



Appointment of Representative Form

In the CAP/Choice program I am the employer of record and I am responsible for managing my services. I understand that I can choose a Personal Representative to assist me with employer related tasks.

I _____, choose to appoint the individual named below as my Personal Representative. I know that a Personal Representative:

- is not paid for their services
- cannot be my employee
- can be a trusted friend, neighbor, relative or other supporter
- demonstrates knowledge and understanding of the participant's needs and preferences
- agrees to a predetermined level of contact with the participant
- will comply with program requirements
- is at least 18 years of age
- is approved by the participant to represent

The Representative can assist me with:

- being the point of contact for program tasks
- recruiting, interviewing and hiring new employees
- training employees
- scheduling employees
- monitoring work time
- managing the employee day to day

The representative CANNOT:

- sign legal documents on my behalf

My Personal Representative will make sure that my service needs are met, my preferences are respected and good decisions will be made regarding my care.

Personal Representative Name: _____

Personal Representative Signature: _____ Date: _____

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I am choosing not to elect a Personal Representative at this time.

Participant Signature

Date