

Services My Way Designation for Authorized Representative

Name of Participant: _____

Phone: (____) _____

Address: _____

City: _____, State: _____ Zip: _____

➤ **I hereby designate:**

Name: _____

Address: _____

City: _____, State: _____ Zip: _____

...to serve as my representative in Services My Way. 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 care manager and fiscal employer/agent (F/EA) to assure that I receive the goods and services that are listed on my spending plan, and that providers of such goods and services are paid in accordance with established procedures.

Participant's Signature

Date

- **I hereby agree to serve as the representative for the above named participant and understand my responsibilities and duties under the Services My Way service model.**

Authorized Representative's Signature

Date

Witness Signature

(Required if either the Participant or Representative signs with a mark.)

Date