



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

# Support Service Professional (SSP) Employment Packet

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

You must complete and return:

- |   |  |
|---|--|
| <input type="checkbox"/> SSP Intake & Attestation Form                  | <input type="checkbox"/> Payroll Information Worksheet             |
| <input type="checkbox"/> SSP Qualification Form                         | <input type="checkbox"/> IRS Form W-4                              |
| <input type="checkbox"/> U.S.CIS Form I-9                               | <input type="checkbox"/> Residency Certification                   |
| <input type="checkbox"/> I-9 supporting documentation                   | <input type="checkbox"/> SSP Pay Selection and Direct Deposit Form |
| <input type="checkbox"/> Copy of Social Security Card                   | <input type="checkbox"/> SSP Rate Sheet                            |
| <input type="checkbox"/> Copy of State Issued Photo ID/Driver's License | <input type="checkbox"/> EVV Registration Form                     |

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

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

You can also complete the packet online if you do not wish to complete these forms by hand. To do so, complete the Online Registration Consent form and send it in to Palco via email, mail, or fax, and your credentials will be sent to you within 3 business days. You will receive an email with your login information. Follow the instructions in that email to complete your enrollment.

Should you need any assistance during this process, please contact a friendly customer support representative at 1.866.710.0456 or [PAODP@palcofirst.com](mailto:PAODP@palcofirst.com). Customer support is available 8:00 am - 5:00 pm EST, Monday through Friday, except on state and federal holidays. Please visit our website at [www.palcofirst.com](http://www.palcofirst.com) for more information on forms and frequently asked questions.

We look forward to serving you!

Sincerely,  
The Palco Team

## **Frequently Asked Questions**

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

### **What if I need assistance in completing forms?**

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

### **When can the Support Service Professional (SSP) begin providing services?**

Palco will notify the Common Law Employer (CLE) once all requirements for enrollment have been met. The date of this notification is the date work can begin. Any work performed prior to that date will not be paid by the program.

### **What happens if a SSP stops providing services?**

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

### **How does a participant change an CLE of record?**

A new Participant Referral & Intake form must be completed. Be sure to fill out the information at the bottom of page 2 of the form, indicating that the form is for a change in Common Law Employer.

### **How does an CLE of record change impact existing SSPs?**

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

### **Can someone correspond with Palco on my behalf?**

Federal and state privacy laws prevent Palco from disclosing personal information to unauthorized individuals. Palco will only correspond with SSPs about that SSP's particular account. Common Law Employers may receive all information about the SSP's accounts and information about the participant necessary to carry out employer roles.

### **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 CLE and the SSP must approve all time before it can be processed for payment by Palco. Additional instructions can be found in our website. 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 SSP's pay is not delayed.

**When does a SSP submit timesheets?**

The CLE is provided with a payroll schedule that shows the deadlines for submitting timesheets and scheduled paydays. The payroll schedule for specific programs can also be found at [palcofirst.com](http://palcofirst.com).

**How will I know a timesheet was received and approved?**

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

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

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

**Will the SSP receive a W-2 at year-end?**

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

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

The fastest and easiest method is to log into your account and change your information. Otherwise, you must complete the appropriate form and mail or fax it to Palco (see address and fax number at the top of the page). 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 decree or marriage license. For withholding changes, complete an IRS W-4, AR4EC or Payroll Information Worksheet. To change payment information, complete a Direct Deposit Authorization. For any other changes, contact Palco customer support.



## **Notice of Privacy Practices**

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

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

You have the right to:

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

# PALCO BI-WEEKLY PAYMENT SCHEDULE

## Pennsylvania ODP Payment Schedule 2023-24

Pay Period		Timesheets submitted in Connect by CLE due by Monday at 5:00 pm	Payment Date
Start Date	End Date	Deadline	Paid On
June 18, 2023	July 1, 2023	July 3, 2023	July 14, 2023
July 2, 2023	July 15, 2023	July 17, 2023	July 28, 2023
July 16, 2023	July 29, 2023	July 31, 2023	August 11, 2023
July 30, 2023	August 12, 2023	August 14, 2023	August 25, 2023
August 13, 2023	August 26, 2023	August 28, 2023	September 8, 2023
August 27, 2023	September 9, 2023	September 11, 2023	September 22, 2023
September 10, 2023	September 23, 2023	September 25, 2023	October 6, 2023
September 24, 2023	October 7, 2023	October 9, 2023	October 20, 2023
October 8, 2023	October 21, 2023	October 23, 2023	November 3, 2023
October 22, 2023	November 4, 2023	November 6, 2023	November 17, 2023
November 5, 2023	November 18, 2023	November 20, 2023	December 1, 2023
November 19, 2023	December 2, 2023	December 4, 2023	December 15, 2023
December 3, 2023	December 16, 2023	December 18, 2023	December 29, 2023
December 17, 2023	December 30, 2023	January 1, 2024	January 12, 2024
December 31, 2023	January 13, 2024	January 15, 2024	January 24, 2024
January 14, 2024	January 27, 2024	January 29, 2024	February 9, 2024
January 28, 2024	February 10, 2024	February 12, 2024	February 23, 2024
February 11, 2024	February 24, 2024	February 26, 2024	March 8, 2024
February 25, 2024	March 9, 2024	March 11, 2024	March 22, 2024
March 10, 2024	March 23, 2024	March 25, 2024	April 5, 2024
March 24, 2024	April 6, 2024	April 8, 2024	April 19, 2024
April 7, 2024	April 20, 2024	April 22, 2024	May 3, 2024
April 21, 2024	May 4, 2024	May 6, 2024	May 17, 2024
May 5, 2024	May 18, 2024	May 20, 2024	May 31, 2024
May 19, 2024	June 1, 2024	June 3, 2024	June 14, 2024
June 2, 2024	June 15, 2024	June 17, 2024	June 28, 2024
June 16, 2024	June 29, 2024	July 1, 2024	July 12, 2024
June 30, 2024	July 13, 2024	July 15, 2024	July 26, 2024
July 14, 2024	July 27, 2024	July 29, 2024	August 9, 2024

### 2023 Bank & Palco Office Holidays

Independence Day - Tuesday, July 4, 2023\*

Labor Day - Monday, September 4, 2023\*

Columbus Day - Monday, October 9, 2023

Veterans Day - Friday, November 10, 2023

Thanksgiving - Thursday-Friday, November 23-24, 2023\*

Christmas - Monday, December 25, 2023\*

New Year's Day - Monday, January 1, 2024\*

Martin Luther King, Jr Day - Monday, January 15, 2024

President's Day - Monday, February 19, 2024

Memorial Day - Monday, May 27, 2024\*

Juneteenth Day - Wednesday, June 19, 2024

### \* Palco Office Closures

## **Instructions for SSP Forms**

Please use the instructions below to complete the attached Palco forms in order to become a worker through the VF/EA FMS program.

- The **Support Service Professional Intake and Attestation Form** is used to gather demographic information for all SSPs and inform them of the requirements that they must agree to in order to become a SSP in this program. This information needs to be completed fully and accurately in order for the information in the SSP Packet to be prepopulated. This form is also used to notify the SSP of all required background checks. The SSP must read and sign this form.
- The **Support Service Professional Qualification Form** is used to gather information to determine what qualifications a SSP needs in order to provide certain services. The CLE and SSP must both initial the qualification verification section on Page 1 of the SSP Qualification Form. Each of the following five questions must be answered by checking the YES or NO in each box. Under question five if the SSP answers yes, they are relatives of the participant, they must check what their relationship to the participant is. The remaining sections ask questions about specific services that a SSP could provide, if yes please read carefully as additional information may need to be provided.
- The **USCIS I-9 Form** is used to verify employment eligibility. Specific instructions on how to fill out this form are listed below.
- The **Payroll Information Worksheet** is used to determine any exemptions you qualify for in order for Palco to calculate the proper payroll and payroll tax for you and your employer. Please remember to complete all fields in the Required Information section and sign and date the form. Any missing information could cause a delay in enrollment.
- The **W-4** is used by Palco to withhold the proper amount of federal income tax from your paycheck. Complete Steps 1 – 4, then sign and date the bottom of the form. Additional instructions are included on page two of this form.
- The **Residency Certification Form** is used to determine a SSP's local tax rates based on their address and the address of the CLE. Sign and date the bottom of the form.
- The **Pay Selection and Direct Deposit Authorization Agreement** is used to inform Palco how you would like to be paid. Please select one of the two choices (Direct Deposit, or Money Network Services). If you select the Direct Deposit option, please follow the instructions on the form. If you choose to enroll in the Money Network Services option, you will be enrolled with our partners at First Data Money Network Services. Sign and date the bottom of the form.
- The **SSP Pay Rate Information Form** requires the CLE and the SSP to complete this form together. Changes requested on this form will be accommodated within the approved ODP wage ranges. The minimum and max rates for your program are reflected in the ODP Communication Number: 063-17: Consolidated and P/FDS Vendor Fiscal/Employer Agent Wage and Benefit Ranges for Specific Participant Directed Services. For each Service Code that a SSP is qualified to perform an hourly rate must be listed. Once this form is complete submit it to your Supports Coordinator (SC) or Administrative Entity (AE).





- The **SSP Pay Rate Information Form** The CLE and the SSP must complete this form together. Changes requested on this form will be accommodated within the approved ODP wage ranges. The minimum and maximum rates for your program are reflected in the ODP Communication Number: 063-17: Consolidated and P/FDS Vendor Fiscal/Employer Agent Wage and Benefit Ranges for Specific Participant Directed Services. For each Service Code that a SSP is qualified to perform a hourly rate must be listed. Once this form is complete submit it to your Supports Coordinator (SC) or Administrative Entity (AE).
- The **USCIS I-9 Form** is used to verify employment eligibility. Specific instructions on how to fill out this form are listed below.

Please fill out these forms and return them to Palco as soon as possible. You can email them to [enrollment@palcofirst.com](mailto:enrollment@palcofirst.com) or mail them to the address below.

**Palco, Inc.**  
**Attn: Enrollment**  
**P.O. Box 242930**  
**Little Rock, AR 72223**

You can also complete the packet online if you do not wish to complete these forms by hand. To do so, please contact Palco's customer service team and provide them with your email address. Palco will email you an online registration link that will walk you through the online enrollment process.

Should you need any assistance during this process, please contact a friendly customer support representative at 1.866.710.0456 or [PAODP@palcofirst.com](mailto:PAODP@palcofirst.com). Customer support is available 8:00 am - 5:00 pm EST, Monday through Friday, except on state and federal holidays. Please visit our website at [www.palcofirst.com](http://www.palcofirst.com) for more information on forms and frequently asked questions.

We look forward to serving you! Sincerely,

The Palco Team

## **Support Service Professional Intake & Attestation**

Complete this form entirely to begin the enrollment process as a worker in the self-direction program. Completion of this form does not constitute a hiring by the employer.

### **PARTICIPANT AND COMMON LAW EMPLOYER INFORMATION**

Participant Name	ID
Employer Name	ID

### **SUPPORT SERVICE PROFESSIONAL (APPLICANT) INFORMATION**

First Name	Middle Name	Last Name	
Social Security Number	Date of Birth (mm/dd/yyyy)	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>	
Physical Address (Street Address, Including Apt. #)			
City	State	Zip	County
Mailing Address (Street Address, Including Apt. #) – <i>if different than the physical address</i>			
City	State	Zip	County
Phone1		Phone2	
Email			
Preferred Method of Communication <input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Phone			
Emergency Contact	Relationship	Phone Number	

### **ENROLLMENT PREFERENCE**

How would you like to continue the enrollment process?

- ☐ Complete Enrollment Paperwork Online, the SSP will receive login instructions from Palco
- ☐ Email a prepopulated PDF packet to the Common Law Employer
- ☐ Mail a prepopulated paper packet to the Common Law Employer's address

Common Law Employers (CLE) who choose to be the employers of their support service professionals (SSP) will be required to have criminal history background checks performed on the SSPs that they hire. The common law employer will be informed about his or her



responsibilities as an employer for their own personal health and safety in their own homes. The common law employer will be informed of the results of the criminal history background check. The common law employer may still choose to hire a support service professional even if an SSP is found to have a criminal history with prohibited offenses contained in the Older Adults Protective Services Act.

Criminal history background checks will be performed at no cost to the common law employer. Performance of the criminal history background check and its cost will be the responsibility of the Fiscal/Employer Agent.

Criminal history background checks are mandatory but a common law employer may still choose to hire a support service professional even if a SSP is found to have a criminal history.

- ☒ Criminal background check.
- ☒ Individuals residing in Pennsylvania less than 2 years must submit to an FBI (fingerprinting) check.
- ☒ Child Abuse History Clearances (SSPs working with participants who are not yet 18 years of age.)
- ☒ Office of Inspector General Medicaid exclusion check.
- ☒ Pennsylvania Medichcek List
- ☒ Social Security Administration SSN check.

Upon completion of the new hire process, Palco will submit your information to the Pennsylvania New Hire Reporting Program on behalf of your employer (CLE).

Complete the fields provided below and on the next page to ensure we have sufficient information to run the required background checks.

REQUIRED BACKGROUND INFORMATION						
State Issued Photo ID No. (You must submit a copy)				State of Issuance		
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married		City of Birth:		State of Birth:		
County of Birth: <i>(if known)</i>		Country of Birth:				
Race: (please check one)		<input type="checkbox"/> American Indian/Alaskan	<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Black	<input type="checkbox"/> White (includes Mexicans and Latinos)	<input type="checkbox"/> Unknown
Eye Color: (please check one)		<input type="checkbox"/> Black	<input type="checkbox"/> Blue	<input type="checkbox"/> Brown	<input type="checkbox"/> Green	<input type="checkbox"/> Gray
		<input type="checkbox"/> Maroon	<input type="checkbox"/> Multi-Colored	<input type="checkbox"/> Pink	<input type="checkbox"/> Unknown	
		<input type="checkbox"/> Bald	<input type="checkbox"/> Black	<input type="checkbox"/> Blonde	<input type="checkbox"/> Blue	<input type="checkbox"/> Brown
					<input type="checkbox"/> Gray	

Hair Color: ☐ Orange ☐ Purple ☐ Pink ☐ Red ☐ Sandy ☐ White  
(please check one) ☐ Unknown

Height: \_\_\_\_\_ Feet \_\_\_\_\_ Inches Weight: \_\_\_\_\_ Pounds

As an SSP, 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, are your employer. The participant or their appointed surrogate/representative is my legal employer, also referred to as the common law employer (CLE).
- This position is paid as an employee and not as an independent contractor. I understand that in consideration of the above stated agreement, I shall be compensated through this program for only those services approved by my employer and authorized in the ISP.
- This document does not create an anticipation of, nor a contract of, employment.
- To adhere to all federal, state, local, and program laws, regulations, policies, and requirements throughout employment. This includes staying current on information provided to me about the program throughout 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 and to maintain all qualifications and resubmit as requested in accordance with 55 Pa. Code 51.13 and as required in the approved Waiver.
- Employment is contingent upon many factors, including successful completion and/or passing of required background checks, State Police criminal background checks, child abuse clearances (when required) and Federal criminal history records (when required). By signing below you consent to all required checks.
- Employment is contingent upon training, and credentialing as required and identified in the ISP, ODP policies and procedures, and 55 Pa Code, Chapter 51.
- I understand that I cannot begin providing services and receive payment in this program before I have successfully cleared the background checks, have been determined to be qualified, and receive notification of such. I understand I must report any changes in my 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. I understand and acknowledge that any untruthful

submission of services provided in an attempt to obtain improper payment is subject to investigation as Medicaid Fraud. Medicaid Fraud is a felony and can lead to substantial penalties and/or imprisonment.

- That medical and personal information and data about the participant and the SSP is confidential. In addition, you have read and agree to Palco's Privacy Practices. All records I may have or assist in maintain will be kept confidential.
- 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.
- I agree to report all critical incidents relating to the participant's health, safety, and welfare, including suspicion of fraud, abuse, or neglect.
- I certify that I am at least 18 years of age.

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

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SSP Signature

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Date

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

## **Support Service Professional (SSP) Qualification Form**

This form serves as documentation that the SSP has been qualified for services as identified in the approved waiver. The form has seven sections, please review each section and complete the form entirely. If services are added to the authorization at any point, a new qualification form will be required.

REQUIRED INFORMATION	
Common Law Employer (CLE) Name	ID
SSP Name	ID or Last 4 of SSN
Participant Name	ID

### **Section One: Qualification Verification**

By placing your initials for the following statements, you are confirming that the Support Service Professional will continue to meet the following Medicaid waiver standards and ODP qualification requirements. Any change in the SSP's qualifications status must be reported to Palco, by submitting a new Support Service Professional (SSP) Qualification Form to Palco, within 5 business days of being notified of the change.

**Please read and initial:**

<b>1. The SSP will comply with Department standards related to provider qualifications.</b>	
SSP's Initials: _____	CLE's Initials: _____
<b>2. The SSP is trained to meet the unique needs of the Participant; which includes, but is not limited to communication, mobility, and behavioral needs.</b>	
SSP's Initials: _____	CLE's Initials: _____
<b>3. The SSP has been trained on the ISP and agrees to carry out ISP responsibilities.</b>	
SSP's Initials: _____	CLE's Initials: _____

**Please answer each of the next 5 questions by checking either Yes or No:**

<b>1. Has the SSP continuously lived in the state of PA for the past 2 years?</b>	
<input type="checkbox"/> <b>YES</b> , the SSP has continuously lived in the state of PA for the past 2 years.	<input type="checkbox"/> <b>NO</b> , the SSP has <u>not</u> continuously lived in the state of PA for the past 2 years; <i>the SSP must submit to FBI fingerprinting.</i>

<b>2. Is the Participant the SSP will be providing services to at least 18 years of age?</b>	
<input type="checkbox"/> <b>YES</b> , the Participant is at least 18 years of age.	<input type="checkbox"/> <b>NO</b> , the Participant is a <u>minor</u> ; the SSP must mail the <i>Child Abuse History Clearance Check form found in the SSP Enrollment Packet and submit to FBI fingerprinting.</i>
<b>3. Is the SSP a legally responsible individual as defined in section C-2-d of the approved Waiver?</b>	
<input type="checkbox"/> <b>YES</b> , the SSP is a legally responsible individual as defined in section C-2-d of the approved Waiver.	<input type="checkbox"/> <b>NO</b> , the SSP is <u>not</u> a legally responsible individual.
<i><b>A legally responsible individual</b> is a person who has a <b>legal obligation</b> under the provisions of law to care for another person, including parents of minors (natural or adoptive), spouses, and legally-assigned relative caregivers of minor children.</i>	
<b>4. Is the SSP a Court-Appointed Legal Guardian of the Participant?</b>	
<input type="checkbox"/> <b>YES</b> , the SSP is a Court-Appointed Legal Guardian.	<input type="checkbox"/> <b>NO</b> , the SSP is <u>not</u> a Court-Appointed Legal Guardian.
<i><b>A legal guardian</b> is a person who has legal standing to make decisions on behalf of the participant (e.g., a guardian who has been appointed by the court).</i>	
<b>5. Is the SSP a Relative of the Participant?</b>	
<input type="checkbox"/> <b>YES</b> , the SSP is a relative of the participant. What is the relationship of the SSP to the participant?  <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Spouse  <input type="checkbox"/> Stepparent of an adult child  <input type="checkbox"/> Brother  <input type="checkbox"/> Half-Brother  <input type="checkbox"/> Aunt  <input type="checkbox"/> Niece  <input type="checkbox"/> Adult child or stepchild of a parent with an intellectual disability         </div> <div style="width: 50%;"> <input type="checkbox"/> Parent of an adult child  <input type="checkbox"/> Grandparent  <input type="checkbox"/> Sister  <input type="checkbox"/> Half-Sister  <input type="checkbox"/> Uncle  <input type="checkbox"/> Nephew  <input type="checkbox"/> Adult grandchild of a grandparent with an intellectual disability         </div> </div>	<input type="checkbox"/> <b>NO</b> , the SSP is <u>not</u> a relative of the participant (for example, friend, neighbor, hired SSP)
<i><b>A relative</b> is any of the following by blood, marriage or adoption who have not been assigned as legal guardian for the participant: a spouse, a parent of an adult, a stepparent of an adult child, grandparent, brother, sister, aunt, uncle, niece, nephew, adult child or stepchild of a participant or adult grandchild of a participant.</i>	

### **Valid Driver's License or State/Federal Issued Identification:**

All Support Service Professionals **must** submit a valid driver's license or state/federal identification or any other documentation that verifies the the SSP's identity. **You must submit a copy with this qualification form.**

## Section Two: Transportation Please read and answer.

Will the Support Service Professional provide Transportation to the participant?

☐ YES ☐ NO

### If YES, the following must be submitted to Palco with this form:

1. A copy of valid **Driver's License** showing state licensed under, license number, and expiration date.
2. A copy of the current state **Motor Vehicle Registration**.
3. A copy of **Automobile insurance** certificates for all automobiles owned, leased, and/or hired with policy numbers and expiration dates.
4. A Copy of the inspection sticker (front and back) or the invoice from the inspection station.

*Mileage will be paid per trip. A trip is defined as from the point of pick-up to the destination while the participant is in the car as identified in the service plan*

## Section Three: 1:1 Services Please read and answer.

### Enhanced 1:1 In Home and Community Habilitation or Enhanced 1:1 Respite:

Has the team identified a behavior or medical need for enhanced 1:1 service to be provided?

☐ YES ☐ NO

If yes, which one?

- ☐ W7061 Enhanced 1:1 In-Home & Community Supports  
☐ W9863 Enhanced 1:1 In-Home Respite (15 Minute)  
☐ W9799 Enhanced 1:1 In-Home Respite (Day)

### If YES, the following section must be completed and documentation provided:

<b>By placing your initials below, you are confirming that the CLE has received, reviewed and attached a copy of current Nursing License/degree documentation.</b>		
SSP's Initials: _____		CLE's Initials: _____
<b>What type documentation has been received, reviewed and attached?</b>		
<input type="checkbox"/> Current Nursing License <input type="checkbox"/> Certified Nursing Assistant	<input type="checkbox"/> NADD Competency-Based Clinical Certification <input type="checkbox"/> NADD Competency-Based Dual Diagnosis Certification <input type="checkbox"/> NADD Competency-Based Support Professional Certification <input type="checkbox"/> Registered Behavior Technician <input type="checkbox"/> Board Certified Assistant Behavior Analyst	<input type="checkbox"/> Four-year degree (copy of diploma)**  <b>**Requires Bachelor's Degree or higher in Psychology, Education, Special Education, Counseling, Social Work or Gerontology.</b>

## Section Four: 2:1 Services Please read and answer.

### **Enhanced 2:1 Home and Community Habilitation or Enhanced 2:1 Respite:**

*“The service requires at least one staff member who has at a minimum of a 4-year degree or who is a licensed nurse. The second staff member must have at least a high school diploma.”*

Has the team identified a behavior or medical need for enhanced services?

☐ YES    ☐ NO

If yes, which one?

- ☐ W7069 Enhanced 2:1 In-Home & Community Supports  
☐ W8095 Enhanced 2:1 In-Home Respite (15 Minute)  
☐ W9801 Enhanced 2:1 In-Home Respite (Day)

If **YES**, the following section must be completed and documentation provided:

<b>By placing your initials below, you are confirming that the CLE has received, reviewed and attached a copy of current Nursing License/degree documentation or High School Diploma.</b>			
SSP's Initials: _____		CLE's Initials: _____	
<b>What type documentation has been received, reviewed and attached?</b>			
<input type="checkbox"/> Current Nursing License  <input type="checkbox"/> Certified Nursing Assistant	<input type="checkbox"/> NADD Competency-Based Clinical Certification <input type="checkbox"/> NADD Competency-Based Dual Diagnosis Certification <input type="checkbox"/> NADD Competency-Based Support Professional Certification <input type="checkbox"/> Registered Behavior Technician <input type="checkbox"/> Board Certified Assistant Behavior Analyst	<input type="checkbox"/> Four-year degree (copy of diploma)** **Requires Bachelor's Degree or higher in Psychology, Education, Special Education, Counseling, Social Work or Gerontology.	<input type="checkbox"/> High school diploma

## Section Five: Support Broker Services Please read and answer.

### **Supports Broker Services (W7096)**

If your Support Service Professional is being hired to provide support broker services:

- Support Service Professional **must** successfully complete a Supports Broker Certification Program provided by ODP or its designee. Support Service Professionals must complete this program prior to enrollment as a Supports Broker.

Will the Support Service Professional provide Support Broker Services?

☐ YES    ☐ NO



**If YES, the following section must be completed, and documentation provided:**

**Documentation for the following must be submitted to Palco with this form. Check the box to indicate documentation received, reviewed and attached.**

☐ Supports Broker Certification

## **Section Six: Support Employment** Please read and answer.

### **Supported Employment**

If your Support Service Professional is hired to provide supported employment services:

- Your Support Service Professional must have one of the following by 7/1/19 or within 6 months if hired after 1/1/19:
  - Hold a Certified Employment Support Professional (CESP) credential from the Association of People Supporting Employment First (APSE); or
  - Have been awarded a Basic Employment Services Certificate of Achievement or a Professional Certificate of Achievement in Employment Services from an Association of Community Rehabilitation Educators (ACRE) organizational member that has ACRE-approved training.

Will the Support Service Professional provide Supported Employment Services?

☐ YES      ☐ NO

Which Supported Employment Service will the Support Service Professional provide?

- ☐ **W7235 - Supported Employment – Career Assessment**
- ☐ **H2023 – Supported Employment – Job Finding and Development**
- ☐ **W9794 – Supported Employment – Job Coaching and Support**

**By placing your initials below, you are confirming that the SSP has a date of hire that is less than six months and the supervisor has the required training certificates that meet the Supported Employment requirements. That required training document was reviewed and submitted**

SSP's Initials: \_\_\_\_\_

CLE's Initials: \_\_\_\_\_

## **Section Seven: Criminal Background Checks and Attestation with Signatures**

Please read and sign.

Criminal background checks and child abuse clearances (if the Participant is under 18), must be obtained for the Support Service Professional (SSP) before they can become initially qualified and issued a "Good to Go" status. If the SSP does not provide valid clearances, Palco will pay for, process, and maintain the results for all required clearances. The Common Law Employer or SSP may request copies of the results.

In accordance with the approved waivers, SSPs must:

- Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 Pa. Code Chapter 15.
- Have child abuse clearances (when the Waiver participant is under age 18) as per 23 Pa. C.S. Chapter 63.
- Have FBI Fingerprinting when the SSP has NOT continuously lived in PA for the past two (2) years or when the Waiver participant is under age 18.

	PA State CRC	FBI Fingerprinting	Child Abuse Clearances
All SSPs:	✓		
SSPs who have NOT continuously lived in PA for the past two years:	✓	✓	
SSPs providing services to a Participant who is a under the age of 18:	✓	✓	✓

### **Child Abuse Clearances**

Requirements for new SSP's during the initial qualification and beginning July 1, 2015, clearances must be obtained every 60 months. Any SSP currently employed and has been prior to December 31, 2014 is required to obtain updated clearances, as follows:

- By December 31, 2015, if the clearance is older than 60 months; or
- By December 31, 2015, if you have not received clearance because you were employed in the same position and was not required to obtain clearances under prior law.
- If you received clearances prior to 2008 and were not required to obtain the FBI clearance, the three required clearances would be obtained consistent with the timeframes above.

If the SSP's clearances are current, they may use their clearances to:

- To apply for employment;
- To serve as an employee;
- To apply as a volunteer; and
- To serve as a volunteer

However, when transferring clearances prior to beginning new employment or service, an employee must swear or affirm in writing that they have not been disqualified from employment or service under section 6344(c) or have not been convicted of an offense similar in nature to a crime listed in section 6344(c) under the laws or former laws of the United States or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law of this Commonwealth.

**Support Service Professional Attestation:**

By signing this form, I do verify, that I have read and/or have had the Individual Support Plan read to me, and I understand the requirements. By signing, I give consent for Palco to perform the required checks as outlined above. I attest that I shall report any change that may affect my qualification status listed above or in the approved Waivers to my Common Law Employer within 5 business days of the change occurring.

---

**SSP Signature**

---

**Date****Common Law Employer Attestation:**

By signing this form, I do verify, that I have read and/or have had the requirements of the approved waiver read to me, and I understand these requirements. I verify that I will submit all required SSP qualification documentation to the VF/EA. I also verify that I am in compliance with the waiver requirements. I attest that I shall report a change in my SSP's qualifications status, by submitting a new Support Service Professional (SSP) Qualification Form to Palco within 5 business days of being notified of the change.

---

**CLE Signature**

---

**Date****Return Form with Supporting Documentation to Palco:**

**Fax:** 501-821-0045

**Email:** [enrollment@palcofirst.com](mailto:enrollment@palcofirst.com)

**Mail-** Palco, Inc.  
Attn: Enrollment  
P.O. Box 242930 Little Rock, AR 72223

## Instructions for I-9

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

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

### 1. Complete Section 1 at the top of page 1. **Must be completed by the applicant worker.**

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

<b>Section 1. Employee Information and Attestation:</b> Employees must complete and sign Section 1 of Form I-9 no later than the <b>first day of employment</b> , but not before accepting a job offer.				
Last Name (Family Name)	First Name (Given Name)	Middle Initial (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)	Apt. Number (if any)	City or Town	State	ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number	Employee's Email Address		Employee's Telephone Number

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

Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):		
<input type="checkbox"/>	1. A citizen of the United States	
<input type="checkbox"/>	2. A noncitizen national of the United States (See Instructions.)	
<input type="checkbox"/>	3. A lawful permanent resident (Enter USCIS or A-Number)	
<input type="checkbox"/>	4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)	
If you check Item Number 4., enter one of these:		
USCIS A-Number	OR	Form I-94 Admission Number
	OR	Foreign Passport Number and Country of Issuance

- ☐ Sign and date.

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

- ☐ If necessary, complete the Preparer and/or Translator Certification boxes on page 3.

**2. Complete Section 2 at the bottom of page 1. Must be completed by the employer.**

- ☐ Refer to page 2 of the I-9 for appropriate verification documents. Complete all lines associated with the documents provided in the space designated. You must complete one, but not both, of the following two options for submission:
- ☐ One document from List A.
  - ☐ One document from List B **and** One document from List C.

	List A	OR	List B	AND	List C	
Document Title 1						
Issuing Authority						
Document Number (if any)						
Expiration Date (if any)						
Document Title 2 (if any)		<b>Additional Information</b> <div style="border: 1px solid black; height: 150px; width: 100%;"></div> <input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.				
Issuing Authority						
Document Number (if any)						
Expiration Date (if any)						
Document Title 3 (if any)						
Issuing Authority						
Document Number (if any)						
Expiration Date (if any)						

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

**The employee's first day of employment (mm/dd/yyyy):** \_\_\_\_\_

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

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

- ☐ Complete page 4 *only* if the worker had a name or citizenship status change, or if the worker previously worked for the employer within the last three years. If none of these apply, leave page 4 blank.

For more information and assistance on how to complete this form, visit <https://www.uscis.gov/i-9>.



# Employment Eligibility Verification

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-9

OMB No.1615-0047

Expires 07/31/2026

**START HERE:** Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

**ANTI-DISCRIMINATION NOTICE:** All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

**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 (if any)	Other Last Names Used (if any)		
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State	ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address			Employee's Telephone Number	
<b>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</b>		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):					
		<input type="checkbox"/> 1. A citizen of the United States					
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)					
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)					
		<input type="checkbox"/> 4. A noncitizen (other than <b>Item Numbers 2. and 3.</b> above) authorized to work until (exp. date, if any)					
		If you check <b>Item Number 4.</b> , enter one of these:					
		USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance	
Signature of Employee		Today's Date (mm/dd/yyyy)					

If a preparer and/or translator assisted you in completing Section 1, that person **MUST** complete the [Preparer and/or Translator Certification](#) on Page 3.

**Section 2. Employer Review and Verification:** Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

List A		OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)		Additional Information			
Issuing Authority		Check here if you used an alternative procedure authorized by DHS to examine documents.			
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
<b>Certification:</b> I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.					
Last Name, First Name and Title of Employer or Authorized Representative			Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name			Employer's Business or Organization Address, City or Town, State, ZIP Code		

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

## LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

\* Documents extended by the issuing authority are considered unexpired.

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

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

LIST A		LIST B	LIST C	
Documents that Establish Both Identity and Employment Authorization	OR	Documents that Establish Identity	AND Documents that Establish Employment Authorization	
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	1. A Social Security Account Number card, unless the card includes one of the following restrictions:  (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION	
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card	4. Native American tribal document	
5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole:  a. Foreign passport; and  b. Form I-94 or Form I-94A that has the following:  (1) The same name as the passport; and (2) An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record	5. U.S. Citizen ID Card (Form I-197)	
		6. Military dependent's ID card	6. Identification Card for Use of Resident Citizen in the United States (Form I-179)	
		7. U.S. Coast Guard Merchant Mariner Card	7. Employment authorization document issued by the Department of Homeland Security  For examples, see <a href="#">Section 7</a> and <a href="#">Section 13</a> of the M-274 on <a href="https://uscis.gov/i-9-central">uscis.gov/i-9-central</a> .  The Form I-766, Employment Authorization Document, is a List A, <b>Item Number 4.</b> document, not a List C document.	
		8. Native American tribal document		
		9. Driver's license issued by a Canadian government authority		
For persons under age 18 who are unable to present a document listed above:				
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		10. School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		
Acceptable Receipts				
May be presented in lieu of a document listed above for a temporary period.				
For receipt validity dates, see the M-274.				
• Receipt for a replacement of a lost, stolen, or damaged List A document.  • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual.  • Form I-94 with "RE" notation or refugee stamp issued to a refugee.	OR	Receipt for a replacement of a lost, stolen, or damaged List B document.	Receipt for a replacement of a lost, stolen, or damaged List C document.	

\*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.





# Supplement A, Preparer and/or Translator Certification for Section 1

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-9  
Supplement A  
OMB No. 1615-0047  
Expires 07/31/2026

Last Name ( <i>Family Name</i> ) from <b>Section 1</b> .	First Name ( <i>Given Name</i> ) from <b>Section 1</b> .	Middle initial (if any) from <b>Section 1</b> .
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**Instructions:** This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

**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		Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )	City or Town	State	ZIP Code

**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		Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )	City or Town	State	ZIP Code

**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		Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )	City or Town	State	ZIP Code

**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		Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )	City or Town	State	ZIP Code



**Supplement B,**  
**Reverification and Rehire (formerly Section 3)**

**Department of Homeland Security**  
**U.S. Citizenship and Immigration Services**

**USCIS**  
**Form I-9**  
**Supplement B**  
OMB No. 1615-0047  
Expires 07/31/2026

Last Name ( <i>Family Name</i> ) from <b>Section 1</b> .	First Name ( <i>Given Name</i> ) from <b>Section 1</b> .	Middle initial (if any) from <b>Section 1</b> .
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**Instructions:** This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](#)

Date of Rehire ( <i>if applicable</i> )	New Name ( <i>if applicable</i> )		
Date ( <i>mm/dd/yyyy</i> )	Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) ( <i>mm/dd/yyyy</i> )	
<b>I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.</b>			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date ( <i>mm/dd/yyyy</i> )	
Additional Information (Initial and date each notation.)		Check here if you used an alternative procedure authorized by DHS to examine documents.	

Date of Rehire ( <i>if applicable</i> )	New Name ( <i>if applicable</i> )		
Date ( <i>mm/dd/yyyy</i> )	Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) ( <i>mm/dd/yyyy</i> )	
<b>I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.</b>			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date ( <i>mm/dd/yyyy</i> )	
Additional Information (Initial and date each notation.)		Check here if you used an alternative procedure authorized by DHS to examine documents.	

Date of Rehire ( <i>if applicable</i> )	New Name ( <i>if applicable</i> )		
Date ( <i>mm/dd/yyyy</i> )	Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) ( <i>mm/dd/yyyy</i> )	
<b>I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.</b>			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date ( <i>mm/dd/yyyy</i> )	
Additional Information (Initial and date each notation.)		Check here if you used an alternative procedure authorized by DHS to examine documents.	

## **Payroll Information Worksheet**

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

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

**Select the following box that applies:**

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

### **Part A: FICA (Social Security and Medicare) Taxes**

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

**Select the appropriate response:**

- ☐ **Non-Exempt.** None of the selections apply.
- ☐ **Exempt.** I am under 18 and a fulltime student.
- ☐ **Exempt.** I am a non-resident alien holding a visa for household services.
- ☐ **Exempt.** I am the spouse of my employer.
- ☐ **Exempt.** I am the child of my employer and under 21.
- ☐ **Exempt.** I am the parent of my employer who is an adult. This includes adoptive and stepparents.

**Exception: If you are the parent of the employer and select any of the following you are non-exempt**

- ☐ I am the parent of the employer and I also provide care for my grandchild or step-grandchild in my child's home.
- ☐ I am the parent of the employer, and my grandchild or step-grandchild is under 18 or has a physical or mental condition that requires personal care of an adult for at least four weeks in a row during the calendar quarter in which services are performed.
- ☐ I am the parent of the employer, and my child (son or daughter) is widowed, divorced, not remarried or living with a spouse who has a mental or physical condition so the spouse cannot care for my grandchild for at least four weeks in a row during the calendar quarter in which services are performed.

### **Part B: Unemployment Tax Exemption**

The IRS and State tax agencies exempt some wages from FUTA (Federal Unemployment) or SUTA (State Unemployment) taxes.

#### **Select the appropriate response:**

- ☐ **Exempt.** I am the child of my employer and under 21.
- ☐ **Exempt.** I am the parent of my employer who is an adult. This includes adoptive and stepparents.
- ☐ **Exempt.** I am the spouse of my employer.
- ☐ **Exempt.** I am a non-resident alien holding a visa for household services.
- ☐ **Non-Exempt.** None of the selections apply.

### **Part C: Federal Income Tax Withholding Difficulty of Care (DOC) Exclusion Information.** Per IRS

Notice 2014-7, payments made to workers for the care of a Medicaid self-direction program participant with whom the worker lives full time are exempt from federal income tax withholding (FIT). Use the checklist below to determine if you qualify for the exclusion/exemption.

- ☐ **Not Exempt.** I don't live at the participant for whom I provide care for residences at least 5 days per week.
- ☐ **Exempt.** I provide services to participant in my residence, and I provide care to 10 or fewer individuals under age 19 or 5 or fewer individuals age 19 and older in my residence.

By checking **Exempt**, under penalties of perjury, I declare that I am an individual care provider receiving payments under a state Medicaid Home and Community-Based Services program for care I provide to the participant(s), named in this document, who live(s) in my home under the care recipients' plan of care. I understand I am responsible to determine if the DOC exclusion applies to State, Federal and/or local taxes depending on where I reside.

### **Part D: Overtime Payments**

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

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

### **Part E: City of Philadelphia Wage Tax.**

This tax applies to payments that a person receives from an employer in return for work or services. All Philadelphia residents owe the City Wage Tax, regardless of where they work. Non-residents who work in Philadelphia must also pay the Wage Tax.



- ☐ **Yes**, my residence is located within the City of Philadelphia.
- ☐ **Yes**, the participant's work site is located within the City of Philadelphia.
- ☐ **No**, these do not apply to me.

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

---

**Employee Printed Name**

---

**Employee Signature**

---

**Date**

**Please return this form to Palco via email to [enrollment@palcofirst.com](mailto:enrollment@palcofirst.com) or via fax to 501-821-0045.**

**Employee's Withholding Certificate**

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

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

**2024****Step 1:**  
**Enter**  
**Personal**  
**Information**

(a) First name and middle initial	Last name	(b) Social security number
Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
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, and when to use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App).

**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) Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**
- (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 . . . . . ☐

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.)

<b>Step 3:</b> <b>Claim</b> <b>Dependent</b> <b>and Other</b> <b>Credits</b>	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</b> <b>(optional):</b> <b>Other</b> <b>Adjustments</b>	(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 <b>pay period</b> . .	<b>4(c)</b>	\$ _____

**Step 5:**  
**Sign**  
**Here**

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

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

\_\_\_\_\_  
**Date**

**Employers**  
**Only**

Employer's name and address

First date of  
employment

Employer identification  
number (EIN)

## General Instructions

Section references are to the Internal Revenue Code.

### Future Developments

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

### Purpose of Form

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

**Exemption from withholding.** You may claim exemption from withholding for 2024 if you meet both of the following conditions: you had no federal income tax liability in 2023 **and** you expect to have no federal income tax liability in 2024. You had no federal income tax liability in 2023 if (1) your total tax on line 24 on your 2023 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. **If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2024 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c).** Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2025.

**Your privacy.** Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

**When to use the estimator.** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) if you:

1. Expect to work only part of the year;
2. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
3. Prefer the most accurate withholding for multiple job situations.

**Self-employment.** Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to figure the amount to have withheld.

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

## Specific Instructions

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

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

Option **(a)** most accurately calculates the additional tax you need to have withheld, while option **(b)** does so with a little less accuracy.

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



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

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

### Step 4 (optional).

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

**Step 4(b).** Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2024 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

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





# RESIDENCY CERTIFICATION FORM

## Local Earned Income Tax Withholding

### TO EMPLOYERS/TAXPAYERS:

This form is to be used by employers and taxpayers to report essential information for the collection and distribution of Local Earned Income Taxes to the local EIT collector. This form must be used by employers when a new employee is hired or when a current employee notifies employer of a name or address change. Use the Address Search Application at [dced.pa.gov/Act32](http://dced.pa.gov/Act32) to determine PSD codes, EIT rates, and tax collector contact information.

### EMPLOYEE INFORMATION – RESIDENCE LOCATION

NAME (Last Name, First Name, Middle Initial)			SOCIAL SECURITY NUMBER <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0;"></div>	
STREET ADDRESS (No PO Box, RD or RR)				
ADDRESS LINE 2				
CITY	STATE	ZIP CODE	DAYTIME PHONE NUMBER	
MUNICIPALITY (City, Borough or Township)				
COUNTY	RESIDENT PSD CODE <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0;"></div>		TOTAL RESIDENT EIT RATE	

### EMPLOYER INFORMATION – EMPLOYMENT LOCATION

EMPLOYER BUSINESS NAME (Use Federal ID Name)			EMPLOYER FEIN <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0;"></div>	
STREET ADDRESS WHERE ABOVE EMPLOYEE REPORTS TO WORK (No PO Box, RD or RR)				
ADDRESS LINE 2				
CITY	STATE	ZIP CODE	PHONE NUMBER	
MUNICIPALITY (City, Borough or Township)				
COUNTY	WORK LOCATION PSD CODE <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0;"></div>		WORK LOCATION NON-RESIDENT EIT RATE	

### CERTIFICATION

Under penalties of perjury, I (we) declare that I (we) have examined this information, including all accompanying schedules and statements and to the best of my (our) belief, they are true, correct and complete.	
SIGNATURE OF EMPLOYEE	DATE (MM/DD/YYYY)
PHONE NUMBER <div style="text-align: center;">866.710.0456</div>	EMAIL ADDRESS <div style="text-align: center;">tax@palcofirst.com</div>

For information on obtaining the appropriate MUNICIPALITY (City, Borough, Township), PSD CODES, and EIT (Earned Income Tax) RATES, please refer to the Pennsylvania Department of Community & Economic Development website:

[dced.pa.gov/Act32](http://dced.pa.gov/Act32)

## **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.**

## **SSP Pay Rate Information**

Select the appropriate reason for this form:

☐ Initial Setup
 ☐ New Service for SSP
 ☐ Change Existing Rate

REQUIRED INFORMATION	
CLE Name	ID
SSP Name	ID or Last 4 of SSN
Participant Name	ID

The CLE and the SSP must complete this form together. Changes requested on this form will be accommodated within the approved ODP wage ranges. The minimum and max rates for your program are reflected in the ODP Communication Number: 063-17: Consolidated and P/FDS Vendor Fiscal/Employer Agent Wage and Benefit Ranges for Specific Participant Directed Services. 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. Fill this form out and then submit it to your Supports Coordinator (SC) or Administrative Entity (AE). All mileage will be paid at the standard mileage rate set by the Internal Revenue Service as dictated in the program rules.

SERVICE TYPE	SERVICE CODE	HOURLY RATE*

\*The State of Pennsylvania minimum hourly rate is \$7.25.

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

\_\_\_\_\_  
**SSP Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**CLE Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**SC or AE Signature**

\_\_\_\_\_  
**Date**

## **PA ODP EVV Registration Form**

This form is for the purpose of Electronic Visit Verification (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 (optional):	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 homeland line.**

**Landline Phone Number:**

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

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

## EVV APPROVALS

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

***Employer Email Address:***

**\*\*REQUIRED FIELD\*\***

### Important Information:

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

### Consent:

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

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

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Date**