

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

Participants can designate an Authorized Representative (AR) to assist with tasks that are necessary to participate in IHSS. Participants 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 participant may elect to change their Authorized Representative if desired; participants must work with their IHSS agency and case manager to change the Authorized Representative. If the individual identified as the Authorized Representative changes, a new form must be completed.

Participant 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:
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:
Relationship to Participant:		Email:

Authorized Representative Responsibilities		
An Authorized Representative has the responsibility to complete the following:		
<ul style="list-style-type: none"> Present person(s) to IHSS agency as potential attendant(s) Schedule, manage, and supervise Attendants with the support of the IHSS agency 	<ul style="list-style-type: none"> Train attendant(s) to meet individual's needs Determine, in conjunction with the IHSS agency, the level of in-home monitoring by a licensed medical professional 	<ul style="list-style-type: none"> Dismiss attendant(s) who are not meeting the individual's needs

Authorized Representative Affidavit
<p>I personally affirm that</p> <ul style="list-style-type: none"> I am at least eighteen years of age. I have known the client for at least two years. For children under the age of two, the AR needs to have known the child for the duration of their life. I have not been convicted of any crime involving exploitation, abuse, or assault on another person. IHSS clients who require an Authorized Representative may not serve as an Authorized Representative for another IHSS client. <p>Authorized Representative Signature: _____</p>

Our mission is to improve health care access and outcomes for the people we serve
while demonstrating sound stewardship of financial resources.



	Print Name	Date
Participant		
Legal Guardian (if applicable)		
Authorized Representative		
IHSS Agency		

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

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