

Authorized Representative Designation for In-Home Support Services (IHSS)

Clients can designate an Authorized Representative (AR) to assist with tasks that are necessary to participate in IHSS. Clients can select, schedule, train, and direct IHSS through an Authorized Representative. To participate in IHSS, the eligible person must be enrolled on a Health First Colorado (Colorado's Medicaid Program) waiver that offers IHSS.

A new form must be completed when a new Authorized Representative is selected or if contact information about the AR changes.

Client Information		
Last Name:	First Name:	Middle Initial:
Street Address:		City, State, Zip:
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: (MM/DD/YYYY)	Phone:
Social Security#:	Medicaid ID#:	Email:

Authorized Representative Information		
Last Name:	First Name:	Middle Initial:
Street Address:		City, State, Zip:
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: (MM/DD/YYYY)	Phone:
Social Security#:	Email:	

	Print Name and Sign	Date
Client		
Family Member or Guardian (if applicable)		
Authorized Representative		
IHSS agency		

(2) "Authorized Representative" means an individual designated by the eligible person receiving services, or by the parent or guardian receiving services, if appropriate, who has the judgment and ability to assist the eligible person receiving services in acquiring and utilizing services... The extent of the authorized representative's involvement shall be determined upon designation. The authorized representative shall not be the eligible person's service provider.

CRS 25.5-6-1202

