

Vendor Engagement Packet

Welcome to self-direction! This packet contains all the forms you need to engage as a vendor and begin providing services. You will not be paid for services until the following forms are completed and returned:

- ☐ Vendor Intake
- ☐ Provider Agreement
- ☐ IRS Form W-9
- ☐ Direct Deposit Agreement

Send completed forms by fax, email or mail to Palco at the address below:

Fax: 877.859.8757
Email: enrollment@palcofirst.com
Palco, Inc.
Attn: Enrollment
P.O. Box 13260
Maumelle, AR 72113

To be paid for services rendered, a Vendor Request for Payment must be completed and submitted to Palco for payment, along with a copy of an invoice, by the program's submission deadline. A copy of the payment schedule can be found at palcofirst.com.

As a 1099 tax status agency or independent contractor, vendors will not have any taxes withheld from your payment. Vendors receive an IRS 1099 if they meet the IRS threshold for receiving a 1099, which are mailed out from Palco on January 31st. Allow two weeks for delivery.

Should you need any assistance, please contact a friendly customer support representative at 501.604.9936, toll-free at 1.866.710.0456, or info@palcofirst.com. Due to privacy rules, Palco Customer Support may be limited on the information we can provide about the participant.

We look forward to serving you!

Sincerely,
The Palco Team

Vendor Intake Form

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

MEMBER INFORMATION	
Full Name	Program/State

VENDOR INFORMATION			
Vendor Name	FEIN/SSN	Program/State	
Contact Person	Phone	Email	
Mailing Address			
City	State	Zip	County

To be paid for services rendered, the additional forms are required to be submitted along with this Intake:

- ☐ Provider Agreement
- ☐ IRS Form W-9
- ☐ Direct Deposit Agreement

Vendor Signature

Date

Please return this form to Palco via email: enrollment@palcofirst.com or via fax toll free to 1.877.859.8757 or 501-821-0045.

Vendor Provider Agreement

Vendor Information		
Vendor Name:	FEIN/SSN	Program/State:

The Provider agrees to the following:

- Participate in a fee for service system which results in a list of providers qualified to render supports and services to individuals with an individualized budget eligible for self-directed supports ("the recipient") through the self-directed program. Palco will process payments in accordance with the service recipient's budget, funds, and authorized services for the program. Palco is not authorized to pay any request that exceeds the service recipient's budget and funds for the program.
- Maintain status as a qualified provider of services and ensure all provider staff performing services related to the self-directed program are qualified by complying with all applicable federal, state, and local laws, rules and regulations regarding licenses, certifications, accreditations and/or other credentialing entities. Should any credentials be suspended or placed on probation, or the provider experience in changes in contact person or business information, Palco will be notified within five (5) days. Qualification does not guarantee a contract, funding, or a particular fee for the provision of services to the recipient or others.
- Comply with fraud and mandatory abuse provisions of the state, as well as the False Claims Act and the Anti-Kickback Statute.
- Not subcontract any of the services committed to the recipient, as this agreement is not transferable or assignable.
- Provide only the service outlined in the service description as well as adhere to the specified start date, end date, and unit of service as noted in the request for payment.
- Accept the reimbursement schedule for services rendered as set forth by the program as payment in full.
- Follow Palco's instructions for submission of invoices and requests for payment.
- Maintain adequate financial, medical, and administrative records to fully justify and describe the nature and extent of all goods and services provided to the recipient for a minimum of seven (7) years and make available to Palco when requested and protect confidentiality and security of all information in accordance with HIPAA and HITECH.
- Hold Palco harmless for all negligent acts of provider and its agents, representatives, and assignees.
- Understand and acknowledge that Palco is NOT the provider's employer or contract holder. The individual receiving services or his or her surrogate is the contract holder.

Vendor Signature

Date

**Request for Taxpayer
Identification Number and Certification**

Go to www.irs.gov/FormW9 for instructions and the latest information.

**Give form to the
requester. Do not
send to the IRS.**

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)	
	2 Business name/disregarded entity name, if different from above.	
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. ☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate ☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. ☐ Other (see instructions) _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.)
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions ☐	
	5 Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number												
				-				-				
or												
Employer identification number												
					-							

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person	Date
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

Pay Selection and Direct Deposit Authorization- Vendors

HOW WOULD YOU LIKE TO BE PAID?

Payment Selection: (please check only one box)

☐ Paper Check ☐ Direct Deposit

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): ☐ Checking ☐ Savings		

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.

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.