PALCO
Empowering Independence
PO Box 13260
Maumelle, AR 72113

Worker Pay Rate Information

Select the appropriate reason for this form: ☐ Initial Setup ☐ Change Existing Rate

REQUIRED INFORMATION	
Employer Name	ID
Worker Name	ID or Last 4 of SSN
Participant Name	ID

Below, please indicate the Pay Rate you are agreeing to and ensure it is withing the allocated service authorization budget and program rules. A rate of pay should only be indicated for a service that is authorized in the plan of care and the worker is authorized to provide. If you have questions, speak with your Case Manager.

SERVICE COVERED	EFFECTIVE DATE*	HOURLY PAY RATE
Participant-Directed Care	___/___/____ MM/DD/YYY	$____.___ / hour

**Rate of pay effective dates can never be in the past. Your Case Manager must approve this completed form before Palco can enter your change of employee's pay rate.*

By signing below, the 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.

_____ _____
Case Manager Signature **Date**

_____ _____
Employer Signature **Date**

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