

**Program: Ohio Council on Aging**

## **Participant/Client Referral & Intake**

Complete this form entirely to begin the enrollment process with Palco. All information on this form is required to enroll. Services should not begin until you receive a notification from Palco that enrollment is approved.

PARTICIPANT/CLIENT INFORMATION			
First Name	Middle Name	Last Name	County
Social Security Number	Phone	Email	

By participating in the Consumer Directed Care program, the participant/client or someone over the age of 18 who the participant/client elects (the "surrogate") will manage and direct these services and funds provided under the budget. This responsibility is known as the employer of record.

Who will be serving as the Employer of Record?

- Myself (The Participant/Client)
- A surrogate individual. (If you selected this, please provide their information below.)

EMPLOYER INFORMATION (if different from above)		
First Name	Middle Name	Last Name
Social Security Number	Phone	Email

Palco has a fully online enrollment process that is quick and easy. The Employer of Record will receive login instructions from Palco via email within 3-5 business days. Once you receive the email, complete your enrollment right away to avoid any delays.

*Check this box If you are unable to complete Palco's online enrollment process and an enrollment specialist will contact you for further assistance.*

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