



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

# Consumer-Directed Attendant Support Services (CDASS) Attendant Employment Packet

Welcome to self-direction and to Palco! This packet contains all the forms you need to enroll as an Attendant and begin providing services to your consumer. An Attendant is an individual the approved consumer wants to hire to conduct CDASS authorized services for them.

Please follow all directions in this packet. You will not be paid for services until all forms are completed, Palco verifies all information, background checks, and notifies your employer of eligibility requirements met, and you are notified that you are ready to provide service.

You must complete and return:

- |  |   |
|--|---|
| <input type="checkbox"/> Attendant Intake                      | <input type="checkbox"/> Pay Selection and Direct Deposit Agreement     |
| <input type="checkbox"/> Attendant Information & Qualification | <input type="checkbox"/> Supporting documentation for Direct Deposit    |
| <input type="checkbox"/> US CIS Form I-9                       | <input type="checkbox"/> Attendant Pay Rate Information                 |
| <input type="checkbox"/> Supporting documentation for I-9      | <input type="checkbox"/> EVV Registration Form* <b>OR</b>               |
| <input type="checkbox"/> Payroll Information Worksheet         | <input type="checkbox"/> EVV Live-in Caregiver Attestation Form* - with |
| <input type="checkbox"/> IRS Form W-4                          | supporting documentation  |

\* (Complete one EVV form not both)

Failure to return these forms will delay enrollment. We encourage you to use the checklist above as a final review before you return the forms to Palco. The other documents, including 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, call our customer support team and request to enroll online or send us the Attendant Intake form with the online option selected.

Should you need any assistance during this process, please contact a friendly customer support representative at 1.866.710.0456 or [CO-CDASS@palcofirst.com](mailto:CO-CDASS@palcofirst.com).

We look forward to serving you!

Sincerely,  
The Palco Team

## **Frequently Asked Questions**

Palco serves individuals who participate in the 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.

### **How do I complete forms if I am unable to sign?**

We encourage you to enroll online, as there are plenty of accessible options on our website. However, if you are unable to use our online system, you may either sign with an X or a mark, then have a witness legibly sign the document on the line above the 'witnessed by'.

### **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 in completing forms in this packet.

### **When can the attendant begin providing services?**

Palco will notify the employer and the attendant via email (or mail if enrollment was not completed online) 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.

### **Can an attendant provide services to multiple participants?**

Yes. However, an attendant must abide by all program rules, especially those regarding overlapping claims for payment of services.

### **What happens if an attendant wants to work for another employer?**

Attendants may be employed by as many employers as he or she would like. Each time he or she begins working for a new employer, a new attendant packet must be completed, just like getting any new job. However, some requirements may be waived depending on the circumstances, such as providing a copy of Social Security cards or documentation related to receiving direct deposit. Generally, background checks can also transfer, but be sure to check with your program rules to make sure you understand all the requirements.

### **What happens if an attendant stops providing services?**

Anytime an attendant stops providing service, Palco must be notified via an Employment Separation Notice, which can be found on our website. Even after termination, attendants 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 an employer change impact existing attendants?**

Attendants 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 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 attendants about that attendant's particular account. Employers (consumer or authorized representative) may receive all information about the attendant's accounts and information about the participant necessary to carry out employer roles. Consumers have unlimited access to information held by Palco on their account.

**How are timesheets submitted?**

Timesheets can be submitted online, by fax, by mail or email. Instructions for online submission will be provided in your notification that your enrollment is approved.

**When does an attendant submit timesheets?**

A payroll schedule shows the deadlines for submitting timesheets and scheduled paydays. The payroll schedule can 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. The Consumer, Authorized Representative, or Attendant may also contact Customer Support for additional information.

**What if an attendant 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. For paper checks, if you have not received within 5 days, please contact at 1.866.710.0456 or email to [CO-CDASS@palcofirst.com](mailto:CO-CDASS@palcofirst.com).

**Will the Attendant 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 attendants receive a W-2. Attendants 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/authorized representative should encourage their attendants to make sure that the correct address and direct deposit information is current with Palco prior to this date, even if the attendant is no longer working.

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

To change your information, complete the appropriate form and mail or fax it to Palco. All forms are found at [palcofirst.com](http://palcofirst.com). For name and contact information changes, complete a Change of Information form and attach documentation to show proof of name change which can be driver's license, divorce decree or marriage license. For withholding changes, complete an IRS W-4, or Payroll Information Worksheet. To change payment information, complete a Direct Deposit Authorization. For any other changes, contact Palco customer support. To change the attendant's rate of pay, please complete the Attendant Pay Rate Information form.

**How can Palco be contacted?**

Palco Customer Support representatives are available Monday through Friday, 8:00 a.m. to 5:00 p.m. MT, except state holidays. You may reach us by phone at 501.604.9936 or toll free at 1.866.710.0456, email to [CO-CDASS@palcofirst.com](mailto:CO-CDASS@palcofirst.com), fax to 501.821.0045 or mail to P.O. Box 242930, Little Rock, AR 72223. Palco has a range of translator and interpreter services at your request.



## **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., surrogate employer or authorized user). 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, Medicare, Managed Care Organizations, the Veterans Administration, 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 PAYMENT SCHEDULE - 2024

## Colorado CDASS Program

Service Period		Paper Timesheets Due by 12 pm	Electronic Timesheets Due by 12 pm	Payments Made by Palco
Start Date	End Date	Deadline	Deadline	Paid On
December 16, 2023	December 31, 2023	January 1, 2024	January 2, 2024	January 8, 2024
January 1, 2024	January 15, 2024	January 16, 2024	January 17, 2024	January 23, 2024
January 16, 2024	January 31, 2024	February 1, 2024	February 2, 2024	February 8, 2024
February 1, 2024	February 15, 2024	February 16, 2024	February 17, 2024	February 23, 2024
February 16, 2024	February 29, 2024	March 1, 2024	March 1, 2024	March 8, 2024
March 1, 2024	March 15, 2024	March 16, 2024	March 17, 2024	March 25, 2024
March 16, 2024	March 31, 2024	April 1, 2024	April 2, 2024	April 8, 2024
April 1, 2024	April 15, 2024	April 16, 2024	April 17, 2024	April 23, 2024
April 16, 2024	April 30, 2024	May 1, 2024	May 2, 2024	May 8, 2024
May 1, 2024	May 15, 2024	May 16, 2024	May 17, 2024	May 23, 2024
May 16, 2024	May 31, 2024	June 1, 2024	June 2, 2024	June 10, 2024
June 1, 2024	June 15, 2024	June 16, 2024	June 17, 2024	June 24, 2024
June 16, 2024	June 30, 2024	July 1, 2024	July 2, 2024	July 8, 2024
July 1, 2024	July 15, 2024	July 16, 2024	July 17, 2024	July 23, 2024
July 16, 2024	July 31, 2024	August 1, 2024	August 2, 2024	August 8, 2024
August 1, 2024	August 15, 2024	August 16, 2024	August 17, 2024	August 23, 2024
August 16, 2024	August 31, 2024	September 1, 2024	September 2, 2024	September 9, 2024
September 1, 2024	September 15, 2024	September 16, 2024	September 17, 2024	September 23, 2024
September 16, 2024	September 30, 2024	October 1, 2024	October 2, 2024	October 8, 2024
October 1, 2024	October 15, 2024	October 16, 2024	October 17, 2024	October 23, 2024
October 16, 2024	October 31, 2024	November 1, 2024	November 2, 2024	November 8, 2024
November 1, 2024	November 15, 2024	November 16, 2024	November 17, 2024	November 25, 2024
November 16, 2024	November 30, 2024	December 1, 2024	December 2, 2024	December 9, 2024
December 1, 2024	December 15, 2024	December 16, 2024	December 17, 2024	December 23, 2024
December 16, 2024	December 31, 2024	January 1, 2025	January 2, 2025	January 8, 2025

Late time submissions and mistakes may result in late payment!

### 2024 Bank & Palco Office Closures

New Year's Day - Monday, January 1\*  
 Martin Luther King, Jr Day – Monday, January 15  
 President's Day – Monday, February 19  
 Memorial Day - Monday, May 27\*  
 Juneteenth Day – Wednesday, June 19  
 Independence Day - Thursday, July 4\*

Labor Day - Monday, September 2\*  
 Columbus Day – Monday, October 14  
 Veterans Day – Monday, November 11  
 Thanksgiving - Thursday-Friday, November 28-29\*  
 Christmas - Tuesday-Wednesday, December 24-25\*

\* Palco Office Closures

## **Instructions for Attendant Forms**

Please use the instructions below to complete the attached Palco forms in order to become an attendant (worker) through the self-directed program.

- The **Attendant Intake** is used to enroll the attendant in the program and associate him or her with the employer (Consumer or Authorized Representative). Complete the entire form. Sign and date the highlighted fields on page 2. Please make sure your employer signs and dates the highlighted fields on page 2 as well.
- The **Attendant Information & Qualification** notifies you of your duties associated with being an attendant on the CDASS program. Please read this form carefully to make sure that you understand and will comply with the information therein. Complete the Attendant Information box at the top of page 1. Sign and date the highlighted fields on page 2.
- 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 **IRS Form 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 **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 **Attendant Pay Rate Information** form is used to determine the initial pay rate of the attendant or to document any changes to the attendant's pay rate. The form is completed by the employer; the attendant and the employer both must sign and date the bottom of the form.
- The **EVV Registration** and the **EVV Live-in Caregiver Attestation** form are both used for the purpose of Electronic Visit Verification registration with Palco as well as changes to an existing EVV registration. EITHER form MUST be completed with the most current and accurate information available. Supporting documentation that proves an employee lives with the participant and qualifies for the exemption must be submitted with the form for processing. You can find examples of acceptable documentation on Page 1 of the EVV Live-in Attestation Form. *This form is not valid if submitted without documentation.* An exemption does not become effective until after the form has been processed and an effective date has been given by Palco. Both the employer/member and the attendant must sign and date the form.

## **Attendant Intake**

Complete this form entirely to begin the enrollment process as an Attendant in the Colorado Consumer Directed Attendant Support Services (CDASS) program. Completion of this form does not constitute a hiring by the employer.

CONSUMER INFORMATION				
Full Name	SSN	Program <div style="text-align: center; font-weight: bold;">CDASS</div>		

ATTENDANT INFORMATION				
First Name	Middle Name	Last Name		
Social Security Number	Email	Date of Birth (mm/dd/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Is the attendant related to the consumer by blood or marriage? <input type="checkbox"/> No <input type="checkbox"/> Yes. I am the consumer's: _____ (specify relationship)				
Do you share a residence with the consumer? <input type="checkbox"/> No <input type="checkbox"/> Yes. Please specify who owns or rents the residence: _____				
Is the attendant at least 18 years of age? <input type="checkbox"/> No <input type="checkbox"/> Yes				
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	Preferred Method of Communication <input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Phone / Voicemail		

How would you like to continue the enrollment process?

- ☐ **Complete enrollment online.** By checking this option, the Attendant has provided an email address that belongs to him or her and understands that Palco is not responsible for providing information to an incorrect email address supplied by him or her. The Attendant agrees to receive information, notifications, and other correspondence electronically. Such correspondence may contain Personal Health Information, as defined at 45 CFR 160.103, and other personally identifiable information. The Attendant accepts all risks associated with the transmission of such information via those channels. The Attendant understands that his or her consent is in effect until Palco is notified in writing that the attendant withdraws such consent.
- ☐ **Receive a packet via email.**
- ☐ **Receive a paper packet via mail.**

\_\_\_\_\_  
**Attendant Printed Name**

\_\_\_\_\_  
**Consumer/Authorized Representative Printed Name**

\_\_\_\_\_  
**Attendant Signature**

\_\_\_\_\_  
**Consumer/Authorized Representative Signature**

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

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

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

## **Attendant Information & Qualification**

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

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

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

- You understand who your employer is. Please note in CDASS, the employer is the Consumer or their Authorized Representative. Neither Palco, nor program/state administrators, are your employer.
- This position is paid as an employee and not as an independent contractor.
- This document does not create an anticipation, nor a contract, of employment.
- To adhere to all federal, state, local, and program laws, regulations, policies, and requirements throughout your employment, including staying current on information provided to me about the program.
- To accurately complete all enrollment documentation and to ensure that you meet the program's eligibility requirements for providing services and are not prohibited in any manner from providing services.
- That employment is contingent upon many factors, including successful completion and/or passing of required background checks, possible training, and/or credentialing.
- To report any changes in your ability to deliver services, including changes in your background history or qualifications required to perform services under this program.
- Being paid for services through the program is contingent upon the attendant's eligibility for the program. Once eligibility terminates, you may no longer be paid through this program.
- Your employer is responsible for payment of services for activities not authorized in or exceeding the limitations established by the budget.
- Funds to pay for services are from public sources, and financial accountability and liability applies to the use of the funds. You understand that submitting false or fraudulent timesheets or submitting timesheets for tasks other than those approved on the authorized budget will be reported to the appropriate authorities for investigation and possible prosecution as fraud.
- That medical and personal information and data about the participant and the worker is confidential. You have read and agree to Palco's Privacy Practices.
- That neither Palco nor program/state administrators are responsible or liable for any negligent acts, work-related injuries, or omissions by me, the employer, participant, other workers or service providers, or authorized representatives.
- To report all critical incidents relating to the participant's health, safety, and welfare, including suspicion of fraud, abuse, or neglect.
- You certify that you are at least 18 years of age.

- You give your permission for Palco to run the below listed checks and to share the results with your employer, state and program administrators, and others who may be involved in the consumer's care through this program. You understand that employment is based on the outcome of these checks and that you cannot provide services, nor receive payment, until Palco has notified you that you have been cleared to do so. You hereby release your Member/Authorized Representative, Palco, and his/her agents from any and all liability, claims and/or demands, of whatever kind, related to the compilation or preparation of the checks hereby authorized.

- ☒ State of Colorado Certified Record Check.
- ☒ Office of Inspector General Medicaid exclusion check.
- ☒ U.S. CIS e-verify system.
- ☒ Colorado Board of Nursing check (if applicable)

By signing below, you acknowledge that you have read this agreement and accept responsibility as an attendant in the CDASS program, understand their responsibilities and duties associated with that role, and will comply with program policies and requirements. The information provided herein is true and accurate to the best of your knowledge. You further understand and agree that violation of this agreement may result in inability to provide services under this program.

\_\_\_\_\_  
**Attendant Printed Name**

\_\_\_\_\_  
**Attendant Signature**

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

## 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. above</b> ) 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)		<b>Additional Information</b>				
Issuing Authority						
Document Number (if any)						
Expiration Date (if any)						
Document Title 3 (if any)		Check here if you used an alternative procedure authorized by DHS to examine documents.				
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.						
First Day of Employment (mm/dd/yyyy):						
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 an employer or home care worker in self-direction, payroll wages and tax withholdings are subject to special tax and overtime rules, and residency may impact benefits under labor laws. Completing this form accurately will ensure that taxes and benefits are calculated properly. For more information, visit IRS Publication 15, as well as relevant State tax and labor agency websites. To claim exemptions on either Federal or State (if applicable) Income Tax Withholdings, please mark EXEMPT on your W-4 or State Withholding Certificate, if applicable.

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

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

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

#### **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.

**Check this box if you live in the state of Colorado:** ☐ By choosing this, you will be exempt from paying federal unemployment taxes. However, you will be paying state unemployment taxes.

- ☐ **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: Overtime Exclusion**

There are several factors that may qualify a worker as being exempt from overtime payments or ineligible for overtime based on program specific rules. Palco is not your employer and cannot decide whether you are exempt or not. By checking the appropriate box, you are telling Palco how to pay overtime wages

- ☐ **Non-Exempt.** Overtime rates will be paid on time worked beyond 40 hours in a work week.
- ☐ **Exempt.** Exempt from overtime pay for any reason, including program rules or qualifying for the DOL Home Care Rule Exclusion, as the live-in caregiver residing 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, any hours that exceed 40 per week will NOT be paid at overtime rates.

### **Part D: Income Tax Withholding Difficulty of Care (DOC) Exclusion Information.**

Per [IRS Notice 2014-7](#), when **a worker lives full time with a Medicaid self-direction program participant, for whom the worker provides care**, the wages may be exempt from federal income tax withholding, which means the W-2 will show \$0.00 wages paid. This is known as the Difficulty of Care exemption. Claiming this exemption may impact your Social Security benefits, so complete this section under penalties of perjury as an individual care provider receiving payments under a state Medicaid Home and Community-Based Services program for care provided by you to the participant(s), named in this document, who live(s) in your home under the care recipients' plan of care.



If you would like to be excluded from Federal Income Tax withholding, due to Difficulty of Care, mark EXCLUDED below.

- ☐ **Not Excluded**
- ☐ **Excluded**

If you would like you wages to be excluded from State Income Tax withholding, due to Difficulty of Care, mark EXCLUDED below.

- ☐ **Not Excluded**
- ☐ **Excluded**

**Part E: State Tax Exemption**

If you would like to be exempt from State Income Tax withholding for any reason, please mark EXEMPT below.

- ☐ **Non-Exempt**
- ☐ **Exempt**

If any of the information in this document changes at any time, 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 for your employer. Palco is not responsible for incorrectly calculating or withholding pay due to your failure to complete and submit corrected information. By completing this form, you certify that the information above is correct; you understand that you have the burden to notify Palco immediately of any changes; and you hold Palco harmless for any incorrect information supplied herein.

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**Employee Printed Name**

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**Employee Signature**

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**Date**

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

## **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.**

## **Attendant Pay Rate Information**

Select the appropriate reason for this form:

☐ New Client Setup

☐ Change Existing Rate

REQUIRED INFORMATION	
Client/Member Name	ID
Attendant Name	ID or Last 4 of SSN
Authorized Representative Name (if applicable)	ID (if applicable)

Below, please indicate the Pay Rate you are agreeing to. The Pay Rate is the amount that the Attendant will receive per hour worked.

Rate Name	Hourly Rate*
<b>CDASS Rate 1 (Required)</b>	
CDASS Rate 2 (optional)	
CDASS Rate 3 (optional)	

Supporting Living Services (SLS) Only:

<b>SLS CDASS Health Maintenance – Rate 1</b> <i>(required for SLS Clients who have a Health Maintenance budget)</i>	
CDASS SLS Health Maintenance – Rate 2 (optional)	
*CDASS SLS Health Maintenance – Rate 3 (optional)	

\*CDASS employers can set any rate of pay between minimum wage and up to \$55.08 per hour. Changes to wages should coincide with updating the Attendant Support Management Plan (ASMP) with the Case Manager to account for spending plan.

By signing below, the Consumer/Authorized Representative and Attendant certify that the information in this form is correct and was agreed to by both parties. For changes to existing rates, please allow five (5) days for processing. Once processed, the change will take effect the next pay period. Changes will not be applied retroactively to payments already made.

\_\_\_\_\_  
**Attendant Signature**

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

\_\_\_\_\_  
**Client/Authorized Representative Signature**

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

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

# Electronic Visit Verification (EVV) User Guide

AuthentiCare® by First Data is Palco's first choice for meeting the federal mandate for EVV. EVV is a system which electronically verifies that home or community-based service visits occur by capturing and documenting six points of data: type of service, individual receiving services, individual providing service, location of the service and the time the service begins and ends. This user guide will walk you through the functionality and features of the mobile app which can be used on any smart device. For more information on EVV visit our website at [www.palcofirst.com](http://www.palcofirst.com)

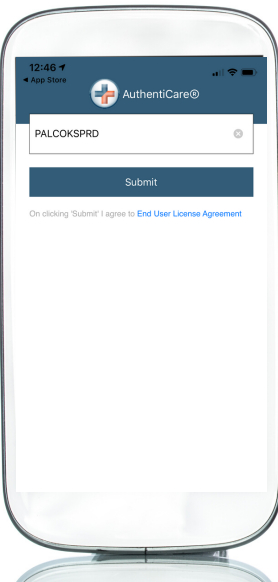
## Download the Application

### Download the Authenticare App

- Step 1: Go to the App Store on your mobile device.
  - Step 2: Tap on Search
  - Step 3: In the search bar, type "Authenticare"
  - Step 4: Download the app- "Authenticare 2.0".
  - Step 5: Complete the download and tap to open.
- Tap **Allow** to access this device's location and Tap **Allow** to make and manage phone calls.

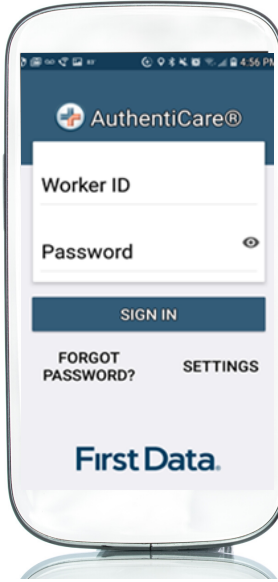


## Initial Set UP

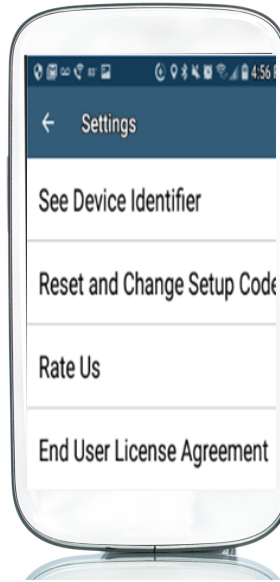


Once downloaded, enter the **Setup Code** provided to you by Palco

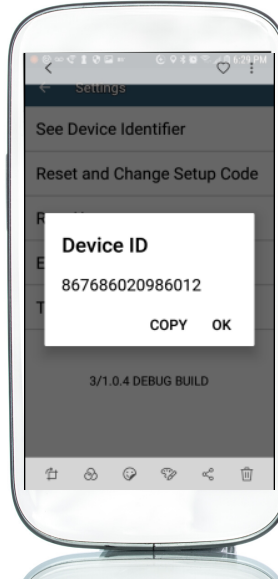
Setup code for the CO CDASS Program is **PALCOCOPRD**



Next, obtain your device ID. Click **Settings** at the bottom right of the login screen.



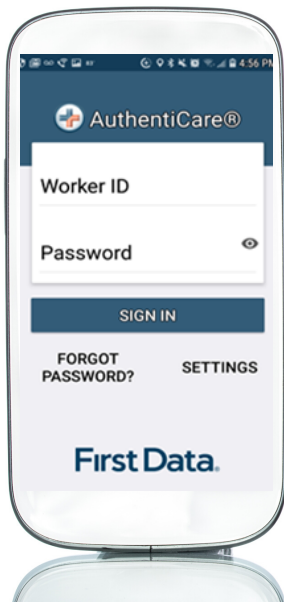
Click **See Device Identifier** from the menu options



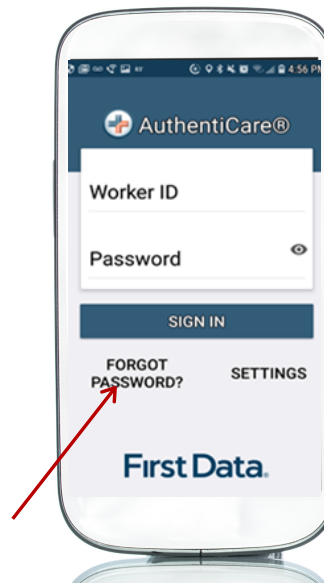
Write down your **Device ID** as shown on the screen and provide to Palco via the **EVV Registration Form** for setup.

You must provide your name, employer name and device ID to Palco for set up via the EVV Registration Form to receive your temporary password.

## Login to Authenticare



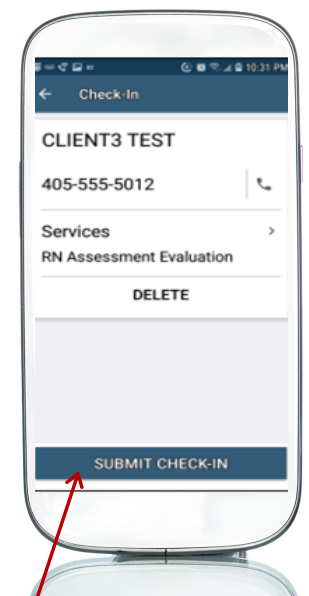
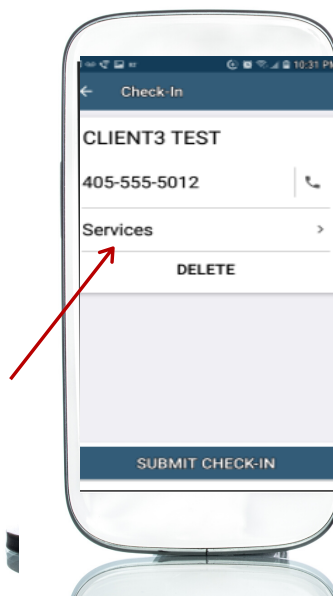
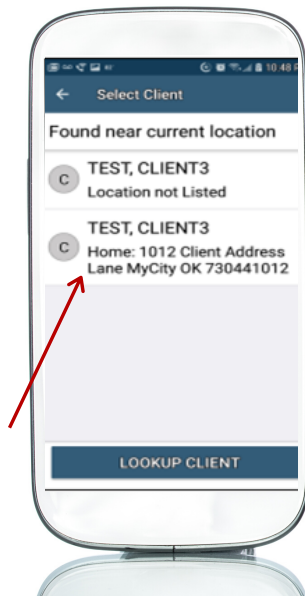
## Resetting your Password



To reset your password, click on "**Forgot Password?**" from the main login screen and follow the steps to reset and set a new password.

Login using the Authenticare Worker ID and Password provided via email by Palco. The first time you login will be with a temporary password and you will be prompted to set your own.

## Employees- Clocking In



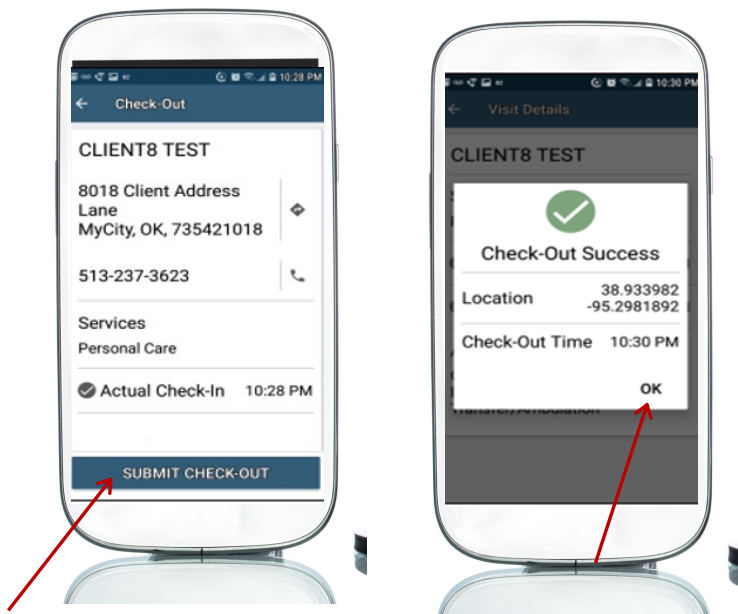
1. Click on "**New Check-In**"

2. Choose the client from the list of clients. If the client is not found, click "**Lookup Client**" and follow the steps.

3. Click on "**Service**" and select the service you are providing for that shift

4. Click on "**Submit Check-In**" and click "**OK**"

## Employees- Clocking Out



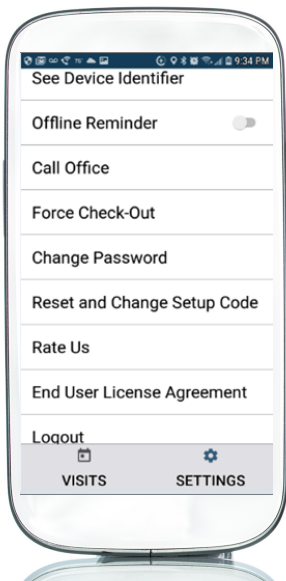
1. At the end of the shift, login to the app again and select your active visit followed by "submit check-out"

2. Check-Out success screen will display, click "OK"

GPS coordinates are collected only during the Check-in and Check-out process. They are not collected at any other point of the visit.

In a limited service zone, all Check-In/Check-Out data is stored in the mobile app until the mobile device enters a location of internet service. Once that occurs, all data is then pushed to AuthentiCare.

## Menu and Features



**See device identifier:** displays the Device ID specific to that device which must be entered on the Worker record or in some case the Provider record instead.

**Offline Reminder:** Allows you to turn on/off a notification in the event that you lose service or connection it will display a alert that the app is offline until you reconnect.

**Force Check-Out:** This can be used in the event that the worker forgot to clock in and needs to record a shift for edit later via the Connect app.

**Reset and Change Setup Code:** You would only use this if you are changing programs and need to enter a new set up code.

## Approving and Submitting Time

All employers and employees must be registered in Palco's online time portal called, **Connect**. During Enrollment, you will be issued credentials that you will use to log in. You will need to check your email for this information. At the end of every pay period, the worker must login to review the recorded EVV time and submit it to the employer. The employer will review and submit the final approval of the time in order for workers to be paid. Please review our **Connect for EVV User Guide** located on our website for instructions.

# General Questions

## What happens if there is a mistake with the time entry?

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The Connect for EVV User Guide outlines the instructions to make a manual entry or how to adjust time entered. This should only be used as a special exception and not as a regular practice. Shifts with exceptions/edits will be subject to auditing and review before payment.

## Can the EVV solution be used in rural areas?

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The EVV Solution is designed to work across the state. The mobile application will work without cellular service and can upload information when service is restored or connected to WiFi.

## My attendant is employed by two participants and has the mobile app, can they use the same mobile phone for both participants?

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Yes! In fact, it is a requirement. When registering with Palco the careworker should indicate the same mobile device ID for all participants they work for and only register one device.

## What should I do if I need more help or do not understand how to use the mobile app?

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You can attend one of the many trainings Palco is offering or contact our customer service team for support. Contact us or visit our website for more information.

## Other Questions? Contact Palco!

Phone: 1-866-710-0456

Fax: 501-821-0045

Email: [info@palcofirst.com](mailto:info@palcofirst.com)

Mail: Palco, Inc.  
P.O. Box 242930  
Little Rock, AR 72223



## Clocking Out

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**Step 1:** Dial **1-800-320-0113** from the participant's landline home phone or cell phone.

**Step 2:** Enter your worker ID number followed by the pound (#) sign when prompted.

**Step 3:** Press **2** for Check-out

**Step 4:** If you failed to check in, the IVR will read the client back to you or, if it does not recognize the phone number you are calling from, you will be asked to enter the client's ID number (Medicaid number) followed by the pound (#) sign. You will also be asked to select a service.

**Step 5:** AuthentiCare will repeat back your name, your agency's name, the client's name and the service you provided. If this is all correct, press **1**. If the information is not correct press **2** and you will be able to correct the information before you finish the call.

**Step 6:** If the information was correct you will be told that you have successfully filed your claims and the time and press **2** to end your call.

## Electronic Visit Verification (EVV) Telephony User Guide

AuthentiCare® by First Data is Palco's first choice for meeting the federal mandate for EVV. EVV is a system which electronically verifies that home or community-based service visits occur by capturing and documenting six points of data: type of service, individual receiving services, individual providing service, location of the service and the time the service begins and ends. This user guide will walk you through the functionality and features of the Interactive Voice Recognition (IVR) or Telephony version of EVV which can be used via the participant's landline home phone device or via a cellphone. For more information on EVV visit our website at

[www.palcofirst.com](http://www.palcofirst.com)

### Clocking In

**Step 1:** Dial **1-800-320-0113** from the participant's landline home phone or cell phone.

**Step 2:** Enter your **worker ID number** followed by the pound (#) sign when prompted.

**Step 3:** Press **1** for Check-in

**Step 4:** You will then hear the name of the client you are there to serve. If it is correct, press **1**. If AuthentiCare does not recognize the phone number you are calling from, you will be asked to enter the participant's ID number (Medicaid number) followed by the pound (#) sign.

**Step 5:** You will hear a list of services available for the client and be asked to choose the one you are there to perform by pressing the appropriate number on the phone key pad.

**Step 6:** AuthentiCare will then repeat back your name, your agency's name, the client's name, and the service to be provided. If this is all correct, press **1**. If the information is not correct press **2** and you will be able to correct the information before you finish the call.

**Step 7:** If the information is correct you will be told that the check-in was successful at (states the time). At this point you will be instructed to press **2** to end the call.

## **Approving and Submitting Time**

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All employers and employees must be registered in Palco's online time portal called, **Connect**. During Enrollment, you will be issued credentials that you will use to log in. You will need to check your email for this information. At the end of every pay period, the worker must login to review the recorded EVV time and submit it to the employer. The employer will review and submit the final approval of the time in order for workers to be paid. Please review our **Connect for EVV User Guide** located on our website for instructions.

## **Frequently Asked Questions**

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### **What do I do if I forget my EVV worker ID or my participants ID number?**

The ID number you will use for EVV is the same six digit Palco ID number you were given at enrollment. If you forget it, you can contact Palco customer service and they can provide you this information- 1-866-710-0456. You can also login to Connect to get it.

### **What do I do if I forget to clock in or out?**

Edits and adjustments to shifts can be made in the Connect application. Please review the Connect for EVV user guide for instructions.

### **Can I use the participant's cell phone to call in?**

Yes, but we encourage the use of the participant's landline phone. Palco cannot guarantee location is captured when call from a cell phone. If the worker has a smart phone, you may use EVV via the Authenticare Mobile Application. Visit our website or contact our customer service team for more information.



## **Other Questions? Contact Palco!**

**Phone:** 1-866-710-0456

**Fax:** 501-821-0045

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

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

## **CO CDASS EVV Registration Form**

This form is for the purpose of EVV registration with Palco as well as changes to an existing EVV registration. Please complete the entire form and review for accuracy before submitting. **If you are submitting a CO CDASS live-in EVV exemption form, this form is not required.**

☐ **New EVV Setup for New Worker**

☐ **Change to Existing EVV Registration**

### **PARTICIPANT INFORMATION**

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

### **EMPLOYEE INFORMATION**

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

### **EVV METHOD SELECTION**

**How would you like to utilize EVV?**

☐ **Authenticare Mobile Application**

**Device ID:**

**PRINT CLEARLY! INCLUDE ALL DASHES (-) IF APPLICABLE**

*For instructions on obtaining your Device ID, see the Authenticare Mobile App instructions located in your program's page on [palcofirst.com](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 phone.**

**Phone Number:**

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

## EVV APPROVALS

Making edits and approvals to time submissions entered via IVR or 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:

- ✓ 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

Participant/Employer Signature

Employee Signature

Date

Date



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

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**\*\*Send completed form to provider agency or FMS vendor unless you are requesting PART C: Extenuating Circumstances Determination \*\***

## Instructions

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

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

### *Permissible Supporting Documentation (Minimum of 1):*

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

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



## Live-In Caregiver Attestation Form

Electronic Visit Verification (EVV) is a technology solution which electronically verifies visit information to ensure that home or community-based services are delivered to members needing those services by documenting the precise time service begins and ends. Section 12006 of the 21st Century Cures Act requires all state Medicaid agencies implement an EVV solution. Federal guidance permits states to exempt live-in caregivers from EVV. This exemption may or may not apply to the parent or family of a member, depending on living arrangement.

Caregiver/Member Information	
Caregiver Name:	
Caregiver EVV ID# (Last 5 digits of SSN):	
Member Name:	
Member Medicaid ID#:	
Shared Address:	
Provider or FMS Vendor Information	
Provider Agency or FMS Vendor Name:	<b>Palco - CDASS FMS</b>
Medicaid Provider ID:	<b>1801276738</b>
Provider Agency or FMS Vendor Representative Name:	<b>Palco - CDASS FMS</b>

A **live-in caregiver** is a caregiver who permanently or for an extended period of time resides in the same residence as the Medicaid member receiving services. Live-in caregiver status is determined by meeting requirements established by either the U.S. Department of Labor, Internal Revenue Service, or Department-approved extenuating circumstances. Documentation of live-in caregiver status must be collected and maintained by the provider agency. Live-in caregiver status is established by the member/caregiver relationship and only pertains to relationships where documentation has been provided and approved.



### Part A: IRS Determination<sup>1</sup>

- ☐ I declare that I am an individual care provider receiving payments under a qualifying state Medicaid program as defined in IRS notice 2014-7 for care I provide to an individual (whether or not related) living in the individual care provider's home.

### Part B: DOL Determination<sup>2</sup>

- ☐ "Permanently" - I reside on the same premises as the individual I provide services to permanently by living, working, and sleeping on premises seven days per week and have no home of my own.
- ☐ "Extended Periods of Time" - I reside on the same premises as the individual I provide services to for an extended period of time by living, working, and sleeping on premises for five days a week (120hrs or more) OR I spend less than 120 hours per week working and sleeping on premises, but I spend five consecutive days or nights residing on premises.

### Part C: Extenuating Circumstances Determination

The Department, at its discretion, permits live-in caregiver establishment beyond the above definitions. Pre-approval of the extenuating circumstances is required by emailing the completed form first to [EVV@state.co.us](mailto:EVV@state.co.us)

<input type="checkbox"/> Joint Custody	<input type="checkbox"/> Members transitioning out of residential service
<input type="checkbox"/> Child in Foster Care	
<input type="checkbox"/> Other:	
<b>Part C Department Approver:</b>	
<b>Part C Date of Approval:</b>	

*Signing this document is an attestation that, to the best of my knowledge, the information on this form is true and accurate. I understand that falsifying information may result in a Program Integrity investigation or recoupment of paid claims.*

Caregiver Signature:
Member or Authorized Representative Signature <sup>3</sup> :
Provider Agency:
Effective Date:

Send completed form to provider agency or FMS vendor **unless requesting PART C: Extenuating Circumstances Determination - See Part C for details**

<sup>1</sup> IRS Notice 14-07 effective January 03, 2014 regarding §131 of the Internal Revenue Code

<sup>2</sup> Department of Labor Application of the Fair Labor Standards Act to Domestic Service, Final Rule; Fact Sheet #79B: Live-in Domestic Service Workers Under the Fair Labor Standards Act (FLSA)

<sup>3</sup> For CDASS, this signature line is intended for the Employer of Record.



For FMS Vendor Processing Only
Date of form and supporting documentation receipt:
Effective date of EVV exemption:
<p>By dating this form, the FMS vendor confirms the receipt and review of documentation. Review includes verification that all necessary information is included, not a validation of validity.</p> <p>Section required to be completed by FMS at processing. If section is not completed, EVV must be submitted per state rule.</p> <p>Electronic stamp acceptable.</p>