

Ohio AAA7 Veteran- Directed Services Authorized Representative Form - Optional

Name of Veteran:	
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I, _____ hereby assign the person stated below as my Authorized Representative.
(name of Veteran or Legal Guardian)

Veteran/Legal Guardian Signature: _____ Date: _____

Authorized Representative Information:

Name:	
Mailing Address:	
City/State/Zip:	
Date of Birth:	
Social Security Number:	
Phone Number:	
Email Address:	
Relationship to Veteran:	

An Authorized Representative may be your legal guardian, a family member or any other individual identified and approved by your care manager, who will willingly accept responsibility for performing management tasks in the Veteran Directed Program

An Authorized Representative must:

- Must work with the Care Manager to develop a plan of care
- Be willing to sign tax forms, verify timesheets, and cooperate with the fiscal intermediary or payroll agent
- Be 18 years of age or older
- Must be approved by you, the veteran, and/or consensus from other family members to serve in this role
- Be willing to meet and uphold all of the Veteran Directed Program requirements
- Must sign a designation for authorized representative form
- Must be willing to complete a criminal background if requested
- Must be knowledgeable about your preferences and have ongoing contact with you
- Complete the Veteran Directed Program training

An Authorized Representative may:

- Review, submit, and approve employee time to ensure accuracy.
- Review, submit, and approve request for vendor time to ensure accuracy, if applicable.
- Obtain confidential information from Acumen Fiscal Agent regarding their person served.
- If applicable, perform employer-related duties, such as but not limited to: assist in hiring and terminating employees, managing employees, completing forms, and managing the monthly authorization

An Authorized Representative Cannot:

- Cannot be paid for this service
- Cannot have a history of abuse to drugs or alcohol
- Cannot have any history of physical, mental, or financial abuse

By signing below, I confirm that I have read this “Authorized Representative Form”. I also confirm by signing below that I understand what is required of me and agree to follow its terms and conditions. I am willing to volunteer to serve as the Authorized Representative without payment for the named veteran above.

Authorized Representative Signature: _____ Date: _____