-In Caregiver Attestation Form
Updated April 2020


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For more information about these forms, [click here](#) and visit the EVV section.



Pay Rate Information

The Attendant Pay Rate Information form is used to determine the initial pay rate of the attendant or to document any changes to the attendant’s pay rate. The form is completed by the employer, the attendant and the employer both must sign and date the bottom of the form. The form should be reviewed carefully to ensure the rate of pay being set is within the program rules and will not cause negative impacts on spending.



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 Toll Free 866.710.0456
 Online: PalcoFirst.com

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*
CDASS Rate 1 (Required)	
CDASS Rate 2 (optional)	
CDASS Rate 3 (optional)	

Supporting Living Services (SLS) Only:

SLS CDASS Health Maintenance – Rate 1 <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 \$50.57 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

Client/Authorized Representative Signature

Date

Date

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

EN-060043-WRI-1.0
08/01/2022

For more information about this form, [click here](#).



Frequently Asked Questions

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.

When can my worker begin providing services?

Palco will notify you (the employer) and your 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 Council of Aging or the Elderly Services Program.

Can a worker provide services to multiple clients?

Yes. However, a worker must abide by all program rules, especially those regarding overlapping claims for payment of services. Workers may be employed by as many clients (employers) as he or she would like. Each time he or she begins working for a new client, a new worker packet must be completed, just like getting any new job. This is the worker's responsibility.

What happens if my worker stops providing services?

Anytime a worker stops providing service, Palco must be notified via an Employment Separation Notice, which can be found on our website. Even after termination, the worker 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.

I want to designate someone else to manage my worker. How do I do that?

You are permitted to designate someone else to manage your work – this is called an Employer of Record. To do this, you must complete a Designation of Surrogate Employer form. Be sure to include the date of the change at the top of the form.

How does an Employer of Record change impact my worker?

When you make a change to your Employer of Record, your worker must re-complete some new hire forms, such as the I-9. Palco will notify you of the requirements.



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 designated as the Employer of Record may receive all information about the worker's accounts and information about the client necessary to carry out employer roles. Participants/Clients have unlimited access to information held by Palco on their account. Participants/Clients may also appoint an authorized user by completing an Authorized User Designation form. An Authorized user is someone who is not the Employer of Record, but has permission to correspond with Palco on the employer's behalf.

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?

A payroll schedule shows the deadlines for submitting timesheets and scheduled paydays. The payroll schedule for specific programs can also be found at www.palcofirst.com under your program specific page.

How will I know if 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, workers should allow sufficient time for the pay to deposit into the 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, workers should 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. As an employer, you should encourage your worker to make sure the correct address and direct deposit information is current with Palco prior to January 31 of each year, even if the worker is no longer providing services for you.

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 degree or marriage license. For any other changes, contact Palco customer support.

How can Palco be contacted?

Palco Customer Support representatives are available Monday through Friday, 8:00 am to 5:00 pm EST, except state holidays. You may reach us by phone at 501.604.9936 or toll free at 1.866.710.0456. You can also email us at customersupport@palcofirst.com. Palco has a range of translator and interpreter services at your request.