

# REPRESENTATIVE AGREEMENT

## Participant Information

First Name:  Last Name:  PPL ID:

## Employer Information (complete this section even if the employer is the same as the participant)

First Name:  Last Name:

A Self-Directed Services Participant and/or their Conservator or Legal Guardian has the right to appoint a person to be the Participant's Representative. A Representative may operate and take some or all responsibility for the Self-Directed Services on behalf of the Participant/Employer. The Representative will involve the Participant/Employer to the fullest extent that they are able to be involved.

Please fill out the information below only if you would like to designate a representative.

## Representative Name

First Name:  Middle Name:  Last Name:

Maiden or Previous Last Name(s):

## Representative Address

Mailing Address:  Mailing Address 2 (APT., STE., etc.):

Mailing City:  Mailing State:  Mailing Zip Code:

## Representative Personal Information

Date of Birth:  Social Security Number:  Gender:  Male  Female  Prefer not to disclose

### Relationship to Participant

Spouse  Parent/Step-parent  Child  Sibling  
 Grandparent  Grandchild  Non-relative  Legal Guardian/Power of Attorney

## Representative Contact Information

There will be times we have important information we need to share with you. **We need to have at least two (2) reliable means of communicating with you. Email is the preferred method of communication.**

Email Address:

Mobile Phone:  Home or Alternate Phone:

Public Partnerships has my permission to text me using the mobile phone number above.  
 I understand that carrier charges may apply.  Yes  No

## Terms and Conditions

### A Representative must:

- Show knowledge about the Participant/Employer's preferences
- Ensure that all decisions they make correspond with what the Participant would want
- Agree to be available to the Participant/Employer during each pay period
- Be willing and available should program managers need to share or communicate programmatic information
- Be at least 18 years old
- Be willing to submit to criminal background checks, if requested

### A Representative may:

- Sign/complete program related forms and paperwork including verifying the Participant/Employer's provider staff time submittals
- Obtain information about the Participant/Employer's service authorization, provider payroll, etc.
- Perform employer related duties, such as but not limited to: assisting in hiring and terminating provider staff, managing the Participant/Employer's provider staff, completing forms, and managing the monthly service authorization

**This agreement and appointment of legal representative can be voluntarily terminated at any time by either party.**

**NOTE: The Representative is not paid for representing the Participant.**

**In the event of a transfer between MCOs, you acknowledge your program information will be made available to your new MCO.**

## Electronic Signatures

PPL will support both Participants and Providers with the use of electronic signatures, to authenticate and authorize their enrollment forms electronically. PPL will apply electronic signature practices, unless officially stated as not applicable or unlawful. In cases, where forms cannot be processed, PPL may facilitate obtaining a physical signature, when required.

## Authorization and Signature

By signing below, we, the Representative and my Participant/Employer, confirm that we have read this Representative Agreement form in its entirety and the information and responses we have voluntarily provided on this form are accurate and complete. We understand that any false statement on this application may result in the Representative's dismissal and/or other consequences. We also understand that this document is not meant to be a contract between and among the Participant/Employer, the Representative, and Public Partnerships, or the State.

**Representative Signature:**

**Date:**

**Participant/Employer Signature:**

**Date:**