

Individual Directed Goods and Services Request Form



| | | |
|---|-----------------------|--------------|
| Member Name: | Palco Care ID: | Date: |
| Good or service requested | | |
| Authorization code | | |
| Vendor who will provide the good/service: | | |
| Vendor contact information (phone number, email address or website, etc.): | | |
| Please describe how this purchase will meet a documented need or support a documented goal/outcome in the member's person-centered plan: | | |

Total Purchase Cost: _____

Please attach supporting documentation, such as an estimate, invoice, or balance due statement. This should include all costs related to this purchase that are incurred during the budget span

Is this purchase a one-time expense or a recurring expense, such as a monthly membership fee?

One Time Recurring

If recurring, please describe frequency: _____

| | YES | NO |
|--|--------------------------|--------------------------|
| Is this purchase on the state non-allowable purchases list? (The full list is on the next page.) | <input type="checkbox"/> | <input type="checkbox"/> |

I declare under penalties of perjury that the information provided on this form is true and accurate.

Member or Representative Signature: _____

Member or Representative Name (Printed): _____

Please return this form, with attached documentation, to Palco.

Fax: 1.877.859.8757

Email: accounting@palcofirst.com

Mail: P.O. Box 13260 Maumelle, AR 72113

Individual Directed Goods and Services Request Form



| Good/Service | Authorization Code |
|---|--------------------|
| Home Modifications | HMOD |
| Personal Emergency Response Services | PERS |
| Medical Equipment | MEQ |
| Prescription Medication Co-Pays and Deductibles | PRES |
| Household Related Items | HHI |
| Medically Necessary Items | MNEC |
| Health & Safety Monitoring & Equipment | HSME |
| Other / Uncategorized | OTH |

Non-Allowable Goods and Services

- Cash payments
- Gifts or loans for participant-directed workers, family, or friends
- Food and/or other beverages, including nutritional supplements
- Entertainment equipment or downloadable files/applications or supplies
- Illegal drugs, alcoholic beverages, tobacco products, or vaping devices
- Costs associated with travel such as airfare, lodging, meals, etc. for vacations or entertainment
- Utility costs, rental costs, or mortgage payments
- Clothing or shoes or other wearing apparel
- Paint and related supplies
- Cleaning for other household members or areas of a home that are not used as part of the participant's personal care
- Experimental or prohibited treatments and/or procedures are excluded
- Vehicle expenses including routine maintenance and repairs, insurance or gas money for a personal vehicle or a family member's vehicle who performs tasks they are responsible for outside of personal care
- Landscape and yard work
- Pet care
- Massages, manicures, pedicures, or any cosmetic service or supply
- Any other item not specified which does not meet the scope of service