

IN-HOME SUPPORTIVE SERVICES (IHSS) CANCELLATION OF AUTHORIZED REPRESENTATIVE

INSTRUCTIONS:

- With this form, you can cancel your Authorized Representative so he/she will **not** perform any functions on your behalf.
- **Complete PART A (CANCELLATION OF AUTHORIZED REPRESENTATIVE).** After **completing and signing PART B (APPLICANT/RECIPIENT ACKNOWLEDGEMENT), submit this form to the county social worker.**
- You can choose a new IHSS Authorized Representative **and/or** change the functions of your Authorized Representative **at any time** by completing a new SOC XXX (*IHSS Designation of Authorized Representative*) and submitting it to the county social worker.

PART A. CANCELLATION OF AUTHORIZED REPRESENTATIVE

I, the IHSS applicant/recipient/legal representative, cancel the following individual from serving as my Authorized Representative for the IHSS program:

Authorized Representative's Name

PART B. APPLICANT/RECIPIENT ACKNOWLEDGEMENT

I understand and agree to follow all of the terms and conditions on this form.

Applicant's/Recipient's/Legal Representative's Name

IHSS Case Number

Applicant's/Recipient's/Legal Representative's Signature

Date

A witness or notary public's signature is necessary if you are not physically able to sign the form and you place an identifying mark in the signature section.

Signature of Witness/Notary Public

Date

FOR COUNTY USE ONLY

County Worker's Name

County Worker's Signature

Date