

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

Applicant's/Recipient's Name	IHSS Case Number	Date
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I am the Legal Representative of the Applicant/Recipient.

I am the Applicant's/Recipient's: Conservator; Legal Guardian;
 Parent/Legally Authorized Decisionmaker (for minor child).

I understand that I do **not** need to complete this form to serve as the applicant/recipient's Authorized Representative unless I will have the responsibility of signing IHSS provider timesheets and/or other provider-related documents in which case I will need to complete **PART C (TIMESHEET AND OTHER PROVIDER-RELATED DOCUMENTS SIGNATORY)**.

INSTRUCTIONS:

- With this form, you can choose your Authorized Representative for the IHSS program and choose the functions your Authorized Representative may perform on your behalf. This form is only for the IHSS program.
- **Complete the section above** with your name, IHSS Case Number, and date.
- You as the IHSS applicant/recipient must **complete PART A (DESIGNATION OF AUTHORIZED REPRESENTATIVE)** and **PART B (FUNCTIONS PERFORMED BY AUTHORIZED REPRESENTATIVE)** of this form.
- **If your spouse/domestic partner is your IHSS provider**, the only provider-related document he/she may sign on your behalf is the SOC 862 (*IHSS Recipient Request for Provider Waiver*). You must **complete PART C (TIMESHEET AND/OR OTHER PROVIDER-RELATED DOCUMENTS SIGNATORY)** to designate a different individual to sign timesheets and/or other provider-related documents on your behalf.
- After completing this form and **signing PART D (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 form and submitting it to the county social worker.
- Your Authorized Representative must act in your best interest and can only perform the functions authorized on this form. County IHSS program staff will still need to meet with you in person to ask questions related to your care and services although your Authorized Representative may also be present.

- **To choose an authorized representative to represent you at a state administrative hearing, you must complete a separate form, DPA 19 (*Authorized Representative*). The person you authorize on the completed and submitted DPA 19 form can represent you at a state administrative hearing.**

PART A. DESIGNATION OF AUTHORIZED REPRESENTATIVE

Complete this part of the form to appoint the individual you choose to be your IHSS Authorized Representative.

If you would like to designate multiple IHSS Authorized Representatives to perform different functions, you must complete multiple forms.

I, the IHSS applicant/recipient, appoint the following individual as my Authorized Representative for the IHSS program:

Authorized Representative's Name	Authorized Representative's Telephone Number	
Authorized Representative's Street Address	City	ZIP Code

PART B. FUNCTIONS PERFORMED BY AUTHORIZED REPRESENTATIVE

I give consent for my Authorized Representative to act on my behalf for the IHSS program and perform the following functions:

(Select any of the following functions that you want your IHSS Authorized Representative to do by marking the check boxes to the left of the functions.)

- Scheduling interviews and meetings with county IHSS program staff.
- Completing and submitting my application forms for the IHSS program.
- Completing and submitting any additional forms for my IHSS program eligibility.
- Reporting within 10 days to the county IHSS program any changes regarding my eligibility, such as household composition, address, phone number, and any time I am away from home.
- Obtaining information from the county IHSS program regarding the status of my application and/or continued eligibility.

- Hiring and firing my IHSS provider(s).
- Instructing my provider(s) on how to provide services to me for the IHSS program.
- Signing my SOC 862 (*IHSS Recipient Request for Provider Waiver*) if the Authorized Representative named in PART A is both my spouse/domestic partner and my provider.
- Signing my IHSS provider timesheets and/or other provider-related documents. **(Complete PART C. TIMESHEET AND/OR OTHER PROVIDER-RELATED DOCUMENTS SIGNATORY.)**

PART C. TIMESHEET AND/OR OTHER PROVIDER-RELATED DOCUMENTS SIGNATORY

Complete this part of the form to designate an Authorized Representative to sign IHSS provider timesheets and/or other provider related documents on your behalf.

If your Authorized Representative is your provider but is not your legal representative, they may not sign timesheets on your behalf. You must choose a different individual to sign IHSS provider timesheets and/or other provider-related documents on your behalf.

If you would like to designate one Authorized Representative to sign your IHSS provider timesheets and a different Authorized Representative to sign other IHSS provider-related documents on your behalf, you must complete multiple forms.

I, the IHSS applicant/recipient, appoint the following individual to perform the IHSS program functions designated below:

(Select any of the following functions that you want the following individual to do by marking the check boxes to the left of the functions.)

- Sign my IHSS provider **timesheets**.
- Sign my **other IHSS provider-related documents**.

Name of Authorized Representative to Sign Your Provider Timesheets and/or Other Provider-Related Documents		Telephone Number
Street Address	City	ZIP Code

PART D. APPLICANT/RECIPIENT ACKNOWLEDGEMENT
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I understand and agree to follow all of the terms and conditions on this form.

Signature of Applicant/Recipient/Legal Representative	Date
Signature of Authorized Representative Designated in PART A	Date
Signature of Authorized Representative Designated in PART C	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
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FOR COUNTY USE ONLY		
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County Worker's Name	County Worker's Signature	Date
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