

Appointment of Representative

Date: _____

Name: _____

id _____

I have reviewed the materials provided to me and have decided to participate in the Self Determination program by actively managing my in-home services and supports:

_____ I will be participating directly

_____ I will designate a representative to act on my behalf.

As of this date _____ I have designated the following individual to act on my behalf.

Name of Representative	Telephone #	Date:
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Participant\Guardian\POA	Telephone #	Date:
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Notification to Agency:

Date: _____