P.O. Box 27460
Albuquerque, NM 87125-7460
Toll Free 1.800.283.4465 Option 5
Online: Palcofirst.com/new-mexico

Referral & Intake

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

PARTICIPANT INFORMATION			
First Name	Middle Name	Last Name	
Social Security Number	DOB	Email	
Physical Address (Street Address, including Apt. #)			
City	State	Zip	Phone
Mailing Address (Street Address, including Apt. #, if different from mailing)			
City	State	Zip	

By participating in the Self-Directed Care program, the participant/client or someone over the age of 18 who the participant/client elects (the "Employer") will manage and direct these services and funds provided under the budget. This responsibility is known as the employer of record.

Who will be serving as the Employer of Record?

☐ Myself (The Participant/Client)
☐ An Employer Individual. (If you selected this, please provide their information below.)

EMPLOYER INFORMATION (if different from above)			
First Name	Middle Name	Last Name	
Social Security Number	DOB	Email	
Mailing Address (Street Address, including Apt. #)			
City	State	Zip	Phone

Conduent's Enrollment System, powered by Palco has a fully online enrollment process that is quick and easy. The Employer of Record 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 would like a PDF Enrollment Packet ☐ mailed or ☐ emailed (please check one).

Please return this form to Conduent via email: docprocessing@conduent.com or via fax toll free to 866-302-6787

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Admin Use ONLY	Support Broker Name:	Date:
	Support Broker/Consultant Signature:	