

## Designated Representative

Participant ID # \_\_\_\_\_ DOB \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

1. I understand that I may designate a Designated Representative to assist me with my responsibilities as a Common Law Employer (CLE). **My Designated Representative may not also act as my direct care worker.**
2. I understand that if I choose a Designated Representative, I am not giving up any of my decision-making authority. I understand that I may change my mind and revoke my Designated Representative at any time by notifying Public Partnerships LLC my vendor fiscal employer agent.

### I want to designate the following individual as my Designated Representative:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Phone \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

I have discussed with my designee the specific assistance that I would like from my Designated Representative, and my Representative understands that members of my PA DHS OLTL support team may make contact regarding my services.

CLE or Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

### Designated Representative Agreement

I agree to serve as the above Participant's Designated Representative. My signature confirms that **I am not a Direct Care Worker for this participant** and that will I notify OLTL, through PPL that I am no longer eligible to be the Designated Representative should I become a direct care worker for this participant.

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

**NOTE: This is an OPTIONAL form. This form is only required if an additional individual other than the Common Law Employer or Participant will be performing Employer responsibilities on behalf of the CLE/Participant.**

**FAX FORM TO: 1-855-858-8158 or EMAIL TO: padpw-oltl@pcgus.com**