



Authorized Representative Designation and Affidavit

Designation of Authorized Representative

_____, hereby designates:
 Full Name of Client _____ Client's Medicaid ID _____

 Full Legal Name of Authorized Representative _____ Date of Birth _____ Last 4 digits of SSN _____

 Street Address _____ City _____ State _____ Zip _____

 Phone (home) _____ Phone (mobile) _____ Email Address _____

Please contact me via text message with updates about CDASS (standard carrier rates may apply)

To serve as my Authorized Representative (AR) while receiving benefits under the Consumer Directed Attendant Support Services (CDASS) to handle the following tasks:

- Complete & Sign Forms Attend Training Budgeting
 Personnel Issues Plan & Organize Attendant Support Other: _____

If the client's Physician has indicated on the Physician Statement of Consumer Capability that he or she cannot direct his or her own care then the AR must handle ALL tasks.

I understand that the AR receives no monetary compensation for this service and I further understand that my AR cannot be a paid attendant.

Person completing this form is (check one): Client Legal Guardian
 If Legal Guardian, please submit documentation.

 Client or Legal Guardian Signature _____ Date _____

In case of the client's inability to sign, another person may witness the client's mark above.

 Print Full Name of Witness _____ Witness Signature _____ Date _____

Authorized Representative Affidavit

I hereby agree to serve as the Authorized Representative for the above named client and understand my responsibilities and duties. In addition,

- a) I am at least eighteen years of age;
- b) I have known the client for at least two years;
- c) I have not been convicted of any crime involving exploitation, abuse, or assault on another person; and
- d) I do not have a mental, emotional, or physical condition that could result in harm to the client.

 Authorized Representative Signature _____ Date _____

 Print Full Name of Witness _____ Witness Signature _____ Date _____

