

**Services My Way  
Backup Support Service Worker  
Designation Form**

Name of Participant: \_\_\_\_\_

Name of Representative (If Necessary): \_\_\_\_\_

I understand that as a Participant I am responsible for maintaining a Backup Worker to assist me in the event that my Worker may not be able to work for me.

- My Worker is an informal Worker and requests no payment:
- My Backup Worker will work for payment. I have sent the New Hire Packet in. I understand that my worker cannot be paid until I have sent the New Hire Packet.

**Backup Support Service Worker Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone #: \_\_\_\_\_

**Description of Times Available and Services To Be Provided:**

**Description of Any Limitation Upon Backup Support Service Worker Responsibilities:**

**I understand and accept the responsibilities indicated above as  
\_\_\_\_\_ back up support service worker.**

**(Name of Individual)**

\_\_\_\_\_  
**Signature of Participant/Representative**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Backup Support Service Worker**

**Date**

**Copy to: Individual's Care Manager/Supports Coordinator  
F/EA**