

## Worker/Applicant Intake

Complete this form entirely to begin the enrollment process as a worker in the Self-Direction Program. Completion of this form does not constitute a hiring by the employer.

### PARTICIPANT INFORMATION

Full Name	SSN	Program
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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"/> Male <input type="checkbox"/> Female	
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				
Physical Address (Street Address, Including Apt. #)				
City	State	Zip	County	
Mailing Address (Street Address, Including Apt. #) – <i>if different than the physical address</i>				
City	State	Zip	County	
Phone1	Phone2	Preferred Method of Communication <input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Phone / Voicemail		

How would you like to continue the enrollment process?

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

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**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](mailto:enrollment@palcofirst.com)  
or via fax to 1.877.859.8757.**