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

Attendant Intake Form – Accelerated Enrollment

Accelerated enrollment is offered to Colorado Consumer-Directed Attendant Support Services (CDASS) attendants who are currently employed by another CDASS employer enrolled with Palco. This packet is shortened to provide a faster enrollment in those instances. The individual forms that may be required based on the questions below can be found on Palco's website (palcofirst.com/colorado).

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. Accelerated enrollment is not available online at this time.

You must also complete and return:

- ☐ US CIS Form I-9
- ☐ I-9 Supporting Documentation
- ☐ Attendant Pay Rate Information Form
- ☐ Payroll Information Worksheet

Member and Authorized Representative (AR) Information

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

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

Employer Phone: _____ Employer Email: _____

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: _____

Phone1: _____ Phone 2: _____ Email: _____

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

Is your direct deposit information the same? ☐ No ☐ Yes

If you answer No, fill out the Pay Selection and Direct Deposit form and send it in with any required documents. If you answer Yes, your pay will be deposited the same way it is for your other employer.

Is your withholding information the same? ☐ No ☐ Yes

If No, complete a W-4 Form and submit it with your supporting documentation. If you select Yes, your pay will have the same withholding as already on file with Palco.

Is your Electronic Visit Verification information the same? ☐ No ☐ Yes

If No, complete the Colorado Consumer-Directed Attendant Support Services Electronic Visit Verification Registration Form or State of Colorado Electronic Visit Verification Attestation of Exemption Form.

By signing below, I , the attendant confirm and understand:

- This form is solely for the use of an accelerated enrollment and I am requesting one because I am already employed by another CDASS Employer who is enrolled and active with Palco,
- My information on file for that other employment relationship will be used for the purpose of enrolling with the above-named member/employer,
- Palco is not responsible for any mistakes in processing my enrollment if I fail to provide accurate information,
- Palco is not my employer,
- I will not begin working for the above-named employer until I receive a good-to-go notification from Palco enrollment,
- A background check must be completed with satisfactory results before a good-to-go date can be issued and I authorize the completion of that check, and
- The information I provided on this form is accurate.

Attendant Signature: _____ **Date:** _____

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

Employer Signature: _____ **Date:** _____

PALCO
Empowering Independence

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Payroll Information Worksheet

As an employer or home care worker in a self-directed program, payroll wages and tax withholdings are subject to special tax and overtime rules, and residency may impact benefits under labor laws. Completing this form accurately will ensure that taxes and benefits are calculated properly. For more information, visit IRS Publication 15, as well as relevant State tax and labor agency websites.

Instructions: Attendant, complete form. To claim exemptions on either Federal or State Income Tax Withholdings, please mark "Exempt" on your W-4 or State Withholding Certificate, if applicable. Please return this form to Palco by fax: 1-877-859-8757, email: enrollment@palcofirst.com or mail: PO Box 13260, Maumelle, AR 72113.

Required Information

Attendant Name (first, middle, and last): _____ Palco ID: _____

Employer Name (first and last): _____

Member Name (if different from Employer, first and last): _____

Part A: FICA (Social Security and Medicare) Taxes

The IRS exempts some employers and workers from paying FICA. Select the correct response:

☐ **Exempt.** I am under 18 years old and a full-time student.

☐ **Exempt.** I am a non-resident alien holding a visa for household services.

☐ **Exempt.** I am the spouse of my employer.

☐ **Exempt.** I am the child of my employer and under 21 years old.

☐ **Exempt.** I am the parent of my employer who is an adult. This includes adoptive and stepparents.

Exception: If you are the parent of the employer and select any of the following statements, **you are non-exempt**

- ☐ I am the parent of the employer, and I also provide care for my grandchild or step-grandchild in my child's home.
- ☐ I am the parent of the employer, and my grandchild or step-grandchild is under 18 years old or has a physical or mental condition that requires personal care of an adult for at least four weeks in a row during the calendar quarter in which services are performed.
- ☐ I am the parent of the employer, and my child is widowed, divorced, not remarried or living with a spouse who has a mental or physical condition so the spouse cannot care for my grandchild for at least four weeks in a row during the calendar quarter in which services are performed.

☐ **Non-Exempt.** None of the selections apply to me.

Part B: FUTA (Federal Unemployment) and SUTA (State Unemployment) Tax Exemption

The IRS and State tax agencies exempt some wages from FUTA or SUTA. Select the correct response:

☐ **Exempt.** I am the child of my employer and under 21 years old.

☐ **Exempt.** I am the parent of my employer who is an adult. This includes adoptive and stepparents.

Check this box if you live in the state of Colorado: ☐ By choosing this box, you will be exempt from paying federal unemployment taxes. However, you will be paying state unemployment taxes.

☐ **Exempt.** I am the spouse of my employer.

☐ **Exempt.** I am a non-resident alien holding a visa for household services.

☐ **Non-Exempt.** None of the selections apply to me.

Part C: Overtime Exclusion

Several factors may make a worker exempt from receiving overtime payments or ineligible for overtime because of program-specific rules. Palco is not your employer. It cannot decide whether you are exempt. By checking the appropriate box, you are telling Palco if you are eligible to be paid overtime wages.

☐ **Exempt.** Exempt from overtime pay for any reason, including program rules or qualifying for the Department of Labor (DOL) Home Care Rule Exclusion, as the live-in caregiver residing at the participant's residence at least 5 days per week. (See 29 CFR §552.102 and DOL Fact Sheet #79B). **By checking this box, any hours that exceed 40 per week will not be paid at overtime rates**.

☐ **Non-Exempt.** Overtime rates will be paid on time worked above 40 hours in a work week.

Part D: State Income Tax Exemption

If you would like to be exempt from State Income Tax withholding for any reason, please check the **Exempt** box below.

☐ **Exempt**

☐ **Non-Exempt**

Part E: Colorado Secure Savings Retirement Program

Eligible Colorado workers are invited to participate in the Colorado Secure Savings (CSS) retirement program. This is a state-sponsored program that is intended to help employees save for their future. Enrollment in the program is automatic, and savings are withdrawn through payroll deductions.

The initial deduction set for workers is 5%; however, this can be changed to an amount lower or higher if the worker desires. Workers are given 30 days to opt out of CSS before deductions are applied if they don't want to participate or prefer to save for their retirement another way. **Please check the following required box:**

☐ I have read and understood the information about the CSS program, and I will contact CSS directly at 1-844-711-5001 if I choose to opt out.

Part F: Approval and Signature

By completing this document and signing below, I, the above-named attendant:

- Read this entire Payroll Information Worksheet,
- Agree to complete a new Payroll Information Worksheet and submit it to Palco immediately if any of the information in this document changes at any time. I understand:
    - Failure to notify Palco may result in a tax bill sent to me or other employment-related matters for my employer, and
    - That I alone am responsible for notifying Palco immediately of any changes to the information in this document,
- Certify that the information I provided in this document is correct,
- Understand Palco is not responsible for incorrectly calculating or withholding my pay due to my failure to complete and submit correct information,
- Understand that any incorrect information I have provided in this document may cause me to receive administrative, civil, or criminal penalties, and
- Hold Palco harmless for any incorrect information you supply that leads to administrative, civil, or criminal penalties.

Attendant Signature: _____ **Date:** _____

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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 (*required for SLS members)*	
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: _____

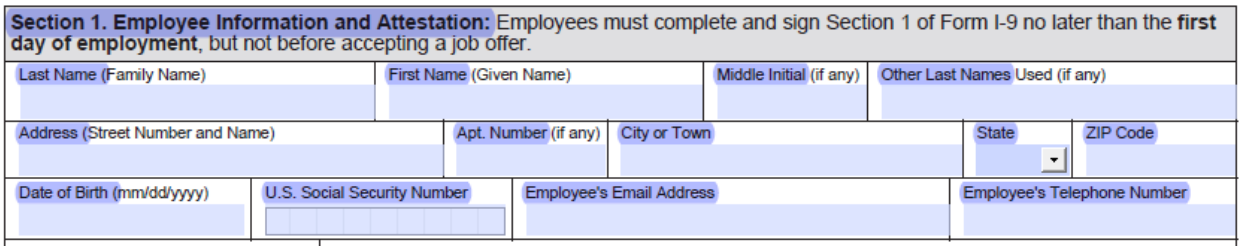
Instructions for I-9

The United States Department of Homeland Security, Citizenship, and Immigration Services (CIS) department, requires all U.S. employers and workers to complete the I-9. The purpose is to verify that the applicant worker can be legally employed in the United States. Palco verifies all workers through the U.S. CIS online system.

Use the instructions and checklist below to guide you through completing this form. The applicant worker should complete all fields highlighted in blue. The employer should complete all fields highlighted in yellow.

1. Complete Section 1 at the top of page 1. Must be completed by the applicant worker.

☐ Complete all fields in Section 1. The name here must match the name on your verification documents. (See #3 on this checklist.)



Section 1. Employee Information and Attestation: Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.

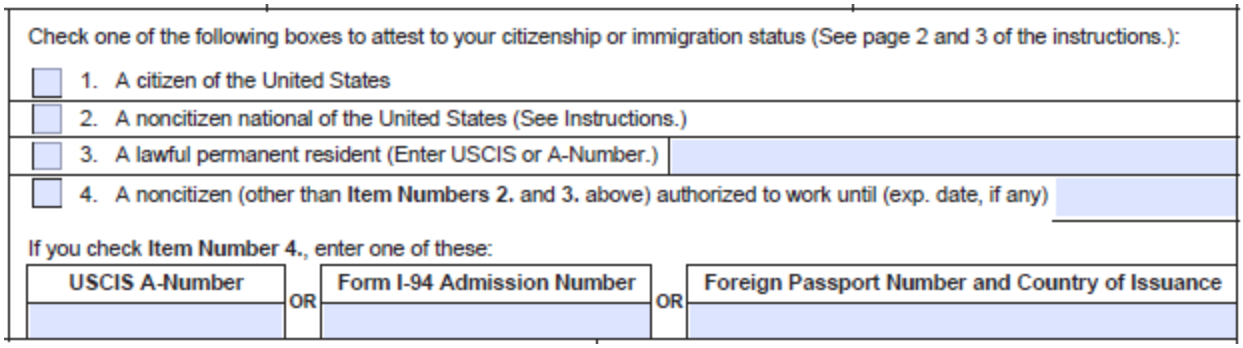
Last Name (Family Name)	First Name (Given Name)	Middle Initial (if any)	Other Last Names Used (if any)

Address (Street Number and Name)	Apt. Number (if any)	City or Town	State	ZIP Code

Date of Birth (mm/dd/yyyy)	U.S. Social Security Number	Employee's Email Address	Employee's Telephone Number

☐ Select the following box that applies to you.

- If you select box 3, supply your alien registration or USCIS number.
- If you select box 4, supply your work expiration date and complete any one of the three fields that follow.



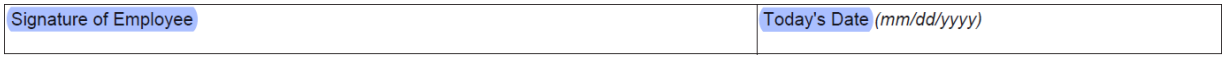
Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):

1. A citizen of the United States
2. A noncitizen national of the United States (See Instructions.)
3. A lawful permanent resident (Enter USCIS or A-Number.)
4. A noncitizen (other than **Item Numbers 2.** and **3.** above) authorized to work until (exp. date, if any)

If you check **Item Number 4.**, enter one of these:

USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance

☐ Sign and date.



Signature of Employee	Today's Date *(mm/dd/yyyy)*

☐ If necessary, complete the Preparer and/or Translator Certification boxes on page 3.

2. Complete Section 2 at the bottom of page 1. Must be completed by the employer.

☐ Refer to page 2 of the I-9 for appropriate verification documents. Complete all lines associated with the documents provided in the space designated. You must complete one, but not both, of the following two options for submission:

- ☐ One document from List A.
- ☐ One document from List B **and** One document from List C.

	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)			Additional Information		
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)			☐ Check here if you used an alternative procedure authorized by DHS to examine documents.		

☐ Attach copies of the verification documents listed on page 1 of the I-9. The employer must review the worker's verification documents.

☐ Provide the employee's first day of employment in the space provided. This date must match the date the worker signed on page 1.

The employee's first day of employment *(mm/dd/yyyy)*: _____

☐ Complete the next two rows of information in Section 2, including signing and dating the form.

Last Name, First Name and Title of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)

Employer's Business or Organization Name	Employer's Business or Organization Address, City or Town, State, ZIP Code

☐ Complete page 4 *only* if the worker had a name or citizenship status change, or if the worker previously worked for the employer within the last three years. If none of these apply, leave page 4 blank.

For more information and assistance on how to complete this form, visit https://www.uscis.gov/i-9.

Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS Form I-9
OMB No.1615-0047
Expires 07/31/2026

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the Instructions.

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

Section 1. Employee Information and Attestation: Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.

Last Name (Family Name)	First Name (Given Name)	Middle Initial (if any)	Other Last Names Used (if any)

Address (Street Number and Name)	Apt. Number (if any)	City or Town	State	ZIP Code

Date of Birth (mm/dd/yyyy)	U.S. Social Security Number	Employee's Email Address	Employee's Telephone Number

I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.

Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):

- ☐ 1. A citizen of the United States
- ☐ 2. A noncitizen national of the United States (See Instructions.)
- ☐ 3. A lawful permanent resident (Enter USCIS or A-Number.)
- ☐ 4. A noncitizen (other than **Item Numbers 2.** and **3.** above) authorized to work until (exp. date, if any)

If you check **Item Number 4.**, enter one of these:

USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance

Signature of Employee	Today's Date (mm/dd/yyyy)

If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the Preparer and/or Translator Certification on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

Additional Information

☐ Check here if you used an alternative procedure authorized by DHS to examine documents.

Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.

First Day of Employment (mm/dd/yyyy):

Last Name, First Name and Title of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)

Employer's Business or Organization Name	Employer's Business or Organization Address, City or Town, State, ZIP Code

For reverification or rehire, complete Supplement B, Reverification and Rehire on Page 4.