

# Vendor Engagement Packet

Welcome to self-direction! This packet contains all the forms you need to engage as a vendor and begin providing services. You will not be paid for services until the following forms are completed and returned:

- Vendor Setup Information
- Provider Agreement
- IRS Form W-9
- Direct Deposit Agreement

Send completed forms by fax, email or mail to Palco at the address below:

**Fax: 501.821.0045**  
**Email: [enrollment@palcofirst.com](mailto:enrollment@palcofirst.com)**  
**Palco, Inc.**  
**Attn: Enrollment**  
**P.O. Box 242930**  
**Little Rock, AR 72223**

To be paid for services rendered, a Vendor Request for Payment must be completed and submitted to Palco for payment, along with a copy of an invoice, by the program's submission deadline. A copy of the payment schedule can be found at [palcofirst.com](http://palcofirst.com).

As a 1099 tax status agency or independent contractor, vendors will not have any taxes withheld from your payment. Vendors receive an IRS 1099 if they meet the IRS threshold for receiving a 1099, which are mailed out from Palco on January 31<sup>st</sup>. Allow two weeks for delivery.

Should you need any assistance, please contact a friendly customer support representative at 501.604.9936, toll-free at 1.866.710.0456, or [info@palcofirst.com](mailto:info@palcofirst.com). Due to privacy rules, Palco Customer Support may be limited on the information we can provide about the participant.

We look forward to serving you!

Sincerely,  
The Palco Team

## Vendor Setup Information

VENDOR INFORMATION			
Name		FEIN or SS# of Payee	
Mailing Address	City	State	Zip Code
Phone Number	Email		
Pay Type: <input type="checkbox"/> Paper Check <input type="checkbox"/> EFT (If this option is selected, attach a direct deposit authorization agreement)			
<input type="checkbox"/> A W-9 is required for all vendors, a form is attached.			

**Please return this form to Palco via email: [accounting@palcofirst.com](mailto:accounting@palcofirst.com) or via fax to 1.877.859.8757.**

## **Instructions for Vendor Forms**

Please complete the following forms to enroll as a vendor with Palco. Use the instructions and checklist below to guide you through the process. All areas highlighted in yellow on the following forms must be completed.

- The **Vendor Provider Agreement** outlines the responsibilities of the vendor. Complete, sign, and date the highlighted fields on the form.
  - Complete the Vendor Information box at the top of the form.
  - Consumer / Employer must sign and date at the bottom of the form.
  - Sign and date at the bottom of the form.
  
- **IRS Form W-9** provides Palco with required information, per IRS regulations.
  - Complete Box 1 with your name as shown on your income tax return.
  - Write your Business name in Box 2 (if different from Box 1)
  - Make the appropriate selection in Box 3.
  - Select Box 4 if appropriate.
  - Complete Box 5 and Box 6 with your complete address.
  - Complete Box 7 with your account number (optional)
  - Write your Taxpayer Identification Number (TIN) in the appropriate boxes of Part 1.
  - Sign and date the bottom of the form.
  
- The **Direct Deposit Authorization Agreement** gives Palco the authority to pay you via electronic funds transfer.
  - Select an option for Request Type at the top of the form.
  - Complete all fields in the Account Information section.
  - Attach **one** of the following forms of validating documentation:
    - ✓ A voided check (no temporary checks or deposit slip).
    - ✓ A typed letter from your bank on the bank's letterhead with your name, account number and routing number.
  - Sign and date at the bottom where highlighted.

## Vendor Provider Agreement

VENDOR INFORMATION		
Vendor Name	FEIN/SSN/ID	Program/Plan

The Provider agrees to the following:

- Participate in a fee for service system which results in a list of providers qualified to render supports and services to individuals with an individualized budget eligible for self-directed supports (“the recipient”) through the self-directed program. Palco will process payments in accordance with the service recipient’s budget, funds, and authorized services for the program. Palco is not authorized to pay any request that exceeds the service recipient’s budget and funds for the program.
- Maintain status as a qualified provider of services and ensure all provider staff performing services related to the self-directed program are qualified by complying with all applicable federal, state, and local laws, rules and regulations regarding licenses, certifications, accreditations and/or other credentialing entities. Should any credentials be suspended or placed on probation, or the provider experience in changes in contact person or business information, Palco will be notified within five (5) days. Qualification does not guarantee a contract, funding, or a particular fee for the provision of services to the recipient or others.
- Comply with fraud and mandatory abuse provisions of the state, as well as the False Claims Act and the Anti-Kickback Statute.
- Not subcontract any of the services committed to the recipient, as this agreement is not transferrable or assignable.
- Provide only the service outlined in the service description as well as adhere to the specified start date, end date, and unit of service as noted in the request for payment.
- Accept the reimbursement schedule for services rendered as set forth by the program as payment in full.
- Follow Palco’s instruction for submission of invoices and requests for payment.
- Maintain adequate financial, medical, and administrative records to fully justify and describe the nature and extent of all goods and services provided to the recipient for a minimum of seven (7) years and make available to Palco when requested and protect confidentiality and security of all information in accordance with HIPAA and HITECH.
- Hold Palco harmless for all negligent acts of provider and its agents, representatives, and assignees.
- Understand and acknowledge that Palco is NOT the provider’s employer or contract holder. The individual receiving services or his or her surrogate is the contract holder.

\_\_\_\_\_  
 Participant/Employer Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Vendor Signature

\_\_\_\_\_  
 Date

# Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

Individual/sole proprietor or single-member LLC

C Corporation

S Corporation

Partnership

Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ \_\_\_\_\_

**Note:** Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ▶ \_\_\_\_\_

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) \_\_\_\_\_

Exemption from FATCA reporting code (if any) \_\_\_\_\_

*(Applies to accounts maintained outside the U.S.)*

5 Address (number, street, and apt. or suite no.) See instructions. Requester's name and address (optional)

6 City, state, and ZIP code

7 List account number(s) here (optional)

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>									
				-					
<b>or</b>									
<b>Employer identification number</b>									
				-					

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	<b>Signature of U.S. person ▶</b>	<b>Date ▶</b>
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*



## Pay Selection and Direct Deposit Authorization - Vendors

HOW WOULD YOU LIKE TO BE PAID?	
Payment Selection: (please check only one box)	
<input type="checkbox"/> Paper Check	<input type="checkbox"/> Direct Deposit:

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		

**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.

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