

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

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:

The DR may not perform the following employer responsibilities:

Designated Representative:

Printed Name: _____

Signature: _____

Social Security No. _____

Date of Birth: _____

Date: _____

Relationship to Individual: _____

Employer:

Printed Name: _____

Signature: _____

Date: _____

Relationship to DR: _____

Department rules [Texas Administrative Code Chapter 41, Consumer Directed Services (CDS), Subchapter D, Enrollment, Transfer, Suspension, and Termination; §41.407, Termination of Participation in CDS] state the following:

(d)(2) The designated representative (DR) 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 acknowledges that he or she has not 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) and that a Texas Department of Public Safety (DPS) Criminal Conviction History Check and required registry checks (as listed on DADS Form 1725) may be conducted to validate the current or ongoing status of this acknowledgement.

Designated Representative:

Printed Name: _____

Signature: _____

Date: _____

Employer:

Printed Name: _____

Signature: _____

Date: _____