

IHSS/Authorized Representative Designation

In-Home Support Services (IHSS) allows recipients of the HCBS/EBD Waiver to designate another person to assist with skills that are necessary to participate in IHSS. IHSS recipients can select, schedule, train and direct their in-home support services through an Authorized Representative.

Participant:

Name _____ Date of Birth _____ / _____ / _____

Address _____ City _____

State _____ County _____ Zip _____

Phone _____ Secondary Phone _____

Medicaid ID Number _____ Social Security Number _____

E-mail Address _____

Authorized Representative:

Name _____ Date of Birth _____ / _____ / _____

Address _____ City _____

State _____ County _____ Zip _____

Phone _____ Secondary Phone _____

Relationship to Participant _____

E-mail Address _____

Signature _____ Date _____
Participant

Signature _____ Date _____
Authorized Representative

Signature _____ Date _____
IHSS Agency

Signature _____ Date _____
Case Manager

(2) "Authorized Representative" means an individual designated by the eligible person receiving services, or by the parent or guardian receiving services, if appropriate, who has the judgment and ability to assist the eligible person receiving services in acquiring and utilizing services... The extent of the authorized representative's involvement shall be determined upon designation. The authorized representative shall not be the eligible person's service provider.