

# Individual Directed Goods and Services Request Form



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

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](mailto: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