PALCO
Empowering Independence

PO Box 13260
Maumelle, AR 72113
Toll Free 866.710.0456
Online: PalcoFirst.com

Attendant Intake Form

This form is used to begin the enrollment process for Colorado Consumer-Directed Attendant Support Services (CDASS) attendant. This form does not guarantee that you will be hired or be eligible for hire.

Instructions: Attendant, complete form. Please return it to Palco by fax: 1-877-859-8757, email: enrollment@palcofirst.com or mail: PO Box 13260, Maumelle, AR 72113.

Member and Authorized Representative (AR) Information

Name (first and last): _____ SSN: _____ Program: CDASS

AR Name (if applicable, first and last): _____ SSN: _____

In CDASS, the member is the employer of record unless they have an AR, that person will be assigned.

Attendant Information

Name (first, middle and last): _____ SSN: _____

Date of Birth (mm/dd/yyyy): _____ Is the attendant at least 16 years of age? ☐ No ☐ Yes

Are you related to the member? ☐ No ☐ Yes, I am the member's: _____ (specify)

Do you share a home with the member? ☐ No ☐ Yes Who owns/rents the home?: _____

Physical Street Address (include Apt. #): _____

City: _____ State: _____ Zip: _____ County: _____

If your mailing address is different from your physical address, complete the section below.

Mailing Street Address (include Apt. #): _____

City: _____ State: _____ Zip: _____ County: _____

Phone 1: _____ Phone 2: _____ Email: _____

Preferred Contact Method: ☐ Email ☐ Mail ☐ Phone / Voicemail

How would you like to complete the remaining attendant enrollment documents?

☐ 1. Palco's Online Portal ☐ 2. Through email ☐ 3. Through U.S. mail

By checking option 1 or 2, you understand that Palco is not responsible for sending information to an incorrect email address that you provided. You agree to receive information and notices electronically, which may contain Personal Health Information (PHI) (defined at 45 CFR 160.103) and/or personally identifiable information (PII). You understand your consent is in effect until Palco is notified in writing that you withdraw your consent.

Attendant Signature: _____ **Date:** _____

Employer (member or AR) Printed Name (first and last): _____

Employer Signature: _____ **Date:** _____