

Program: MaineCare

Worker/Applicant Intake

Complete this form entirely to begin the enrollment process as a worker in the MaineCare Self-Direction Program. All information on this form is required in order to enroll. Completion of this form does not constitute hiring by the employer. Services should not begin until you receive a notification from Palco that enrollment is approved.

PARTICIPANT/CLIENT INFORMATION

Full Name

Palco ID

WORKER INFORMATION						
First Name	Middle Name		Last Name			
Social Security Number	Email			Date of Birth (mm/dd/yyyy)		
Is the worker related to the participant/client by blood or marriage?						
Do you share a residence with the participant/client? No Yes						
Please specify who owns or rents the residence:						
Is the worker at least 18 years of age? \Box No \Box Yes						
Mailing Address						
City	State	Zip		County		
Phone	Preferred Method of Communication Email Discrete Mail Phone/Voicemail					

Palco has a fully online enrollment process that is quick and easy. The worker 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.

Worker Printed Name		Participant/Employer Printed Name	Participant/Employer Printed Name		
Worker Signature	Date	Participant/Employer Signature	Date		

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

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