



Consumer Directed Services
Appointment of a Designated Representative

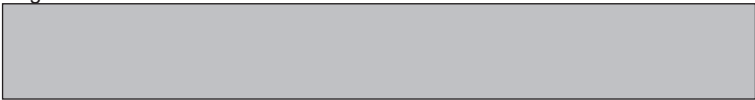
Individual's Name	Medicaid No.
Employer's Name	
Relationship of Employer to Individual Receiving Services: <input type="checkbox"/> Individual/ Self <input type="checkbox"/> Court-Appointed Guardian [Expiration Date]: _____ <input type="checkbox"/> Parent of a Minor <input type="checkbox"/> Other Legally Authorized Representative [LAR] (Specify): _____	

Any previous appointment of a designated representative (DR) is revoked upon the effective date of this appointment.

☐ Initial or ☐ Change

Designated Representative:

Employer:

Printed Name _____	Printed Name _____
Signature _____	Signature _____
Social Security No. _____	
Date of Birth _____	
Date _____	
Relationship to Individual _____	Relationship to DR _____

Department rules [Texas Administrative Code Chapter 41, Consumer Directed Services (CDS), §41.205] require the CDS employer who is appointing a designated representative, who is a non-relative, to obtain information needed to request that the financial management services agency (FMSA) run a criminal conviction check using the Department of Public Safety public website.

The designated representative (DR), who is a non-relative, is ineligible to participate in the CDS option if he or she has been convicted of an offense under Chapter 32 of the Penal Code or an offense barring employment as listed in the Texas Health and Safety Code, §250.006(a) and (b).

ACKNOWLEDGEMENT:

By signing this form, the designated representative grants permission for the FMSA to obtain the criminal conviction check.

Date of DPS Check	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Obtained By
Convictions: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, does the conviction(s) prohibit service delivery or is the person serving as a DR in compliance with Health and Safety Code Chapter 250 or other eligibility requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No	

The person named below, a willing adult 18 years of age or older, has agreed by signature to serve as the DR for the employer.

The effective date of this designation is _____.

The DR is appointed to perform the following employer responsibilities:

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The DR may not perform the following employer responsibilities:

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Designated Representative:	Employer:
Printed Name _____	Printed Name _____
Signature _____	Signature _____
Date _____	Date _____