

**Authorized Representative Screening Questionnaire**

**Client Information**

Enter Full Name of Client

**Full Name of Client**

The above named client is interested in receiving Consumer Directed Attendant Support Services (CDASS). The client or the client’s authorized representative (AR) will be responsible for selecting, training and directing attendants, who will provide care for the client.

# Authorized Representative Questionnaire

1. Please check your relationship to the CDASS client (check one):
[ ]  Family Member [ ]  Friend [ ]  Legal Guardian [ ]  Other Click or tap here to enter text.
2. Do you receive money from the client or anyone else to care for the client?
[ ]  Yes [ ]  No

If Yes, from whom, and for what purpose? Click or tap here to enter text.

1. Are you willing to sign a Client or Authorized Representative Responsibilities Form acknowledging your responsibilities in CDASS?
[ ]  Yes [ ]  No
2. After reading and initialing the Authorized Representative description on the next page, do you understand your functions and are you willing to volunteer to serve as the client’s Authorized Representative?

[ ]  Yes [ ]  No

1. As this client’s Authorized Representative, do you understand that you cannot be both a paid attendant and the Authorized Representative, for this CDASS client?

[ ]  Yes [ ]  No

**If the client designates a new AR, you must submit a resignation letter in writing. The new AR must complete and submit new AR forms to the client and the client’s case manager.**

Enter Authorized Rep NameEnter Authorized Rep SignatureEnter Date

Authorized Representative Name (Printed) Signature Date

Enter Address Enter City Enter State & Zip

 Street Address City State Zip

Enter Home Phone Enter Cell Phone

Home Phone Number Cell Phone Number

# Authorized Representative Description

“Authorized Representative” means an individual designated by the client, or by the guardian of the client, if appropriate, who has the judgment and ability to direct the care on the client’s behalf.

An Authorized Representative must:

# INITIAL

Enter Initials Complete Attendant Support Services Management Training

Enter Initials Accept responsibility to manage the health aspects of the client’s care which means having the ability to understand principles and monitor conditions of basic health and the knowledge of how, when and where to seek medical help of an appropriate nature.

Enter Initials Accept responsibility to handle the financial aspects of the client’s care to include determining how the client’s individual allocation should be spent to ensure the individual receives necessary care and to ensure that attendants receive compensation; and the ability to verify the accuracy of financial and personnel records as provided by the Financial Management Services (FMS) organization.

Enter Initials Show a strong personal commitment to the client.

Enter Initials Show knowledge about the client’s preferences.

Enter Initials Follow the client’s wishes and respect the client’s preferences.

Enter Initials Use sound judgment to act on the client’s behalf.

Enter Initials Be at least 18 years old.

Enter Initials Have known the client for at least two years.

An Authorized Representative **may not**:  **INITIAL**

Enter Initials Receive monetary compensation for directing care on the client’s behalf.

Enter Initials Serve as an employee of the client.

Enter Initials Have been convicted of any crime involving exploitation, abuse or assault on another person.

Enter Initials Have a mental, emotional or physical condition that could result in harm to the client.