

Worker Pay Rate Information Form



This form informs Palco, Inc. of the hourly pay rate for an Indiana Program Worker. Hourly pay rates are the amount the worker will receive per hour they work and they are based on the member's budget.

Instructions: Indiana Program employer, complete the form. The worker and employer will both sign. Return to Palco by fax 1-877-859-8757, email to enrollment@palcofirst.com, or mail to 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: _____

Worker Name (first and last): _____ ID: _____

Write the pay rate you agreed on in the chart(s) below* for your waiver.

*Pay rates for each program can be set between:

Waiver	Service	Minimum Wage	Maximum Wage	Hourly Rate*
H&W TBI PathWays	Worker Care	\$15.00	\$30.00	
	Skilled Respite	\$15.00	\$32.00	
	Skilled Respite LPN	\$20.00	\$48.00	
	Skilled Respite RN	\$25.00	\$61.00	
	Home and Community Assistance	\$15.00	\$27.00	
CIH	ResHab hourly	\$15.00	\$31.00	
FSW	Participant Assistance and Care	\$15.00	\$30.00	
CIH FSW	Respite Care	\$15.00	\$38.00	
	Respite LPN	\$20.00	\$48.00	
	Respite RN	\$25.00	\$61.00	
	Workplace Assistant	\$15.00	\$34.00	

Before changing a pay rate, the employer should check the "cost to you" again to make sure it still fits within the program budget.

Worker Signature: _____ Date: _____

Employer Signature: _____ Date: _____