



# Fiscal Employer Agent (F/EA) Enrollment Guide

Kansas- Worker

---

June 2024

---



[palcofirst.com](http://palcofirst.com) | [info@palcofirst.com](mailto:info@palcofirst.com)

FOR INTERNAL USE ONLY



Introduction and Process Flow ..... 2

Worker Information and Qualification ..... 3

I-9 Form ..... 4

Payroll Information Worksheet..... 5

W-4 Employee Withholding Certificate ..... 6

K-4 Withholding Form ..... 7

KS Certified Record Request Form..... 8

Kansas Child Abuse and Adult Abuse Registry Checks ..... 9

Pay Selection and Direct Deposit Form ..... 10

Electronic Visit Verification (EVV) Registration..... 11

Pay Rate Information ..... 12

Frequently Asked Questions ..... 13





# 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](mailto: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](http://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 information 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.



# Worker Information and Qualification

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



PO Box 242930  
Little Rock, AR 72223  
Toll Free 866.710.0456  
Online: [PalcoFirst.com](http://PalcoFirst.com)

**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



PO Box 242930  
Little Rock, AR 72223  
Toll Free 866.710.0456  
Online: [PalcoFirst.com](http://PalcoFirst.com)

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



# 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
Page 1 of 3


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.



PO Box 242930  
 Little Rock, AR 72223  
 Toll Free 866.710.0456  
 Online: [PalcoFirst.com](http://PalcoFirst.com)

### Payroll Information Worksheet

As a home care worker in the Consumer Directed Care service of Council on Aging's Elderly Services Program, 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/Client 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 <sup>1</sup>	FUTA <sup>2</sup>
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.

<sup>1</sup> 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.  
<sup>2</sup> In most states, an exemption from FUTA will also apply to SUTA.

Page 1 of 2  
EN-32000-PIW-2.0 (NO DOC)

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 <b>W-4</b>		<b>Employee's Withholding Certificate</b>		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.		<b>2023</b>
<b>Step 1:</b> 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 <a href="http://www.ssa.gov">www.ssa.gov</a> .
	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.)			
<b>Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5.</b> See page 2 for more information on each step, who can claim exemption from withholding, other details, and privacy.				
<b>Step 2:</b> 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 <b>only one</b> 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"/> <b>TIP:</b> If you have self-employment income, see page 2.			
<b>Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs.</b> 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.)				
<b>Step 3:</b> 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 . . . . .		<b>3</b>	\$ _____
<b>Step 4 (optional):</b> Other Adjustments	(a) <b>Other income (not from jobs).</b> 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 . . . . .		<b>4(a)</b>	\$ _____
	(b) <b>Deductions.</b> 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 . . . . .		<b>4(b)</b>	\$ _____
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . .		<b>4(c)</b>	\$ _____
<b>Step 5:</b> 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	
<b>Employers Only</b>	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 <b>W-4</b> (2023)	

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



# K-4 Withholding Form

This form is used by Palco to withhold the proper amount of state 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 State tax website for additional guidance.

**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.

<b>1</b> Print your First Name and Middle Initial	Last Name	<b>2</b> Social Security Number
Mailing Address		<b>3</b> 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		
<b>4</b> Total number of allowances you are claiming (from line F above) .....		<b>4</b> _____
<b>5</b> Enter any additional amount you want withheld from each paycheck (this is optional) .....		<b>5</b> \$ _____
<b>6</b> 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..... <small>Note: The Kansas Department of Revenue will receive your federal W-2 forms for all years claimed Exempt.</small>		<b>6</b> _____

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** \_\_\_\_\_

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






# KS Certified Record Request Form

This form gives Palco 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.

**Kansas Bureau of Investigation**  
**Certified Record Check Request Form**  
 Regular name-based record checks are to be requested on-line at [www.kansas.gov/kbi/criminalhistory](http://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 Title or Contact Person)  
 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 other 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


Revised 04/2017

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



## Kansas Child Abuse and Adult Abuse Registry Checks

This form gives Palco permission to release information for a required background check that is performed on all workers that are hired by the employer for both the KS Child Abuse & Neglect Central Registry and the KS Adult Abuse, Neglect, Exploitation Central Registry. 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.



**KANSAS DEPARTMENT FOR CHILDREN AND FAMILIES**  
Child Abuse and Neglect Central Registry  
P.O. Box 2637 • Topeka, KS 66601 • [DCF.CentralRegistry@ks.gov](mailto:DCF.CentralRegistry@ks.gov)

**Release of Information**

OB11011  
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 Families 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"/> Fee included	\$10 per request. Check, Money Order (payable to DCF) or cash. <i>Postal mail only.</i>
<input type="checkbox"/> Online Payment*	<a href="http://www.dcf.ks.gov">www.dcf.ks.gov</a> - 'Online DCF Payments' bottom of page. Payment Portal. Submit receipt with ROI form(s).
<input checked="" type="checkbox"/> Pre-Pay Account*	Agency/Org. has Pre-Pay Account.      FEIN: <u>05-0578399</u>
<input type="checkbox"/> Mentoring Account*	As listed in the Kansas Mentors' Partner Directory. <a href="http://mentorkansas.org/Find-a-Program">http://mentorkansas.org/Find-a-Program</a>
<input type="checkbox"/> Exempt*	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](mailto: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:

*This applicant is listed in the Child Abuse/Neglect Central Registry.*

*Per KSA 65-504 and 65-516 this person prohibited from working, residing, or volunteering in a licensed child care home or facility.*

MATCH

CLEARED

STATE OF KANSAS  
Department for Children & Families  
Office of Background Investigations

ADULT ABUSE, NEGLECT,  
EXPLOITATION CENTRAL REGISTRY  
RELEASE OF INFORMATION

OB110400  
REV 4/21

I, \_\_\_\_\_, give permission for the release of information concerning  
 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: \_\_\_\_\_

**Address:** \_\_\_\_\_ (PRINT ONLY)

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](mailto: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


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



PO Box 242930  
 Little Rock, AR 72223  
 Toll Free 866.710.0456  
 Online: [PalcoFirst.com](http://PalcoFirst.com)

### 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](mailto:enrollment@palcofirst.com) or via fax to 1.877.859.8757.**


EN-060043-PDA-1.0

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



# Electronic Visit Verification (EVV) Registration

The Electronic Visit Verification (EVV) Registration Form is used for the purpose of complying with the Federal mandate for EVV. The enrollment 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](#).



PO Box 242930  
 Little Rock, AR 72223  
 Toll Free 866.710.0456  
 Online: [PalcoFirst.com](http://PalcoFirst.com)

**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 [palcofirst.com](http://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 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.



# Pay Rate Information

The Pay Rate Information form is used to determine the initial pay rate of the worker or to document any changes to the worker's pay rate. The form is completed by the employer, the worker 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.



PO Box 242930  
 Little Rock, AR 72223  
 Toll Free 866.710.0456  
 Online: [PalcoFirst.com](http://PalcoFirst.com)

### 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*
<b>Personal Assistance Services</b> <ul style="list-style-type: none"> <li>• <b>Activities of Daily Living</b> (bathing, grooming, toileting, eating, transferring, medication, management, &amp; mobility)</li> <li>• <b>Instrumental Activities of Daily Living</b> (shopping, housekeeping, laundry, meal prep, lawn care/snow removal, transportation, &amp; money management)</li> <li>• <b>Employment Related Support</b></li> </ul>	<input style="width: 100%;" type="text"/> <small>MM/DD/YYYY</small>	\$ <input style="width: 50%;" type="text"/> / hour	\$ <input style="width: 50%;" type="text"/> / hour
<b>Night Support</b> <small>**Please only set a rate for Night Support if it is an approved service on your budget allocated by your ILC**</small>	<input style="width: 100%;" type="text"/> <small>MM/DD/YYYY</small>	\$ <input style="width: 50%;" type="text"/> / hour	\$ <input style="width: 50%;" type="text"/> / 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 \_\_\_\_\_

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

Date \_\_\_\_\_

Date \_\_\_\_\_

Please return this form to Palco via email: [enrollment@palcofirst.com](mailto:enrollment@palcofirst.com) or

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](http://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](http://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](mailto:customersupport@palcofirst.com). Palco has a range of translator and interpreter services at your request.