



## Authorized Representative Screening Questionnaire

Client Information
<hr/> <p><b>Full Name of Client</b></p>

The above named client is interested in receiving Consumer Directed Attendant Support Services (CDASS). The client or the client's authorized representative (AR) will be responsible for selecting, training and directing attendants, who will provide care for the client.

Authorized Representative Questionnaire
<p>1. Please check your relationship to the CDASS client.(check one):  <input type="checkbox"/> Family Member    <input type="checkbox"/> Friend    <input type="checkbox"/> Legal Guardian    <input type="checkbox"/> Other _____</p> <p>2. Do you receive money from the client or anyone else to care for the client?  <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p style="margin-left: 20px;">If Yes, from whom, and for what purpose? _____</p> <p>3. Are you willing to sign a Client or Authorized Representative Responsibilities Form acknowledging your responsibilities in CDASS?  <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>4. After reading and initialing the Authorized Representative description on the next page, do you understand your functions and are you willing to volunteer to serve as the client's Authorized Representative?  <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>5. As this client's Authorized Representative, do you understand that you cannot be both a paid attendant and the Authorized Representative, for this CDASS client?  <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><b>If the client designates a new AR, you must submit a resignation letter in writing. The new AR must complete and submit new AR forms to the client and the client's case manager.</b></p> <hr/> <p>Authorized Representative Name (Printed)    Signature    Date</p> <hr/> <p>Street Address    City    State    Zip</p> <hr/> <p>Home Phone Number    Cell Phone Number</p>

## Authorized Representative Description

“Authorized Representative” means an individual designated by the client, or by the guardian of the client, if appropriate, who has the judgment and ability to direct the care on the client’s behalf.

An Authorized Representative must:

**INITIAL**

- Complete Attendant Support Services Management Training
- Accept responsibility to manage the health aspects of the client’s care which means having the ability to understand principles and monitor conditions of basic health and the knowledge of how, when and where to seek medical help of an appropriate nature.
- Accept responsibility to handle the financial aspects of the client’s care to include determining how the client’s individual allocation should be spent to ensure the individual receives necessary care and to ensure that attendants receive compensation; and the ability to verify the accuracy of financial and personnel records as provided by the Financial Management Services (FMS) organization.
- Show a strong personal commitment to the client.
- Show knowledge about the client’s preferences.
- Follow the client’s wishes and respect the client’s preferences.
- Use sound judgment to act on the client’s behalf.
- Be at least 18 years old.
- Have known the client for at least two years.

An Authorized Representative **may not**:

**INITIAL**

- Receive monetary compensation for directing care on the client’s behalf.
- Serve as an employee of the client.
- Have been convicted of any crime involving exploitation, abuse or assault on another person.
- Have a mental, emotional or physical condition that could result in harm to the client.