



APPOINTMENT OF A DESIGNATED REPRESENTATIVE

If you wish to designate someone to assist you with the responsibilities of being an employer, complete the information below. The person you appoint must be 18 years of age or older. This is a volunteer position.

PARTICIPANT INFORMATION				
First & Last Name:				
Parent/Guardian (if applicable)				
DESIGNATED REPRESENTATIVE INFORMATION				
Name:		SSN:		
Street Address:		First Phone		
City:		Second Phone		
Email:		State	Zip:	
Relationship to Participant:				

As the Designated Representative, I understand and agree to the following statements (Please initial each box.)

I understand that this is a volunteer position and I may not receive monetary compensation for assisting the participant or guardian in the responsibilities of being an employer. I understand that as the designated representative, I may not become an employee.	
I certify that I have not been convicted or found responsible by any state, or Texas agency for abuse, neglect, or exploitation, nor do I have a mental, emotional, or physical condition that could result in harm to the participant. If such occurs, I will resign as the DR.	
I accept the responsibility to manage the employer of record and related health aspects of the participant's care in relationship to the VD-HCBS Program to the extent requested by the participant and/or guardian. I understand this may include employer training, working with CDS in Texas, and assisting in the recruitment, training and supervision of employees.	
If requested by the participant/guardian, I will assist or handle the financial aspects of the participant's care, including allocation of funds, scheduling authorized hours, and ensuring timely submission of timesheets and reimbursement requests.	
I will review and sign forms necessary to fulfill documentation requirements of the VD-HCBS.	
I understand that person-centered planning is at the core of developing the participant's service plan, and I will respect the participant's preferences, learn about what is needed to provide support, and use sound judgment in acting on the participant's behalf.	

Participant /Guardian Signature Date

Designated Representative Signature Date