



West Virginia Personal Options Traumatic Brain Injury Waiver Program Appointment of Representative

You may appoint a representative to help you direct your own services. **Important:** An appointed Personal Options representative is not a legal representative and may not be a paid employee.

Section I (to be completed by Participant)

Name of Participant _____

Participant Signature _____ Date _____

I appoint the below-named individual as my representative for Personal Options. My representative will help me with the following (**select all that apply**)

- ____ Assist me to complete required paperwork
- ____ Assist me to develop my Participant Directed Service Plan and monthly Spending Plan
- ____ Assist me with the responsibilities of being an employer, including or approving time entries or timesheets, and invoices if applicable.
- ____ Perform other duties as assigned _____

Section II (to be completed by Representative)

I agree to serve as the representative for the above-named participant. I understand and agree to the above responsibilities. I understand that I am not a legal representative and cannot be a paid employee.

Name of Representative _____

Address _____

City State Zip

Phone _____

Email _____

Representative Signature _____

Relationship to Participant _____

Date _____

Section III (to be completed by PPL)

Witness Signature _____
(Required if Participant or Representative signs with a mark)

Date _____