

**Program:** Ohio Council on Aging

## Participant/Client Referral & Intake

Complete this form entirely to begin the enrollment process with Palco. All information on this form is required to enroll. Services should not begin until you receive a notification from Palco that enrollment is approved.

| PARTICIPANT/CLIENT INFORMATION  |             |           |   |
|---|-------------|-----------|---|
| First Name  | Middle Name | Last Name | Person ID   |
| Social Security Number  | Phone       | Email     | Date of Birth (mm/dd/yyyy)  |
| Mailing Address   |             |           | Gender<br><input type="checkbox"/> Male <input type="checkbox"/> Female |
| City  | State       | Zip       | County  |
| Physical Address (Street Address, including Apt #, if different from mailing) |             |           |   |
| City  | State       | Zip       | County  |

By participating in the Consumer Directed Care program, the participant/client or someone over the age of 18 who the participant/client elects (the "surrogate") will manage and direct these services and funds provided under the budget. This responsibility is known as the employer of record.

Who will be serving as the Employer of Record?

- Myself (The Participant/Client)
- A surrogate individual. (If you selected this, please provide their information below.)

| EMPLOYER INFORMATION (if different from above)                                |             |           |                            |
|---|-------------|-----------|----------------------------|
| First Name  | Middle Name | Last Name |                            |
| Social Security Number  | Phone       | Email     | Date of Birth (mm/dd/yyyy) |
| Mailing Address   |             |           |                            |
| City  | State       | Zip       | County                     |
| Physical Address (Street Address, including Apt #, if different from mailing) |             |           |                            |
| City  | State       | Zip       | County                     |

Palco has a fully online enrollment process that is quick and easy. The Employer of Record will receive login instructions from Palco via email within 3-5 business days. Once you receive the email, complete your enrollment right away to avoid any delays.

*Check this box if you are unable to complete Palco's online enrollment process and an enrollment specialist will contact you for further assistance.*

The employer does not receive monetary compensation for directing care on the participant/client's behalf in the course of the consumer-directed program. Employers cannot provide direct support services to the participant/client. Employees must have no convictions involving exploitation, abuse, or assault on another person and must be fully capable of the responsibilities associated with managing support staff and handling financial aspects of the consumer-directed program, including proper utilization of the budget and verifying the accuracy of reports provided by Palco.

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

\_\_\_\_\_  
**Employer Printed Name**

\_\_\_\_\_  
**Participant/Client Printed Name**

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

\_\_\_\_\_  
**Participant/Client 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.

*If the participant/client is unable to sign, please witness:*

\_\_\_\_\_  
**Witness Printed Name**

\_\_\_\_\_  
**Witness Signature**

\_\_\_\_\_  
**Date**