

Program: Michigan

Worker/Applicant Intake

Complete this form entirely to begin the enrollment process. All information on this form is required in order to enroll. Completion of this form does not constitute hiring by the employer. Services should not begin until you receive a notification from Palco that enrollment is approved.

PARTICIPANT/CLIENT INFORMATION

Full Name	Palco ID
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WORKER INFORMATION

First Name	Middle Name	Last Name
Social Security Number	Email	Date of Birth (mm/dd/yyyy) Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
Is the worker related to the participant/client by blood or marriage? <input type="checkbox"/> No <input type="checkbox"/> Yes, I am the participant/client's: _____ (specify relationship)		
Do you share a residence with the participant/client? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Is the worker at least 18 years of age? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Have you lived in any other state other than Michigan within the last 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which state/s have you lived in: _____		
Will you be providing transportation services to the Participant? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Will you be administering medication to the Participant? <input type="checkbox"/> Yes <input type="checkbox"/> No		
The Participant IPOS requires training for Non-Aversive techniques for prevention (MANDT/CPI) and treatment of challenging behavior? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Mailing Address		
City	State	Zip County
Physical Address (Street Address, including Apt #, if different from mailing)		
City	State	Zip County
Phone	Preferred Method of Communication <input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Phone/Voicemail	

Palco has a fully online enrollment process that is quick and easy. The worker 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.

Worker Printed Name

Participant/Employer Printed Name

Worker Signature

Date

Participant/Employer Signature

Date

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