



# Fiscal Employer Agent (F/EA) Enrollment Guide

Ohio- Worker

---

June 2024

---

PALCO

[palcofirst.com](https://palcofirst.com) | [info@palcofirst.com](mailto:info@palcofirst.com)

FOR INTERNAL USE ONLY



Introduction and Process Flow ..... 2

Worker Information and Qualification ..... 3

I-9 Form ..... 4

Payroll Information Worksheet..... 5

W-4 Employee Withholding Certificate ..... 6

Ohio Employee Withholding Certificate ..... 7

Pay Selection and Direct Deposit Form ..... 8

Pay Rate Information ..... 9

Frequently Asked Questions ..... 10





# Introduction and Process Flow

---

This document will provide you with key information related to the forms you are signing via Intake. Once you have completed your enrollment online, Palco will process your information and complete any program necessary checks and steps to get you enrolled. If you have forms a part of your enrollment that required a download and signature by multiple parties, please submit that immediately to [enrollment@palcofirst.com](mailto:enrollment@palcofirst.com). You can also submit any supporting documentation to this inbox. Processing of enrollment forms will take approximately 3 business days.

Once everything is complete, Palco will issue each enrollee a “good-to-go” notification that indicates the process is complete. Palco is not the employer for any workers under the self-directed program and all directives to workers on when they can work and be paid is the responsibility of the employer. Palco cannot pay for services prior to the good-to-go date indicated in the email. For more information about time entry and payment processing, visit [www.palcofirst.com](http://www.palcofirst.com) and navigate to your program specific webpage.

In addition to the website, Palco has a web-based training library where you can find videos and tutorials for all of your functions with the Palco system. You can find this via the Palco homepage or by visiting <https://www.gotostage.com/channel/palcotraining>.

## Typical Program Enrollment Process Flow:

*(process may vary based on program specifics)*

1. Referral to Palco by Case Manager/Support Coordinator following the completion of any program prerequisites.
2. Initial contact by Palco Enrollment Specialist to initiate training and provide online enrollment link.
3. Enrollee completes online enrollment and submits required information and documentation as necessary.
4. Palco Enrollment Specialist processes forms and completes any required checks and qualifications to ensure program compliance.
  - a. This may include a requirement for certain care providers / workers to also be enrolled to proceed.
5. Palco Enrollment Specialists requests budget / authorization from Case Manager / Support Coordinator for services to begin.
6. Budget / authorization is provided and entered into the Palco system.
7. Good-to-Go notification is issued to all enrollees who have completed the process with an effective date for when services can begin.



# Worker Information and Qualification

The Worker Information and Qualification explains the duties of a worker within the program. This is a two-page form which also includes a consent and explanation of the background checks required in order to become a worker. It is an internal Palco form and requires the worker's signature and date at the bottom.

**Worker Information & Qualification**

This form is required for all workers in the Consumer Directed Care service of Council on Aging's Elderly Services Program. Please complete this form entirely.

WORKER INFORMATION	
Full Name	4 of SSN

As a worker in in the Consumer Directed Care service of Council on Aging's Elderly Services Program, you must agree to the following terms:

- You understand who your employer is. Please note in the Consumer Directed Care service of Council on Aging's Elderly Services Program, the employer is the participant/client or their Authorized Representative. Neither Palco, Council on Aging, Council on Aging's programs, or program/state administrators, are your employer.
- This position is paid as an employee and not as an independent contractor.
- This document does not create an anticipation, nor a contract, of employment.
- To adhere to all federal, state, local, and program laws, regulations, policies, and requirements throughout your employment, including staying current on information provided to me about the program.
- That employment is contingent upon many factors, including successful completion and/or passing of required background checks, possible training, and/or credentialing.
- To report any changes in your ability to deliver services, including changes in your background history or qualifications required to perform services under this program.
- Your employer is responsible for payment of services for activities not authorized in or exceeding the limitations established by the budget.
- Funds to pay for services are from public sources, and financial accountability and liability applies to the use of the funds. You understand that submitting false or fraudulent timesheets or submitting timesheets for tasks other than those approved on the authorized budget will be reported to the appropriate authorities for investigation and possible prosecution as fraud.
- That medical and personal information and data about the participant/client and the worker is confidential. You have read and agree to Palco's Privacy Practices.
- That neither Palco nor program/state administrators are responsible or liable for any negligent acts, work-related injuries, or omissions by me, the employer, participant/client, other workers or service providers, or authorized representatives.
- To report all critical incidents relating to the participant/client's health, safety, and welfare, including suspicion of fraud, abuse, or neglect.
- You certify that you are at least 18 years of age.
- You give your permission for Palco to run the below listed checks and to share the results with your employer, state and program administrators, and others who may be involved in the consumer's care through this program. You understand that employment is based on the outcome of these checks and that you cannot provide services, nor receive payment, until Palco has notified you that you have been cleared to do so. You hereby release your participant/client/Authorized Representative, Palco, Council on Aging and his/her agents from any and all liability, claims and/or demands, of whatever kind, related to the compilation or preparation of the checks hereby authorized.

Page 1 of 2  
EN-320000-WIQ-1.0

<input checked="" type="checkbox"/>	Office of Inspector General Medicaid exclusion check
<input checked="" type="checkbox"/>	SAM Check
<input checked="" type="checkbox"/>	Abuser Registry OH (Dept of Developmental Disabilities)
<input checked="" type="checkbox"/>	OH Medicaid Check
<input checked="" type="checkbox"/>	OH Sex Offender Check
<input checked="" type="checkbox"/>	OH Offender Search (Dept of Rehabilitation & Inmates)
<input checked="" type="checkbox"/>	Nurse Aide Registry -- only if worker has not lived in OH for at least last 5 years

By signing below, you acknowledge that you have read this agreement and accept responsibility as a worker in the ESP program, understand their responsibilities and duties associated with that role, and will comply with program policies and requirements. The information provided herein is true and accurate to the best of your knowledge. You further understand and agree that violation of this agreement may result in inability to provide services under this program.

Worker Printed Name	Worker Signature	Date

Page 2 of 2  
EN-320000-WIQ-1.0



# I-9 Form

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. Verification of documents being supplied on the form must be done by the employer. The form is three pages long, the last page contains a list of acceptable documents.



**Employment Eligibility Verification**  
Department of Homeland Security  
U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
OMB No. 1615-0047  
Expires 10/31/2022

**▶ START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**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	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

1. A citizen of the United States

2. A noncitizen national of the United States (See instructions)

3. A lawful permanent resident (Alien Registration Number/USCIS Number): \_\_\_\_\_

4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): \_\_\_\_\_  
Some aliens may write "N/A" in the expiration date field. (See instructions)

Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:  
An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.

1. Alien Registration Number/USCIS Number: \_\_\_\_\_  
**OR**

2. Form I-94 Admission Number: \_\_\_\_\_  
**OR**

3. Foreign Passport Number: \_\_\_\_\_  
Country of Issuance: \_\_\_\_\_

QR Code - Section 1  
Do Not Write in This Space

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

**Preparer and/or Translator Certification (check one):**

I did not use a preparer or translator.  A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)
Last Name (Family Name)		First Name (Given Name)
Address (Street Number and Name)		City or Town State ZIP Code

STOP
Employer Completes Next Page
STOP

Form I-9 10/21/19
Page 1 of 3

For more information about this form, [click here](#).



# Payroll Information Worksheet

This Palco Payroll Information Worksheet is used to determine any exemptions the worker may qualify for in order for Palco to calculate the proper payroll and payroll tax. It is important you review the questions carefully and verify who exactly the employer is so you can answer accurately. This form is 3 pages long and should be updated at any time if information changes.

PO Box 242930  
 Little Rock, AR 72223  
 Toll Free 866.710.0456  
 Online: [PalcoFirst.com](http://PalcoFirst.com)

PALCO

### Payroll Information Worksheet

As a home care worker in the Consumer Directed Care service of Council on Aging's Elderly Services Program, your payroll tax withholdings are subject to special tax rules, and your residency may impact your benefits under labor laws. Completing this form accurately will ensure that your taxes and benefits are calculated properly.

REQUIRED INFORMATION	
Employee Name	ID
Employer Name	Participant/Client Name (If different from Employer)

**Select the following box that applies:**

This form is part of your **first-time enrollment** with Palco.

You are already enrolled with Palco and need to **change** your information

**Part A: Family Member Exemptions**

Depending on your relationship to your employer and your age, you may be exempt from certain taxes, such as FICA (Social Security and Medicare), FUTA (Federal Unemployment) and SUTA (State Unemployment). You can find more information about this in IRS Publication 15.

Relationship to Employer	FICA <sup>1</sup>	FUTA <sup>2</sup>
Child employed by Parent	Exempt until child turns 21	Exempt until child turns 21
Parent employed by Adult Child (including Adoptive and or Stepparent)	Exempt	Exempt
Spouse employed by Spouse	Exempt	Exempt

**Select the appropriate response:**

**Non-Exempt.** None of the selections apply.

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

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

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

<sup>1</sup> If you are not exempt as indicated above, appropriate taxes, including FICA, will be withheld. Should you not meet the annual IRS domestic service wage threshold for the current tax year, your FICA will be refunded to you in January of the following year, and your W-2 will reflect that no FICA was withheld.

<sup>2</sup> In most states, an exemption from FUTA will also apply to SUTA.

Page 1 of 2  
EN-32000-PIW-2.0 (NO DOC)

For more information about this form, [click here](#).



# W-4 Employee Withholding Certificate

The IRS Form W-4 is used by Palco to withhold the proper amount of federal income tax from worker paychecks. The information entered into the Intake system will be hard coded on to the form and stored for tax purposes. This form should be updated any time your information changes. Palco cannot provide tax advice of any kind, if you have questions speak to a tax professional or visit the IRS website for additional guidance.

Form <b>W-4</b>		<b>Employee's Withholding Certificate</b>		OMB No. 1545-0074
Department of the Treasury Internal Revenue Service		Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Give Form W-4 to your employer. Your withholding is subject to review by the IRS.		<b>2023</b>
<b>Step 1:</b> Enter Personal Information	(a) First name and middle initial Last name	(b) Social security number		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
	Address			
	City or town, state, and ZIP code			
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)			
<b>Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5.</b> See page 2 for more information on each step, who can claim exemption from withholding, other details, and privacy.				
<b>Step 2:</b> Multiple Jobs or Spouse Works	Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs. Do <b>only one</b> of the following. (a) Reserved for future use. (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; or (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate <input type="checkbox"/> <b>TIP:</b> If you have self-employment income, see page 2.			
<b>Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs.</b> Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)				
<b>Step 3:</b> Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 \$ _____ Multiply the number of other dependents by \$500 . . . . . \$ _____		3 \$ _____	
<b>Step 4 (optional):</b> Other Adjustments	<b>(a) Other income (not from jobs).</b> If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . .			
	<b>(b) Deductions.</b> If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . .			
	<b>(c) Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . .			
<b>Step 5:</b> Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.			
	Employee's signature (This form is not valid unless you sign it.)		Date	
<b>Employers Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)	
For Privacy Act and Paperwork Reduction Act Notice, see page 3.		Cat. No. 10220Q	Form <b>W-4</b> (2023)	

For more information about this form, [click here](#).



## Ohio Employee Withholding Certificate

This form is used by Palco to withhold the proper amount of state income tax from worker paychecks. The information entered into the Intake system will be hard coded on to the form and stored for tax purposes. This form should be updated any time your information changes. Palco cannot provide tax advice of any kind, if you have questions speak to a tax professional or visit the IRS website for additional guidance.

As of 12/7/20 this new version of the IT 4 combines and replaces the following forms: IT 4 (previous version), IT 4NR, IT 4 MIL, and IT MIL SP.

**Ohio** | Department of Taxation IT 4  
Rev. 12/20

### Employee's Withholding Exemption Certificate

Submit form IT 4 to your employer on or before the start date of employment so your employer will withhold and remit Ohio income tax from your compensation. If applicable, your employer will also withhold school district income tax. You must file an updated IT 4 when any of the information listed below changes (including your marital status or number of dependents). You should contact your employer for instructions on how to complete an updated IT 4. **Your employer may require you to complete this form electronically.**

**Section I: Personal Information**

Employee Name:	Employee SSN:
Address, city, state, ZIP code:	
School district of residence (See <i>The Finder</i> at tax.ohio.gov):	School district number (####):

**Section II: Claiming Withholding Exemptions**

- Enter "0" if you are a dependent on another individual's Ohio return; otherwise enter "1" .....
- Enter "0" if single or if your spouse files a separate Ohio return; otherwise enter "1" .....
- Number of dependents .....
- Total withholding exemptions (sum of line 1, 2, and 3) .....
- Additional Ohio income tax withholding per pay period (optional) ..... \$

**Section III: Withholding Waiver**

I am **not** subject to Ohio or school district income tax withholding because (check all that apply):

- I am a full-year resident of Indiana, Kentucky, Michigan, Pennsylvania, or West Virginia.
- I am a resident military servicemember who is stationed outside Ohio on active duty military orders.
- I am a nonresident military servicemember who is stationed in Ohio due to military orders.
- I am a nonresident civilian spouse of a military servicemember and I am present in Ohio solely due to my spouse's military orders.
- I am exempt from Ohio withholding under R.C. 5747.06(A)(1) through (6).

**Section IV: Signature** (required)

Under penalties of perjury, I declare that, to the best of my knowledge and belief, the information is true, correct and complete.

Signature \_\_\_\_\_ Date \_\_\_\_\_

For more information about this form, [click here](#).





# Pay Rate Information

The Pay Rate Information form is used to determine the initial pay rate of the worker or to document any changes to the worker's pay rate. The form is completed by the employer, the worker and the employer both must sign and date the bottom of the form. The form should be reviewed carefully to ensure the rate of pay being set is within the program rules and will not cause negative impacts on spending.



PO Box 242930  
 Little Rock, AR 72223  
 Toll Free 866.710.0456  
 Online: [PalcoFirst.com](http://PalcoFirst.com)

### Worker Pay Rate Information

Select the appropriate reason for this form:  Initial Setup  Change Existing Rate

REQUIRED INFORMATION	
Employer Name	ID
Worker Name	ID or Last 4 of SSN
Participant Name	ID

Below, please indicate the Pay Rate you are agreeing to and ensure it is within the allocated service authorization budget and program rules. A rate of pay should only be indicated for a service that is authorized in the plan of care and the worker is authorized to provide. If you have questions, speak with your Service Coordinator.

SERVICE COVERED	EFFECTIVE DATE*	HOURLY PAY RATE
CDC Blended T2041/T2041-U4	MM/DD/YYYY	\$ ____ / hour

\*Rate of pay effective dates can never be in the past. Must be the 1<sup>st</sup> of the 16<sup>th</sup> of the month to coincide with the start of the pay period.

By signing below, the Employer and Worker certify that the information in this form is correct and was agreed to by both parties. For changes to existing rates, please allow five (5) days for processing. Once processed, the change will take effect the next pay period. Changes will not be applied retroactively to payments already made.

Worker Signature \_\_\_\_\_

Employer Signature \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

Please return this form to Palco via email: [enrollment@palcofirst.com](mailto:enrollment@palcofirst.com) or via fax to 1.877.859.8757

EN-320000-WRI-1.0

For more information about this form, [click here](#).



# Frequently Asked Questions

---

## What if I need assistance in completing forms?

Online enrollment is the easiest method for completing forms. Palco customer support agents can assist you in gaining credentials to enroll online.

## When can my worker begin providing services?

Palco will notify you (the employer) and your worker once all requirements for enrollment have been met. The date of this notification is the date work can begin. Any work performed prior to that date will not be paid by Council of Aging or the Elderly Services Program.

## Can a worker provide services to multiple clients?

Yes. However, a worker must abide by all program rules, especially those regarding overlapping claims for payment of services. Workers may be employed by as many clients (employers) as he or she would like. Each time he or she begins working for a new client, a new worker packet must be completed, just like getting any new job. This is the worker's responsibility.

## What happens if my worker stops providing services?

Anytime a worker stops providing service, Palco must be notified via an Employment Separation Notice, which can be found on our website. Even after termination, the worker should keep Palco aware of any changes in contact information throughout the year, so that we can send correspondence, such as W-2s, to the correct address.

## I want to designate someone else to manage my worker. How do I do that?

You are permitted to designate someone else to manage your work – this is called an Employer of Record. To do this, you must complete a Designation of Surrogate Employer form. Be sure to include the date of the change at the top of the form.

## How does an Employer of Record change impact my worker?

When you make a change to your Employer of Record, your worker must re-complete some new hire forms, such as the I-9. Palco will notify you of the requirements.



### Can someone correspond with Palco on my behalf?

Federal and state privacy laws prevent Palco from disclosing personal information to unauthorized individuals. Palco will only correspond with workers about that worker's particular account. Surrogate employers designated as the Employer of Record may receive all information about the worker's accounts and information about the client necessary to carry out employer roles. Participants/Clients have unlimited access to information held by Palco on their account. Participants/Clients may also appoint an authorized user by completing an Authorized User Designation form. An Authorized user is someone who is not the Employer of Record, but has permission to correspond with Palco on the employer's behalf.

### How are timesheets submitted?

Timesheets can be submitted online via our portal, by fax, by mail or email. When using the online portal, submit all time properly. Both the employer and the worker must approve all time before it can be processed for payment by Palco. Additional instructions can be found in our Online Registration Packet. When submitting a paper timesheet, follow all instructions to reduce submission errors. A properly submitted timesheet must be received before the deadline to ensure a worker's pay is not delayed.

### When does a worker submit timesheets?

A payroll schedule shows the deadlines for submitting timesheets and scheduled paydays. The payroll schedule for specific programs can also be found at [www.palcofirst.com](http://www.palcofirst.com) under your program specific page.

### How will I know if a timesheet was received and approved?

The online portal will display approval messages in real time. For other methods of submission, contact Palco Customer Support 48 hours after submission to allow time for processing.

### What if a worker doesn't receive the funds on the scheduled payday?

For direct deposited payments, workers should allow sufficient time for the pay to deposit into the account. We recommend allowing 24 hours after payday for the deposit.



### Will the worker receive a W-2 at year-end?

W-2s are available January 31. If receiving the W-2 by mail, workers should allow one week for delivery. All workers receive a W-2. Workers who earn less than the annual domestic service threshold, per IRS Pub. 15 (Circular E), will also receive a refund of over collected FICA. As an employer, you should encourage your worker to make sure the correct address and direct deposit information is current with Palco prior to January 31 of each year, even if the worker is no longer providing services for you.

### How do I change my information with Palco?

The fastest and easiest method is to log into your account and change your information. Otherwise, you must complete the appropriate form and mail or fax it to Palco. All forms are found at [palcofirst.com](http://palcofirst.com). For name and contact information changes, complete a Change of Information form and attach documentation to show proof of name change which can be driver's license, divorce degree or marriage license. For any other changes, contact Palco customer support.

### How can Palco be contacted?

Palco Customer Support representatives are available Monday through Friday, 8:00 am to 5:00 pm EST, except state holidays. You may reach us by phone at 501.604.9936 or toll free at 1.866.710.0456. You can also email us at [customersupport@palcofirst.com](mailto:customersupport@palcofirst.com). Palco has a range of translator and interpreter services at your request.