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Attendant Pay Rate Information Form

This form informs Palco, Inc. of the hourly pay rate for a Colorado Consumer-Directed Attendant Support Services (CDASS) attendant. The hourly pay rate is the amount that the attendant will receive per hour they work and are based on the member's CDASS budget.

Instructions: CDASS employer, complete the form. The attendant and employer will both sign. Return it to Palco by fax 1-877-859-8757, enrollment@palcofirst.com, PO Box 13260 Maumelle, AR 72113 . Important: If you are changing a pay rate, give Palco 5 days to process the form. The new rate will start in the next pay period. It won't change any payments that have already been made.

What is the reason for completing this form: ☐ New Member Setup ☐ Change Existing Rate

Employer Name (first and last): _____ ID: _____

Participant Name (first and last): _____ ID: _____

Attendant Name (first and last): _____ ID/Last 4 of SSN: _____

Write the pay rate you agreed on in the chart(s) below*. Only fill out the second if you're on the SLS waiver.

Rate Name	Hourly Rate*
CDASS Rate 1 (required)	
CDASS Rate 2 (optional)	
CDASS Rate 3 (optional)	
LRP Homemaker	

Supported Living Services (SLS) Waiver - Health Maintenance Activities Rate Name	Hourly Rate
SLS CDASS Health Maintenance – Rate 1 (<i>required for SLS members</i>)	
SLS CDASS Health Maintenance – Rate 2 (optional)	
SLS CDASS Health Maintenance – Rate 3 (optional)	

*Pay rates can be set between \$17 and \$57.12/hour. Before changing a pay rate, the employer should check the "cost to you" again to make sure it still fits within the CDASS budget. Some cities may have a higher local minimum wage than the state. If you need help, or would like to consult with an enrollment specialist for more information, please email enrollment@palcofirst.com.

Colorado Secure Savings is a retirement savings program. Attendants are signed up automatically and money is saved from their paycheck. If an employee doesn't want to take part, they can opt out by calling 1-844-711-5001. By signing, we certify that we understand the information in this form, it is correct, and was agreed to.

Attendant Signature: _____ Date: _____

Employer Signature: _____ Date: _____