

Program: Ohio ComCare**Worker/Applicant Intake**

Complete this form entirely to begin the enrollment process as a worker in the Consumer Directed Care service of the ComCare Program. All information on this form is required 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	Phone	
Mailing Address			
City	State	Zip	County
Physical Address (Street Address, including Apt #, if different from mailing)			
City	State	Zip	County

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.

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.