



## APPOINTMENT OF A DESIGNATED REPRESENTATIVE

The individual listed below has agreed to be the Designated Representative for the Veteran and is 18 years of age or older.

VETERAN INFORMATION				
<b>First &amp; Last Name:</b>				
<b>Parent/Guardian (if applicable)</b>				
DESIGNATED REPRESENTATIVE INFORMATION				
<b>Name:</b>		<b>SSN:</b>		
<b>Street Address:</b>		<b>First Phone</b>		
<b>City:</b>		<b>Second Phone</b>		
<b>Email:</b>		<b>State</b>	<b>Zip:</b>	
<b>Relationship to Veteran:</b>				

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

I understand that this is a volunteer position for which I will not be paid. My responsibilities will be limited to assisting the veteran in performing the duties of the employer. I understand that as the designated representative, I may not become an employee.	
I certify that I am not listed on the Employee Misconduct Registry nor the State or Federal List of Excluded individuals and Entities, nor have I 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) .	
I accept the responsibility to manage to the requirements of the employer of record to the extent requested by the Veteran and/or the Legally Authorized Representative. If requested, I agree to assist with related health aspects of the Veteran's care in relationship to the VD-HCBS Program.	
I understand that as the DR I may assist or be responsible for all aspects of the VD-HCBS Program, including recruitment of employees, training, 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 the Veteran's service plan, and I will respect the Veteran's preferences.	
I understand that the Veteran or the Veteran's Legally Authorized Representative may revoke my Appointment as Designated Representative at any time, and that I my resign at any time I no longer feel I am able to provide this support.	

**Participant /Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Designated Representative Signature** \_\_\_\_\_ **Date** \_\_\_\_\_