

## 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  CDASS

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.**