

## Services My Way Designation for Authorized Representative

Name of Participant: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_, State: \_\_\_\_\_ Zip: \_\_\_\_\_

➤ **I hereby designate:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_, State: \_\_\_\_\_ Zip: \_\_\_\_\_

...to serve as my representative in Services My Way. My representative will complete and sign all forms and agrees to meet all documentation requirements of this service model. My representative will collaborate with my care manager and fiscal employer/agent (F/EA) to assure that I receive the goods and services that are listed on my spending plan, and that providers of such goods and services are paid in accordance with established procedures.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

- **I hereby agree to serve as the representative for the above named participant and understand my responsibilities and duties under the Services My Way service model.**

\_\_\_\_\_  
Authorized Representative's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

(Required if either the Participant or Representative signs with a mark.)

\_\_\_\_\_  
Date