

Participant/Self-Direction Appointment of Authorized Representative

An Authorized Representative is an individual designated to represent and act on the member's/participant's behalf. The Authorized Representative may be an attorney representing a person or household, a person acting under the authority of a valid power of attorney, a conservator over financial matters, a legal guardian, or any other individual designated in writing by the eligible member/participant. The Authorized Representative can also act as the Employer of Record (EOR) as long as he/she is not a paid self-directed services provider for the member/participant.

If the Authorized Representative is an attorney representing a person or household, a person acting under the authority of a valid power of attorney, a conservator over financial matters, or a legal guardian, please complete Section A below and submit the appropriate formal documentation with this form. If the Authorized Representative is any other individual, please skip to Section B.

Section A

Name of Member/Participant:		Date of Birth:
Last four (4) digits of the Member/Participant's Social Security Number:		
Name of Authorized Representative:	Authorized Representative's Date of Birth:	
Authorized Representative's Street Address:		
City:	State:	Zip Code:
Relationship to Participant:		Telephone Number:
Last four (4) digits of Authorized Representative's Social Security Number:		
I agree to be the Authorized Representative for this member/participant		
Signature:		Date:

If the Authorized Representative is any other individual (not an attorney representing a person or household, a conservator over financial matters, a person acting under the authority of a valid power of attorney, or a legal guardian) please complete Section B below.

Section B

Name of Member/Participant:		Date of Birth:
Last four (4) digits of the Member/Participant's Social Security Number:		
Name of Authorized Representative:	Authorized Representative's Date of Birth:	
Authorized Representative's Street Address:		
City:	State:	Zip Code:
Relationship to Participant:		Telephone Number:
Last four (4) digits of Authorized Representative's Social Security Number:		
<p>I authorize the named individual to be my Authorized Representative solely as it relates to my services in the Self-Directed Community Benefits (SDCB) Program, the Supports Waiver, or the Mi Via Program. <i>I also understand that I may terminate this relationship at any time by contacting CONDUENT and letting them know I no longer want this person to be my Authorized Representative.</i></p>		
Signature of Member/Participant		Date:
<p>I agree to be the Authorized Representative for this member/participant solely as it relates to his/her services in the SDCB Program, the Supports Waiver, or the Mi Via Program.</p>		
Signature of Authorized Representative:		
Date:	<p><i>Note: For individuals who are <u>not</u> an attorney representing a person or household, a conservator over financial matters, a person acting under the authority of a valid power of attorney, or a legal guardian, expiration date is one (1) year from the signature date.</i></p>	

If the information on this form is not complete it will be returned to make corrections. The person will not start as the Authorized Representative until this form has been filled out correctly with all the necessary information.

There can be more than one Authorized Representative. A form must be filled out for each person. If more forms are needed, they can be obtained from CONDUENT-FMA or the Support Broker/Consultant/Community Support Coordinator.