Acumen Fiscal Agent
Innovation • Opportunity • Freedom

Appointment of Representative Form

In the Wisconsin Family Care 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 to be a Personal Representative.
- can be a trusted friend, neighbor, relative or other supporter.
- demonstrates knowledge and understanding of the Member's needs and preferences.
- agrees to a predetermined level of contact with the Member.
- will comply with program requirements.
- is at least 18 years of age.
- is approved by the Member 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 and approving 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**: _____

☐ **I am choosing <u>not</u> to elect a Personal Representative at this time.**

_____ _____

Member Signature **Date**