



## REPRESENTATIVE DESIGNATION FORM

Consumer Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
City: \_\_\_\_\_  
State & Zip: \_\_\_\_\_

### **I hereby designate:**

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
City: \_\_\_\_\_  
State & Zip: \_\_\_\_\_

**to serve as my representative for Consumer-directed services, including Financial Management Services (FMS). My representative will complete and sign all forms and agrees to meet all documentation requirements of this service model. My representative will collaborate with my Supports Coordinator and Fiscal Employer Agent to assure that I receive services that meet my care needs as listed on my Individual Spending Plan (ISP), and providers that such services are paid in accordance with established procedures.**

\_\_\_\_\_ Date \_\_\_\_\_ Consumer Signature

**I hereby agree to serve as the representative for the above-named Consumer and understand my**



**responsibilities and duties under the Consumer option service model.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature  
(Required if either the Consumer or Representative signs with a mark.)

**N/A**

**I do not appoint a representative.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Consumer Signature