

WV Personal Options Worker Employment Packet

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

You must complete and return:

- | | |
|--|---|
| <input type="checkbox"/> Worker Intake & Attestation Form | <input type="checkbox"/> Payroll Information Worksheet |
| <input type="checkbox"/> Worker Information & Qualification Form | <input type="checkbox"/> IRS Form W-4 |
| <input type="checkbox"/> U.S.CIS Form I-9 | <input type="checkbox"/> State Tax Withholding Form - WV IT-104 |
| <input type="checkbox"/> I-9 supporting documentation | <input type="checkbox"/> Pay Selection and Direct Deposit Form |
| <input type="checkbox"/> CBC Scheduling Form | <input type="checkbox"/> EVV Registration Form |
| <input type="checkbox"/> WV CARES-Clearance for Access Form | <input type="checkbox"/> Worker Rate of Pay Information |
| <input type="checkbox"/> WV Medicaid DCP Enrollment Agreement | <input type="checkbox"/> Copy of First Aid Certification |
| <input type="checkbox"/> Authorization to Withhold City Service Fees | <input type="checkbox"/> Copy of CPR Certification |

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

Fax: 501-821-0045
Email: enrollment@palcofirst.com
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, contact our customer support team and request to enroll online or send us the Worker 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 info@palcofirst.com. Customer support is available 8:00 am - 5:00 pm EST, Monday through Friday, except on state and federal holidays. Please visit our website at www.palcofirst.com for more information on forms and frequently asked questions.

We look forward to serving you!

Sincerely,
The Palco Team

Frequently Asked Questions

Palco serves individuals who participate in the 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, if you would prefer, our staff can provide in-person assistance with completing forms.

When can the worker begin providing services?

Palco will notify the employer and the worker 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 a worker provide services to multiple participants?

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

What happens if a worker wants to work for another employer?

Workers 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 worker 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 a worker stops providing services?

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

How does a participant change an employer of record?

A Designation of Surrogate Employer form must be completed. Be sure to include the date of the change at the top of the form.

How does an employer of record change impact existing workers?

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

Can someone correspond with Palco on my behalf?

Federal and state privacy laws prevent Palco from disclosing personal information to unauthorized individuals. Palco will only correspond with workers about that worker's particular account. Surrogate employers may receive all information about the worker's accounts and information about the participant necessary to carry out employer roles. Participants have unlimited information on their account. Participants may appoint an authorized user by completing an Authorized User Designation form.

How are timesheets submitted?

Timesheets can be submitted online via our portal, by fax, by mail or email. When using the online portal, submit all time properly. Both the employer and the worker must approve all time before it can be processed for payment by Palco. Additional instructions can be found in our Online Registration Packet. When submitting a paper timesheet, follow all instructions to reduce submission errors. A properly submitted timesheet must be received before the deadline to ensure a worker's pay is not delayed.

When does a worker submit timesheets?

The employer is provided with a payroll schedule that shows the deadlines for submitting timesheets and scheduled paydays. The payroll schedule for specific programs can also be found at palcofirst.com.

How will I know a timesheet was received and approved?

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

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

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

Will the worker receive a W-2 at year-end?

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

How do I change my information with Palco?

The fastest and easiest method is to log into your account and change your information. Otherwise, you must complete the appropriate form and mail or fax it to Palco. All forms are found at 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.

How can Palco be contacted?

Palco Customer Support representatives are available Monday through Friday, 8:00 a.m. to 5:00 p.m. CST, except state holidays. You may reach us by phone at 501.604.9936 or toll free at 1.866.710.0456, email to INFO@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. 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, in enrollment packets, and in program manuals, as applicable. Palco can change the terms of this notice at any time. Changes will apply to all of your medical records. Direct complaints to the Privacy Officer or the U.S. DHHS.
- **Review and receive copies of your records and a list of disclosures.** Requests must be on a Request for Sensitive Records. We will provide you with a copy or summary within 10 days of receiving your request. We may charge a reasonable, cost-based fee for collection of the records, including postage and labor. Palco may reject some requests if required by law.
- **Request amendments to your records.** Requests must be on a Request to Amend Sensitive Information. We will provide you with a copy or summary or a rejection within 15 days of receiving your request.
- **Request information in an alternate format or restrict access on your records.** Requests must be in writing on a Request for Additional Privacy. We will provide you with a copy or summary within 15 days of receiving your request. We may reject or terminate the request in certain limited cases and will notify you of rejections and terminations.
- **Be notified in case of a breach of your sensitive information.** You will be notified within 60 days by the Privacy Officer.
- **Choose someone to act on your behalf with regard to your records.** You must complete the appropriate forms and information to designate Authorized Users in order for those individuals to communicate with Palco on your behalf.



PALCO BI-WEEKLY PAYMENT SCHEDULE - 2024

WV Personal Options – Aged/Disabled Waiver Programs

Service Period		Timesheets Due to Palco By 5 PM	Payment Date
MONDAY	SUNDAY	TUESDAY	FRIDAY
Start Date	End Date	Deadline	Paid On
March 11, 2024	March 24, 2024	March 26, 2024	April 5, 2024
March 25, 2024	April 7, 2024	April 9, 2024	April 19, 2024
April 8, 2024	April 21, 2024	April 23, 2024	May 3, 2024
April 22, 2024	May 5, 2024	May 7, 2024	May 17, 2024
May 6, 2024	May 19, 2024	May 21, 2024	May 31, 2024
May 20, 2024	June 2, 2024	June 4, 2024	June 14, 2024
June 3, 2024	June 16, 2024	June 18, 2024	June 28, 2024
June 17, 2024	June 30, 2024	July 2, 2024	July 12, 2024
July 1, 2024	July 14, 2024	July 16, 2024	July 26, 2024
July 15, 2024	July 28, 2024	July 30, 2024	August 9, 2024
July 29, 2024	August 11, 2024	August 13, 2024	August 23, 2024
August 12, 2024	August 25, 2024	August 27, 2024	September 6, 2024
August 26, 2024	September 8, 2024	September 10, 2024	September 20, 2024
September 9, 2024	September 22, 2024	September 24, 2024	October 4, 2024
September 23, 2024	October 6, 2024	October 8, 2024	October 18, 2024
October 7, 2024	October 20, 2024	October 22, 2024	November 1, 2024
October 21, 2024	November 3, 2024	November 5, 2024	November 15, 2024
November 4, 2024	November 17, 2024	November 19, 2024	November 29, 2024
November 18, 2024	December 1, 2024	December 3, 2024	December 13, 2024
December 2, 2024	December 15, 2024	December 17, 2024	December 27, 2024
December 16, 2024	December 29, 2024	December 31, 2024	January 10, 2025
December 30, 2024	January 12, 2025	January 14, 2025	January 24, 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



PALCO BI-WEEKLY PAYMENT SCHEDULE - 2024

WV Personal Options – IDD and TBI Waiver Programs

Service Period		Timesheets Due to Palco By 5 PM	Payment Date
MONDAY	SUNDAY	TUESDAY	FRIDAY
Start Date	End Date	Deadline	Paid On
March 18, 2024	March 31, 2024	April 2, 2024	April 12, 2024
April 1, 2024	April 14, 2024	April 16, 2024	April 26, 2024
April 15, 2024	April 28, 2024	April 30, 2024	May 10, 2024
April 29, 2024	May 12, 2024	May 14, 2024	May 24, 2024
May 13, 2024	May 26, 2024	May 28, 2024	June 7, 2024
May 27, 2024	June 9, 2024	June 11, 2024	June 21, 2024
June 10, 2024	June 23, 2024	June 25, 2024	July 5, 2024
June 24, 2024	July 7, 2024	July 9, 2024	July 19, 2024
July 8, 2024	July 21, 2024	July 23, 2024	August 2, 2024
July 22, 2024	August 4, 2024	August 6, 2024	August 16, 2024
August 5, 2024	August 18, 2024	August 20, 2024	August 30, 2024
August 19, 2024	September 1, 2024	September 3, 2024	September 13, 2024
September 2, 2024	September 15, 2024	September 17, 2024	September 27, 2024
September 16, 2024	September 29, 2024	October 1, 2024	October 11, 2024
September 30, 2024	October 13, 2024	October 15, 2024	October 25, 2024
October 14, 2024	October 27, 2024	October 29, 2024	November 8, 2024
October 28, 2024	November 10, 2024	November 12, 2024	November 22, 2024
November 11, 2024	November 24, 2024	November 26, 2024	December 6, 2024
November 25, 2024	December 8, 2024	December 10, 2024	December 20, 2024
December 9, 2024	December 22, 2024	December 24, 2024	January 3, 2025
December 23, 2024	January 5, 2025	January 7, 2025	January 17, 2025
January 6, 2025	January 19, 2025	January 21, 2025	January 31, 2025

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 Christmas - Tuesday-Wednesday, December 24-25*

* Palco Office Closures

Program: West Virginia

Worker/Applicant Intake

Complete this form entirely to begin the enrollment process. 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
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WORKER INFORMATION

First Name	Middle Name	Last Name	
Social Security Number	Email	Date of Birth (mm/dd/yyyy)	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
Is the worker related to the participant/client by blood or marriage? <input type="checkbox"/> No <input type="checkbox"/> Yes, I am the participant/client's: _____ (specify relationship)			
Do you share a residence with the participant/client? <input type="checkbox"/> No <input type="checkbox"/> Yes Please specify who owns or rents the residence: _____			
Is the worker at least 18 years of age? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Have you lived in any other state other than West Virginia within the last 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Mailing Address			
City	State	Zip	County
Phone	Preferred Method of Communication <input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Phone/Voicemail		
Race: (please check one) <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Asian/Pacific islander <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Unknown			

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

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.

Worker Information & Qualification

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

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

As a worker in self-direction, you must agree to the following terms of employment:

- You understand that the participant, or his or her surrogate, is your employer. Neither Palco, nor program/state administrators, is 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. This includes staying current on information provided to me about the program throughout your employment.
- To accurately complete all enrollment documentation to ensure that you meet the program's eligibility requirements for providing services and is not prohibited in any manner from providing services.
- That your employment is contingent upon many factors, including successful completion and/or passing of required background checks, 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 participant's eligibility for the program. Once eligibility terminates, you may no longer be paid through this program.
- Your employer is responsible for payment of services for activities not authorized in or exceeding the limitations established by the budget.
- Funds to pay for services are from public sources, and financial accountability and liability applies to the use of the funds. You understand that submitting false or fraudulent timesheets or submitting timesheets for tasks other than those approved on the authorized budget will be reported to the appropriate authorities for investigation and possible prosecution as fraud.
- 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.

If providing transportation services, furnish employer with proof of valid driver's license and minimum automobile liability insurance

Worker Initials



You certify that you are at least 18 years of age. You give your permission for Palco to run federal and state Office of Inspector General Medicaid exclusion checks and to share the results with my employer, state and program administrators, and others who may be involved in the participant's care through this program. You understand that your 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 employer, 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.

- WV CARES-West Virginia Clearance for Access: Registry and Employment Screening
- Certified Record Check.
- Office of Inspector General Medicaid exclusion check.
- List of Excluded Individuals and Entities (LEIE)
- Social Security Administration SSN check.
- U.S.CIS e-verify system.

By signing below, you acknowledge that you have read this agreement and accept responsibility as a worker in self-direction, 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 will result in termination.

Worker Printed Name

Worker Signature

Date

Worker Initials



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.)

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

- 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)
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- 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)	Additional Information				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)	Additional Information				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.					

- 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	
<p>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.</p>		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
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)	<p>Additional Information</p> <p>Check here if you used an alternative procedure authorized by DHS to examine documents.</p>				
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)					

Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.

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

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

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

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

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

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (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. 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 	OR	<ol style="list-style-type: none"> 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 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 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 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. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security <p style="margin-left: 20px;">For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, Item Number 4, document, not a List C document.</p>
<p>Acceptable Receipts</p> <p>May be presented in lieu of a document listed above for a temporary period.</p> <p>For receipt validity dates, see the M-274.</p>				
<ul style="list-style-type: none"> • 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	<p>Receipt for a replacement of a lost, stolen, or damaged List B document.</p>	AND	<p>Receipt for a replacement of a lost, stolen, or damaged List C document.</p>

*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 Section 1 .	First Name (<i>Given Name</i>) from Section 1 .	Middle initial (if any) from Section 1 .
--	--	---

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 Section 1.	First Name (<i>Given Name</i>) from Section 1.	Middle initial (if any) from Section 1.
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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 (Family Name)	First Name (Given Name)	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>)
----------------	--------------------------	--

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.

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 (Family Name)	First Name (Given Name)	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>)
----------------	--------------------------	--

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.

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 (Family Name)	First Name (Given Name)	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>)
----------------	--------------------------	--

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.

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.
--	---

WV PERSONAL OPTIONS CRIMINAL HISTORY BACKGROUND **CHECK INSTRUCTIONS AND FORMS**

Workers must submit and pass a State and Federal Criminal Background Check (CBC) through WV Cares before being able to bill for services. You are also required to repeat this CBC every five years while you are billing for services. Workers must pay for the CBCs. It is very important that you keep your CBC appointment because you will not be able to provide services for payment until we receive a letter stating you can begin providing services from WV Cares.

Your results will be kept by the State Police and FBI so updates of any criminal history or changes can be submitted to Palco. Palco will receive monthly updates regarding your CBC. If the result of the initial or ongoing CBC reveals negative findings, WV CARES will put you on a list of providers who can no longer provide services. Palco will schedule your appointment through WV CARES.

Please fill out the Scheduling Form included in this packet. This will allow us to contact you about your CBC appointment. Be sure to include a working phone number and email address and print information clearly. You will not be able to bill for services if you have been convicted of the following crimes:

- State or Federal health and social services program-related crimes
- Patient abuse or neglect
- Health care fraud
- Felony drug crimes
- Crimes against care-dependent or vulnerable individuals
- Felony crimes against the person
- Felony crimes against property
- Sexual offenses
- Crimes against chastity, morality, and decency
- Crimes against justice

****PLEASE NOTE: Palco is not the employer and has no role in making employment decisions. If you can't provide services because of the results of the CBC; the participant/employer will not be able to hire you for the Waiver Program***



Instructions for Completing Criminal Background Check Scheduling Form

A complete CBC application must be submitted to Palco prior to employment. This includes the Criminal Background Check Scheduling Form, the two-page Self-Disclosure Application and Consent Form (Parts I, II, and III), a copy of your Driver's License or ID card, and a Money Order or Cashier's Check for \$25 made out to PALCO all mailed to:

Palco, Inc
ATTN: CBC Processing
PO Box 242930
Little Rock, AR 72223

Review the instructions below before moving forward. If your application is not completed correctly, or payments are not received, your fingerprint appointment cannot be scheduled, and services cannot be billed.

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

1. Check appropriate box of program you will be working for, if you are unsure, contact your Resource Consultant.

Check Program:	<input type="checkbox"/> IDD	<input type="checkbox"/> ADW	<input type="checkbox"/> TBI
-----------------------	-------------------------------------	-------------------------------------	-------------------------------------

2. Complete all highlighted sections at top of form.

Applicant/Employee Name:	Has the applicant completed a CBC through WV CARES within the last five years? <input type="checkbox"/> Yes <input type="checkbox"/> No
Participant Name:	Resource Consultant Name:
What Date and Time are you available for your fingerprint appointment? <i>Please list more than 1 option:</i>	
<input type="checkbox"/> Monday <input type="checkbox"/> 8a-10a <input type="checkbox"/> 10a-12p <input type="checkbox"/> 12p-2p <input type="checkbox"/> 2p-4p	<input type="checkbox"/> Tuesday <input type="checkbox"/> 8a-10a <input type="checkbox"/> 10a-12p <input type="checkbox"/> 12p-2p <input type="checkbox"/> 2p-4p
<input type="checkbox"/> Wednesday <input type="checkbox"/> 8a-10a <input type="checkbox"/> 10a-12p <input type="checkbox"/> 12p-2p <input type="checkbox"/> 2p-4p	<input type="checkbox"/> Thursday <input type="checkbox"/> 8a-10a <input type="checkbox"/> 10a-12p <input type="checkbox"/> 12p-2p <input type="checkbox"/> 2p-4p
<input type="checkbox"/> Friday <input type="checkbox"/> 8a-10a <input type="checkbox"/> 10a-12p <input type="checkbox"/> 12p-2p <input type="checkbox"/> 2p-4p	
How do you want to be notified of your fingerprint appointment?	
<input type="checkbox"/> Phone:	
<input type="checkbox"/> Mailing Address:	
<input type="checkbox"/> Email:	

3. Check correct box for submitting payment:

<i>*Payment IS required AT the IdentoGo fingerprinting location at the time of your appointment. Employees with existing active results in WV Cares are not required to re-print.</i>
AND \$25 made payable to Palco (also include participant and worker name on payment): <input type="checkbox"/> Money order Number # _____ or <input type="checkbox"/> Cashier's check Number # _____
PERSONAL CHECKS ARE NOT ACCEPTED
• If you need to change your appointment date, please call IdentoGo at 855-766-7746



After submitting a completed application:

- Palco will schedule your fingerprinting appointment at the IdentoGo location near you.
- Palco will contact you at the number or email listed on the scheduling form with your appointment details.
- You may reschedule your appointment by calling IdentoGo directly at 855-766-7746 and providing them with the UE code listed in your appointment details.
- **DON'T FORGET** to take your payment for IdentoGo with you to your fingerprinting appointment.
 - o Cashier's Checks, Money Orders, Debit, and Credit Cards are all accepted for payment.
 - o Current photo ID is required.

PALCO WILL CONTACT YOU WHEN SERVICES CAN START.



West Virginia Personal Options
Criminal Background Check (CBC) Scheduling Form

Check Program: IDD ADW TBI

Palco will schedule the initial appointment on your behalf through WV CARES. Please fill out the form below.
You will not be able to work until Palco receives your fitness determination notification.

Applicant/Employee Name:	Has the applicant completed a CBC through WV CARES within the last five years? <input type="checkbox"/> Yes <input type="checkbox"/> No
Participant Name:	Resource Consultant Name:
What Date and Time are you available for your fingerprint appointment? Please list more than 1 option:	
<input type="checkbox"/> Monday <input type="checkbox"/> 8a-10a <input type="checkbox"/> 10a-12p <input type="checkbox"/> 12p-2p <input type="checkbox"/> 2p-4p	<input type="checkbox"/> Tuesday <input type="checkbox"/> 8a-10a <input type="checkbox"/> 10a-12p <input type="checkbox"/> 12p-2p <input type="checkbox"/> 2p-4p
<input type="checkbox"/> Wednesday <input type="checkbox"/> 8a-10a <input type="checkbox"/> 10a-12p <input type="checkbox"/> 12p-2p <input type="checkbox"/> 2p-4p	<input type="checkbox"/> Thursday <input type="checkbox"/> 8a-10a <input type="checkbox"/> 10a-12p <input type="checkbox"/> 12p-2p <input type="checkbox"/> 2p-4p
<input type="checkbox"/> Friday <input type="checkbox"/> 8a-10a <input type="checkbox"/> 10a-12p <input type="checkbox"/> 12p-2p <input type="checkbox"/> 2p-4p	
How do you want to be notified of your fingerprint appointment?	
<input type="checkbox"/> Phone:	
<input type="checkbox"/> Mailing Address:	
<input type="checkbox"/> Email:	
<i>*Payment IS required AT the IdentoGo fingerprinting location at the time of your appointment. Employees with existing active results in WV CareS are not required to re-print.</i>	
AND \$25 made payable to Palco (also include participant and worker name on payment): <input type="checkbox"/> Money order Number # _____ or <input type="checkbox"/> Cashier's check Number # _____	
PERSONAL CHECKS ARE NOT ACCEPTED	
• If you need to change your appointment date, please call IdentoGo at 855-766-7746	

Palco Office Use ONLY

Notes:



WV CARES

West Virginia Clearance for Access: Registry and Employment Screening

SELF-DISCLOSURE APPLICATION AND CONSENT FORM

PART I

I, the below-named applicant, understand that this form cannot be completed until an offer of employment is made. The offer of employment is made pending the results of the investigation of registries and a fingerprint-based background check. I understand that refusal to complete Parts I, II, and III of this form constitutes my rejection of the employment offer.

I, the below-named applicant, swear/affirm, that the information contained within this application is true and correct to the best of my knowledge.

Applicant Last Name: _____ First Name: _____ MI: _____ Generation (ex. Jr., II): _____

Clearly answer truthfully YES or NO to the following questions:

	Yes	No
1. Are you addicted to alcohol, a controlled substance or a drug or are you an unlawful user thereof?		
2. Have you ever been convicted of, pled guilty or nolo contendere (no contest) to a misdemeanor or felony in any state or federal court ?		
3. Have you ever been convicted of an act of violence involving a deadly weapon or an act of domestic violence?		
4. Are you under indictment or do you have any criminal charges pending against you?		
5. Are you currently serving a sentence of confinement, parole, probation or other court ordered supervision?		
6. Are you the subject of a restraining order as a result of a domestic violence act or subject to a verified petition of domestic violence or subject to a protective order?		

NOTE: If any questions 1-6 listed above are answered YES, a brief letter of explanation by the applicant must accompany this form. Failure to provide explanations could result in disqualification.

PART II

Consent for Investigation for Employment Purposes and Acknowledgement of Receipt of Notice

I hereby authorize the Department of Health and Human Resources (DHHR) to conduct an investigation including, but not limited to, registry and state and federal fingerprint-based background checks, into information contained in this application. I understand that my fingerprints will be retained by the West Virginia State Police for the purpose of RapBack services during my employment in a WVCARES covered provider. **Furthermore, I understand that the falsification of any information contained within this application constitutes false swearing and is an excluding act under the fitness determination process being conducted by DHHR.**

I, _____, acknowledge receipt of the information contained in the Notice to All Applicants.

(Applicant's printed name)

Signature of Applicant: _____ Date: _____



WV CARES

West Virginia Clearance for Access: Registry and Employment Screening

SELF DISCLOSURE APPLICATION AND CONSENT FORM

PART III

Applicant Last Name: _____ First Name: _____ MI: _____ Generation (ex. Jr., II): _____

Gov't Issued ID Number/Expiration: _____ State of Issue: _____ Type of ID: _____

Gender: Male _____ Female _____ Race: _____ Height: _____ ft. _____ in. Weight: _____ lbs.

Hair Color: Brown Blonde Bald Black Gray Other Red White

Eye Color: Blue Hazel Brown Red Black Other Green Gray

Social Security Number: _____ - _____ - _____ Date of Birth: ____/____/____

Place of Birth (City & State): _____ Citizenship: _____

Current Mailing Address: _____ County: _____

Current Physical Address: _____ County: _____

List all cities and states (outside of WV) where you have lived within the past 5 years and provide approximate dates:

List all cities and states (outside of WV) where you have worked within the past 5 years and provide approximate dates:

List all names and aliases you have used formally and informally (Include maiden names, married names, nicknames, and any other name used or known as):

For Office Use Only (This form expires 60 days after the date of the signature in Part II):

I affirm that I have compared the government issued identification presented by the applicant.

Signature: _____ Date: _____

Printed Name: _____ Position: _____



WV CARES

West Virginia Clearance for Access: Registry and Employment Screening

NOTICE TO ALL APPLICANTS

Obtaining Criminal History Report: An individual may request a copy of his or her own criminal history report (or proof that one does not exist) for a personal review by visiting MorphoTrust at www.identogo.com or calling 1-855-766-7746.

Appeals: If the applicant wishes to challenge the information contained in the identity history summary, a challenge of record may be filed pursuant to W.Va. St. R. §69-10-8 with the WV State Police at <http://www.wvsp.gov/Criminal%20Records/Pages/default.aspx> and/or the FBI at <https://www.fbi.gov/services/cjis/identity-history-summary-checks>.

PRIVACY ACT STATEMENT:

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Social Security Account Number (SSAN). Your SSAN is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 USC 552a), the requesting agency is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Additional Information: The requesting agency and/or the agency conducting the application-investigation will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in the Federal Executive Branch has also published notice in the Federal Register describing any system(s) of records in which that agency may also maintain your records, including the authorities, purposes, and routine uses for the system(s).

WV CARES

West Virginia Clearance for Access: Registry and Employment Screening

REQUEST FOR VARIANCE OF FITNESS DETERMINATION – Applicant Request

Date: _____

Applicant Name: _____

Address: _____

City, State, Zip: _____

Application Number: _____

PART I

Pursuant to the WV CARES Act and W.Va. St. R. §69-10-1 et seq., I request a variance of my eligibility determination. This variance is requested based on the following mitigating circumstances (check all that apply):

- Passage of time
- Extenuating circumstances such as the applicant's age at the time of conviction, substance abuse, or mental health issues
- Demonstration of rehabilitation such as character references, employment history, and training
- Relevancy of the particular disqualifying offense(s) with respect to the type of employment sought
- Other – Please explain: _____



WV CARES

West Virginia Clearance for Access: Registry and Employment Screening

PART II

Please provide an explanation for this variance request: _____

Please attach additional documentation relevant to the variance request review and submit, along with this form, by email to wvcares@wv.gov. If you have any questions or require additional information, please contact our office at (304) 558-2278.

I understand that, pursuant to the WV CARES Act and W.Va. St. R. §69-10-1 et seq., I may be provisionally employed for no more than 60 days pending the review of this variance request. Furthermore, I understand that I shall receive direct onsite supervision while the variance request is being reviewed.

Signature: _____ Date: _____

Name of Agency PALCO, INC Agency NPI # _____

**A SEPARATE PROVIDER AGREEMENT MUST BE COMPLETED BY EACH DIRECT CARE PROVIDER AND
A REPRESENTATIVE OR AUTHORIZED DELEGATE FOR THE GROUP/FACILITY.**

1. The Provider hereby agrees to comply with all applicable laws, rules and written policies pertaining to the West Virginia Medicaid Program (Medicaid), including, but not limited to, Title XIX and Title XXI of the Social Security Act, the Code of Federal Regulations, West Virginia State Laws the West Virginia State Medicaid Plan, the Department of Health and Human Resources, Bureau for Medical Services' (Medicaid or Department/Bureau), written manuals, program instructions, policies and this document.
2. The Provider is not an employee of the Department/Bureau under this enrollment form and any subsequent amendments.
3. The Provider may not, on the grounds of race, color, national origin, creed, sex, religion, political ideas, marital status, age or disability subject persons to discrimination under the Medicaid program or any activity connected with the provision of Medicaid services.
4. The Provider agrees to protect the confidentiality of the member.
5. The Provider acknowledges that this enrollment is effective for the category of services that will be provided by the above agency. A separate provider enrollment form and/or a separate provider agreement may be necessary if you work for other agencies. The Provider further certifies that all information listed on this and any application is true, accurate and complete.
6. Within fifteen (15) business days, the Provider agrees to notify Medicaid, in writing, of any changes in the provider information.

**I UNDERSTAND THAT PAYMENT OF CLAIMS WILL BE FROM FEDERAL AND STATE FUNDS AND THAT ANY
FALSIFICATION OR CONCEALMENT OF A MATERIAL FACT MAY BE PROSECUTED UNDER FEDERAL AND STATE LAW.**

Direct Care Provider Name (Please Print) _____ Direct Care Provider NPI # _____

Direct Care Provider Signature _____ Date of Signature _____

VERIFICATION OF CITY SERVICE WITHHOLDING AUTHORIZATION

Check Program: **IDD** **ADW** **TBI**

Instructions: Check the box next to the statement that best describes where you will work, and your status regarding weekly city service fees for Charleston, Fairmont, Huntington, Madison, Morgantown, Parkersburg, Romney, Weirton or Wheeling. Please submit to **Palco**.

This form must be complete for each participant you work for within each of the cities listed below. Employees that select Prior Payment must complete and submit this form annually (by December 31). If this form is not submitted, **Palco** will withhold the required weekly withholding.

EMPLOYEE INFORMATION

Employee Name:	Employee ID:
Participant Name:	Palco ID:

My place of employment under the Personal Options Program is in (please check one):

- Charleston** **Fairmont** **Huntington** **Madison** **Morgantown**
 Parkersburg **Romney** **Weirton** **Wheeling**
 I do not work in the city limits of any of the above listed Cities.

I understand that I am required to have a City Service Fee withheld from my paycheck for working for the participant listed above. I authorize Palco to withhold the weekly City Service Fee from my paycheck and to send the amount withheld to the city selected above.

Based upon your city service fee selection above, please select one of the following (if applicable):

- Prior Payment* (a copy of a current pay stub with proof of withholding must be submitted)**
 I already have the weekly City Service Fee deducted from my pay from another employer in the same city in which I work. **If you have the fee withheld from another employer, please submit paystub and provide your employer's name/place of employment:** _____
 *Please note this must be completed and submitted annually (by December 31). If this form is not submitted, Palco will withhold the required weekly withholding.

- Fairmont or Romney**
 I live and work in the city of Fairmont or Romney. Please provide your physical address and **a copy of proof of residency** (i.e. Water bill showing fee withheld):

Physical Address	City, State	Zip Code

- I no longer work in the city limits of Charleston, Fairmont, Huntington, Madison, Morgantown, Parkersburg, Romney, Weirton or Wheeling.**

IMPORTANT: As an employee, it is your responsibility to notify **Palco** if your City Service Fee status changes. Changes to withholdings will NOT be done automatically.

Employee Signature

Date

Participant/Representative Signature

Date

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)

Are you under 18?

YES. YOU CANNOT BE A PAID CAREGIVER

Are you the spouse of the member, and there is not another person besides the member acting as an employer?

YES. YOU CANNOT BE A PAID CAREGIVER

Part A: FICA (Social Security and Medicare) Tax Exemption

The IRS exempts some employers and workers from paying FICA taxes.

Read the statements below and select the appropriate response:

- Non-Exempt.** None of these 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 step-parents.
 - 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 provided.
 - I am the parent of my employer, and my child 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

Federal Unemployment Tax Exemption:

The IRS exempts some wages from FUTA (Federal Unemployment).

Read the statements below and select the appropriate response:

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

State Unemployment Tax Exemption:

The State exempts some wages from SUTA (State Unemployment).

Read the statements below and select the appropriate response:

- Exempt.** I am the spouse of my employer.
- Exempt.** I am the parent of my employer. This includes adoptive and stepparents.
- 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 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 excluded from federal income tax withholding, which means the W-2 will show \$0.00 wages paid. This is known as the Difficulty of Care exclusion. Claiming this exclusion 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 any of the information in this document changes at any time, complete a new document and submit it 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.

Employee Printed Name

Employee Signature

Date

Please return this form to Palco via email to 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 www.ssa.gov .
	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.

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 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.)

Step 3: Claim Dependent and Other Credits	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	3	\$
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). 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	4(a)	\$
	(b) Deductions. 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	4(b)	\$
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$

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.

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 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 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.



FORM WV IT-104

WEST VIRGINIA EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE

Complete this form and present it to your employer to avoid any delay in adjusting the amount of state income tax to be withheld from your wages.

If you do not complete this form, the amount of tax that is now being withheld from your pay may not be sufficient to cover the total amount of tax due the state when filing your personal income tax return after the close of the year. You may be subject to a penalty on tax owed the state.

Individuals are permitted a maximum of one exemption for themselves, plus an additional exemption for their spouse and any dependent other than their spouse that they expect to claim on their tax return.

If you are married and both you and your spouse work and you file a joint income tax return, or if you are working two or more jobs, the revised withholding tables should result in a more accurate amount of tax being withheld.

If you are Single, Head of Household, or Married and your spouse does not work, and you are receiving wages from only one job, and you wish to have your tax withheld at a lower rate, you must check the box on line 5.

When requesting withholding from pension and annuity payments you must present this completed form to the payor. Enter the amount you want withheld on line 6.

If you determine the amount of tax being withheld is insufficient, you may reduce the number of exemptions you are claiming or request additional taxes be withheld from each payroll period. Enter the additional amount you want to have withheld on line 6.

----- cut here -----

WV/IT-104
Rev. 12/20

WEST VIRGINIA EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE



Name _____ Social Security Number _____

Address _____

City _____ State _____ Zip Code _____

- 1. If SINGLE, and you claim an exemption, enter "1", if you do not, enter "0" _____
- 2. If MARRIED, one exemption each for husband and wife if not claimed on another certificate.
 - (a) If you claim both of these exemptions, enter "2"
 - (b) If you claim one of these exemptions, enter "1"
 - (c) If you claim neither of these exemptions, enter "0"
- 3. If you claim exemptions for one or more dependents, enter the number of such exemptions. _____
- 4. Add the number of exemptions which you have claimed above and enter the total
- 5. If you are Single, Head of Household, or Married and your spouse does not work, and you are receiving wages from only one job, and you wish to have your tax withheld at a lower rate, check here
- 6. Additional withholding per pay period under agreement with employer, enter amount here \$ _____

I certify, under penalties provided by law, that the number of exemptions claimed in this certificate is not in excess of those to which I am entitled.

Date _____ Signature _____

2 WAYS TO GET PAID INSTANTLY

1

Money Network Card

Palco has partnered with Money Network[®] Service, one of the largest card companies in the country, to offer consumers a **FREE** Money Network Card, which works just like a bank card. To see more benefits of the Money Network Card, **see the Money Network Card page**.

→ You can use your Money Network Card anywhere Visa Debit[®] or Debit Mastercard[®] are accepted.

2

Direct Deposit

A direct deposit transfers funds automatically into an existing bank account. This means that once a worker links their account electronically, money will be deposited directly into that account.

→ Workers can receive their payments directly into any bank account of their choice!

Using these methods of payment in place of a paper check ensures a worker receives their payment on pay day the moment the funds are available! No hassling with paper checks getting lost in the mail or having to wait in line at the bank!

Sign up for Direct Deposit or request your free Money Network Card today by submitting a **Pay Selection Form**. **See the Pay Selection and Direct Deposit Authorization Agreement** for more details.

To ensure quick and accurate payment, use Palco's CONNECT online timesheet and reporting portal to enter time electronically, error free, and submit it to Palco instantly. CONNECT allows you to monitor the time submission process from start through payment. .

Other Questions? Contact Palco!

Phone: 1-866-710-0456

 **PALCO**
WWW.PALCOFIRST.COM



Money Network[®]

Get more from your money

The Money Network[®] Service gives you the Savings, Convenience & Service *you deserve.*



More Savings

- ✓ No activation fee
- ✓ Get cash at surcharge-free ATMs
- ✓ Mobile App² for money management
- ✓ Use or cash Money Network[®] Checks



More Benefits

- ✓ Receive all or a portion of your wages faster than a paper check³ with direct deposit
- ✓ Make purchases anywhere Visa[®] Debit Cards or Debit Mastercard[®] is accepted
- ✓ Access to tools to set aside money for a rainy day



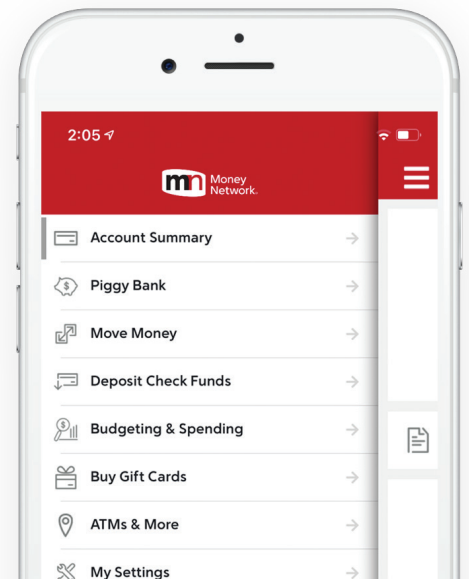
More Security

- ✓ FDIC insured⁴
- ✓ Visa Zero Liability[™] or Mastercard Zero Liability[™]
- ✓ Security safeguards

More Freedom

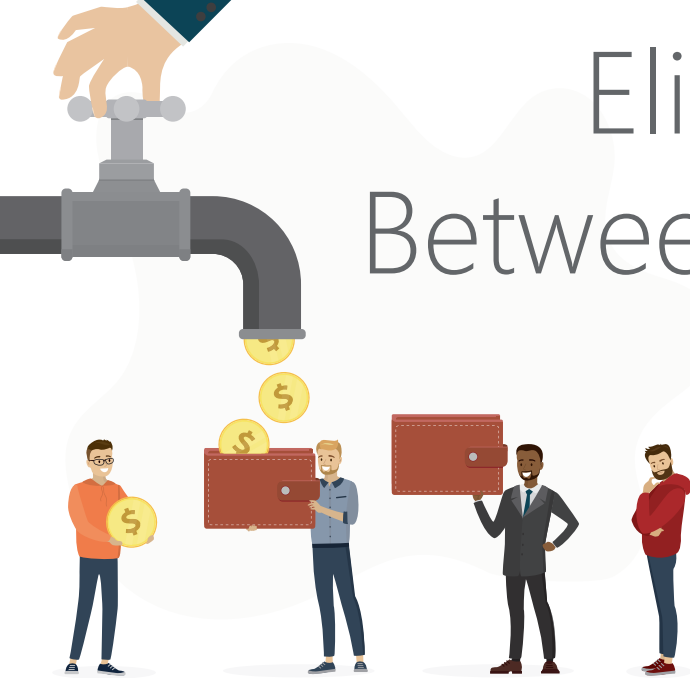
Manage your money anytime, anywhere with the Money Network Mobile App

- ✓ **Piggy Bank** → Set aside funds in up to three Piggy Banks for specific purposes.
- ✓ **Send Money to Friends** → Send money quickly to friends or family.
- ✓ **Deposit Check Funds** → Deposit check funds to your account by snapping a photo.
- ✓ **Budgeting Tools** → Customize and manage a monthly budget by category.
- ✓ **Move Money** → Transfer to a bank account in the U.S., Mexico, and Europe.
- ✓ **Locator** → Find nearby in-network Allpoint[®] ATMs, surcharge-free check cashing and participating retail reload locations.
- ✓ **Gift Cards** → Buy, send, and store digital gift cards with Gyft[®].
- ✓ **Digital Wallet** → Add card to Apple Pay[®], Samsung Pay[®], or Google Pay[™] for contactless payments.
- ✓ **Card Lock & Unlock** → Lock card to easily disable spend.
- ✓ **Account Alerts** → Notifications for balance, deposits, withdrawals, and more.
- ✓ **Spending Alerts** → Notifications when your spending reaches the category budget you set.
- ✓ **Fraud Alerts** → Text alert when suspicious activity occurs on your card.



Eliminate the Wait Between Workday and

PAYDAY



Money Network[®] Earned Wage Access in Partnership with Instant Financial

With the Earned Wage Access (EWA) benefit, employees can immediately tap into their earnings after each workday – instead of waiting for customary pay cycles or paying high costs of payday lending. This allows employees to pay bills sooner, borrow less, and save more, alleviating stress from the debt cycles of payday loans.

A Desirable Benefit at No Cost

- No added fees for employer or employee
- Integration with existing payroll/HR and time tracking systems
- To-the-penny access to all funds via the patented Money Network Check
- Integration with mobile wallets
- Person-to-person (P2P) transfers at no cost
- Expansive cash access points at in-network ATMs, check-cashing partners and more
- Comprehensive banking alternative with flexible access to funds

Eligibility

In order to participate in Earned Wage Access, employees must have a Money Network Card and be signed up for their pay from Palco to be deposited on that card. To request a free Money Network Card, employees should complete a new [Pay Selection Form](#) and Palco will order one for them.

HOW IT WORKS

THREE SIMPLE STEPS

1

Employees complete their workday.

2

Employees request earned wages through mobile app¹

¹Standard message and data rates may apply.

3

Up to 50 percent of their earned pay is available to load to their Money Network Card

Contact your Money Network Representative to learn more.
800-429-9521
memberinquiries@fiserv.com

Fiserv drives innovation in Payments, Processing Services, Risk & Compliance, Customer & Channel Management and Insights & Optimization. Their solutions help clients deliver financial services to enhance the way people live and work today. Visit [fiserv.com/ewa](https://www.fiserv.com/ewa) to learn more.





Pay Selection and Direct Deposit Authorization Agreement

HOW WOULD YOU LIKE TO BE PAID? (please select only one option)

OPTION 1

Money Network Services

*If you choose the Money Network Services Option, Palco will enroll you with our partners at Fiserv: Money Network Services. Fiserv will send you a Money Network Card in 1-2 weeks and Palco will begin depositing funds directly to the card. Activate your card as soon as it arrives to begin using it. You will receive paper checks during the 1-2 weeks it takes to receive your card.

OPTION 2

Direct Deposit

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): <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> 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 or via fax to 1.877.859.8757.

Money Network Card Schedule A Fees

List of all fees (Long Form) for the Money Network® Service Program

All Fees	Payor Program	Details
Monthly Usage		
Account Opening, Check, and Card Receipt	\$0.00	No fee for Account Opening, Checks, and initial Card.
Inactivity Fee	\$5.00	Fee is waived if you live in NY. Monthly fee charged when no activity occurs within Account for 12 consecutive monthly statement cycles.
Add Money		
Payor Deposit	\$0.00	Funds from a payor.
ACH Deposit of Other Funds	Not Available	Loads of other types of funds or payments, e.g. a tax refund.
Spend Money		
Signature Debit Transactions	\$0.00	Select "Credit" or sign at point-of-sale (POS).
PIN Debit Transactions	\$0.00	Select "Debit" and enter PIN at POS; cash back option at participating merchants.
Money Network® checks	\$0.00	Participating check cashing locations do not charge fees to cash Money Network Checks. To find these locations, use the locator on our Mobile App (data rates may apply) or at moneynetwork.com or call Customer Service. Non-participating check cashing locations may charge fees that are not monitored by us. Check cashing locations may also limit the dollar amount of checks they will cash.
Get Cash or Send Cash		
ATM Withdrawal Fee or ATM Decline Fee In-Network	\$0.00	Withdrawal or Decline from ATM that is a part of our network. To find in-network ATMs, use the locator on our Mobile App (data rates may apply) or at moneynetwork.com, or call Customer Service.
ATM Withdrawal Fee Out-of-Network	\$3.25	This is our fee. We waive our Out-of-network ATM Decline Fee if you live in NY. If you live in CT or IL, we will waive our fee for the first two ATM Declines (In-Network, Out-of-Network, or Non-US) in a calendar month. You may also be charged a fee by the ATM operator, even if you do not complete a transaction.
ATM Decline Fee Out-of-Network		
Bank Teller Over the Counter Cash Withdrawal	\$0.00	At banks displaying the card association logo (except STAR) on the front of your Card. You may be charged a fee by the bank.

List of all fees (Long Form) for the Money Network® Service Program

Information

Monthly Paper Statement	\$0.00	You may also obtain account activity without a fee via Mobile App (data rates may apply), moneynetwork.com, or Customer Service
Customer Service	\$0.00	24/7 toll free Account access, including Account balance inquiries.
ATM Balance Inquiry Fee In-Network	\$0.00	To find in-network ATMs, use the locator on our Mobile App (data rates may apply) or at moneynetwork.com, or call Customer Service.
ATM Balance Inquiry Fee Out-of-Network	\$3.25	This is our fee. You may also be charged a fee by the ATM operator, even if you do not complete a transaction.

Other

Reissuance of Lost/Stolen Card	\$6.00	Reissued Card shipped via U.S. mail 7-10 business days after order placed. One replacement Card provided at no charge each calendar year.
Priority Shipping Fee	\$24.00	Additional fee to ship replacement Card 4-7 business days after order placed. Reissuance of Card Fee also applies.
Money Network Check Stock Order	\$0.00	Shipped 7.10 business days after order placed. Up to 30 checks per order.

Additional Disclosures

Your funds are eligible for deposit insurance up to the applicable limits by the Federal Deposit Insurance Corporation ("FDIC"). Your funds will be held at MetaBank®, N.A. or placed by MetaBank as custodian at one or more participating FDIC-insured banks (each a "Program Bank"). In the event the FDIC were to be appointed as a receiver for MetaBank or a Program Bank, your funds, aggregated with any other funds you have on deposit at such institution, would be eligible to be insured up to \$250,000 for each legal category of account ownership, subject to compliance with FDIC deposit insurance requirements. You are responsible for monitoring the total amount of all direct or indirect deposits held by you or for you with MetaBank and the Program Banks for purposes of monitoring the amount of your funds eligible for coverage by FDIC insurance. To assist with calculating your FDIC deposit insurance coverage, the FDIC has an Electronic Deposit Insurance Estimator available at <https://edie.fdic.gov>. For more information, see also <https://www.fdic.gov/deposit/deposits/prepaid.html>. No overdraft/credit feature. Contact Customer Service by calling 888-913-0900, by mail at 2900 Westside Pkwy, Alpharetta, GA 30004, or visit moneynetwork.com. For general information about prepaid accounts, visit cfpb.gov/prepaid. If you have a complaint about a prepaid account, call the Consumer Financial Protection Bureau at 1-855-411-2372 or visit cfpb.gov/complaint.

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Electronic Visit Verification (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 live in the home with the member, you are exempt from EVV and do not need to complete this form.**

- New EVV Setup for New Worker** **Change to Existing EVV Registration**

PARTICIPANT INFORMATION

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

EMPLOYEE INFORMATION

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

EVV METHOD SELECTION

How would you like to utilize EVV? *Choose only **one option***

- Authenticare Mobile Application**

Device ID:

PRINT CLEARLY! INCLUDE ALL DASHES (-) IF APPLICABLE

For instructions on obtaining your Device ID, see the Authenticare Mobile App instructions located in your program's page on palcofirst.com. 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 home landline.**

Landline Phone Number:

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

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

EVV APPROVALS

Making edits and approvals to time submissions entered via 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 21st 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 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, 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

WV Worker Pay Rate Information

Select the appropriate reason for this form:

New Worker Enrollment

Change Existing Rate

REQUIRED INFORMATION	
Participant/Employer Name	Participant ID
Worker Name	Worker ID or Last 4 of SSN
Program Representative (PR) Name (if applicable)	PR ID (if applicable)

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

Rate Name	Hourly Rate
Personal Attendant Services (ADW & TBI)	
Person-Centered Support-PCS (IDDW) <i>Biological / adoptive parents of the Participant can be paid \$10.96, non-parent workers can be paid \$9.88.</i>	
Respite (IDDW)	

Mutual Responsibilities

Both parties agree to adhere to all policies and procedures of the Aged and Disabled Waiver program and Personal Options.

Employer Responsibilities

The employer shall:

- Verify worker qualifications, including criminal background check, required training, and current certification in Cardio-Pulmonary Resuscitation (CPR).
- Schedule workers to provide services for payment only after being authorized by Palco, Inc. Palco cannot pay for any services provided prior to being issued a start date.
- Orient, train, schedule, and supervise workers.
- Provide a safe workplace free from excess hazards, employment discrimination, and harassment.
- Request worker to perform permitted and planned for duties, as determined in the Participant Directed Service Plan. The worker should not perform prohibited services such as administering medication, dressing wounds, and tube feeding.
- Notify workers in advance if services are not required or if participant is no longer eligible for services.
- Verify services provided by worker by reviewing and approving timesheets, invoices, and documentation of services rendered, and ensuring submission to Palco, Inc.
- Accept responsibility for payment of services not authorized in approved spending plan.

Worker Responsibilities

The Worker shall:

- Complete mandatory pre-employment training and on-going annual training
- Be punctual, neatly dressed, and respectful of employer’s person, belongings, family members, and acquaintances.
- Use employer’s personal property only if agreed upon by both parties.
- Report any suspected fraud, abuse, or neglect timely.

By signing below, the Participant/Employer and Worker 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.

Worker Signature

Date

Participant/Employer Signature

Date

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