PALCO
Empowering Independence
PO Box 13260
Maumelle, AR 72113

Program: Michigan

Participant/Employer Referral & Intake

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

PARTICIPANT/CLIENT INFORMATION			
First Name	Last Name	Agency: ☐ Summit Pointe ☐ Van Buren	Medicaid ID
Social Security Number	Date of Birth (mm/dd/yyyy)		Gender ☐ Male ☐ Female
Mailing Address			
City	State	Zip	County
Physical Address (Street Address, including Apt #, if different from mailing)			
City	State	Zip	County
Email	Phone	Preferred Method of Communication ☐ Email ☐ Mail ☐ Phone/Voicemail	

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

Who will be serving as the Employer of Record?

☐ Myself (The Participant/Client)

☐ A surrogate individual. (If you selected this, please provide their information below.)

EMPLOYER INFORMATION (if different from above)			
First Name	Middle Name	Last Name	
Social Security Number	Email		Date of Birth (mm/dd/yyyy)
Relationship to Participant: ☐ Parent ☐ Spouse ☐ Child ☐ Legal Guardian ☐ Power of Attorney ☐ Other non-relative ☐ Other: _____			
Mailing Address			
City	State	Zip	County

PO Box 13260
Maumelle, AR 72113

Physical Address (Street Address, including Apt #, if different from mailing)			
City	State	Zip	County
Phone	Preferred Method of Communication ☐ Email ☐ Mail ☐ Phone/Voicemail		

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

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

The employer does not receive monetary compensation for directing care on the participant/client's behalf in the course of the consumer-directed program. Employers cannot provide direct support services to the participant/client. Employees must have no convictions involving exploitation, abuse, or assault on another person and must be fully capable of the responsibilities associated with managing support staff and handling financial aspects of the consumer-directed program, including proper utilization of the budget and verifying the accuracy of reports provided by Palco.

By completing this form and signing below, all parties agree that the individual named herein shall accept the responsibilities of the employer of record. The employer consents to complete enrollment electronically and has provided an email address and Social Security Number that belongs to him and her. The employer understands that Palco is not responsible for providing information to an incorrect email address supplied by him or her. The employer has read and agrees to Palco's Notice of Privacy Practices and the Terms and Conditions of Palco's online enrollment system and agrees to receive information, notifications, and other correspondence electronically to the email address provided in this document. Such correspondence may contain Personal Health Information as defined at 45 CFR 160.103 and other personally identifiable information. The employer accepts all risks associated with the transmission of such information via those channels. The employer understands that his or her consent is in effect until Palco is notified in writing that the employer withdraws such consent.

_____ _____

Employer Printed Name **Participant/Client Printed Name**

_____ _____

Employer Signature **Participant/Client Signature**

_____ _____

Date **Date**

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