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

Participant Intake

Complete this form entirely to enroll the participant, provide important information to continue the enrollment process, and establish the employer of record.

PARTICIPANT INFORMATION			
First Name	Middle Name	Last Name	
Medicaid ID	Social Security Number	Date of Birth (mm/dd/yyyy)	Gender ☐Male ☐Female
Physical Address (Street Address, Including Apt. #)			
City	State	Zip	County
Mailing Address (Street Address, Including Apt. #) – *if different than the physical address*			
City	State	Zip	County
Phone1	Email	Preferred Method of Communication ☐ Email ☐Mail ☐ Phone	

By participating in the self-directed, budget authority model, the participant or someone over the age of 18 who the participant elects (the "surrogate") will manage and direct the services and funds provided under the budget. This may include either agency-provided, agency-directed employer of record or member-directed attendant care. The tasks may include recruiting, hiring, training, and terminating caregivers who provide support to the participant, overseeing worker tasks and schedules, completing enrollment forms, and submitting timesheets. Tasks may also include directing budgeted funds to providers or vendors the participant chooses to use. This responsibility is known as the employer of record. Who will serve as the employer of record? (Select one.)

☐ A surrogate individual. **Please complete a Designation of Surrogate Employer.**

☐ The participant.

How would you like to continue the enrollment process?

☐ Complete Enrollment Paperwork Online. The EOR will receive login instructions from Palco

☐ Email a prepopulated PDF packet to the EOR

☐ Mail a prepopulated paper packet to the EOR's address

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

_____
Participant Printed Name

_____
Participant Signature

_____
Date

If the participant is unable to sign, please witness:

_____
Witness Printed Name

_____
Witness Signature

_____
Date

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