Support Broker Intake

Complete this form entirely to begin the enrollment process as a support broker in the My Voice, My Choice program. Completion of this form does not constitute a hiring by the employer.

PARTICIPANT INFORMATION		
Full Name	SSN	Program:

SUPPORT BROKER INFORMATION			
First Name		Middle Name	Last Name

Social Security Number	Email	Date of Birth (mm/dd/yyyy)	Gender ☐ Male ☐ Female

Is the worker-applicant related to the participant by blood or marriage?

☐ No   ☐ Yes I am the participant's: _____ (specify relationship)

Do you share a residence with the participant?
☐ No   ☐ Yes Please specify who owns or rents the residence:

Physical Address (Street Address, Including Apt. #)

City	State	Zip	County

Mailing Address (Street Address, Including Apt. #) – *if different than the physical address*

City	State	Zip	County

Phone1	Phone2	Preferred Method of Communication ☐ Email ☐ Mail ☐ Phone / Voicemail

☐ Yes   ☐ No – I am currently employer by another Participant in the Idaho Self Direction Program.

*The Participant is the Employer of Record. By program rule the spouse of the Participant is not allowed to be a paid employee

How would you like to continue the enrollment process?

☐ Complete Enrollment Paperwork Online. The worker will receive login instructions from Palco.

☐ Email a prepopulated PDF packet to the worker.

☐ Mail a prepopulated paper packet to the worker's address.

By signing below, the worker consents to complete enrollment electronically and has provided an email address and Social Security Number that belongs to him and her. The worker understands that Palco is not responsible for providing information to an incorrect email address supplied by him or her. The worker has read and agrees to Palco's Notice of Privacy Practices and the Terms and Conditions of Palco's online enrollment system. The worker agrees to receive information, notifications, and other correspondence electronically to the email address provided. Such correspondence may contain Personal Health Information as defined at 45 CFR 160.103 and other personally identifiable information. The worker accepts all risks associated with the transmission of such information via those channels. The worker understands that his or her consent is in effect until Palco is notified in writing that the worker withdraws such consent.

_____
Support Broker Printed Name

_____
Employer Printed Name

_____
Support Broker Signature

_____
Employer Signature

_____
Date

_____
Date

Please return this form to Palco via email: enrollment@palcofirst.com **or via fax to 1.877.859.8757.**