Wyoming Long Term Care Home and Community Based Waiver Self-Directed Care Option





Request for Review of Authorized Representative Status

Name of	Participant:				_
	Name of Propo	sed Representative	:		
	Address:				
	Phone #: (_)	Relationship:		
How ofte	•	ntact with the partici	ipant?		
-		n the participant or a No:	anyone else to care for -	the participant?	
If yes, ple	ease identify the s	ource and purpose o	of the funds?		
					
-	nderstand your fu	•	ibilities as the participa —	nt's representative?	
Do you u	•	u cannot pay yourse	elf for this role and cann	ot become a paid em	ployee under
Yes:		No:	<u> </u>		
Attorne			ed Health Care Dire ent my authority as a		
	ning below yon	_	hat if approved b	y the Departmo	ent, you wil
Signatu	re of Proposed	Representative		Date	

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DEFINITION:

A representative is the person designated to make health care decisions in an "Advance Health Care Directive" and/or Durable Power of Attorney for HealthCare" document.

A representative must:

- Be willing and able to assume responsibility for all activities required of Self-Directed Care participants.
- Live in adequate proximity to the participant to assure you are available to respond in person to employee issues or needs of the participant.

A representative CANNOT:

- Be paid for this service.
- Delegate or assign responsibilities under this option to another person.

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