



Personal Care Service or Community First Choice Personal Care Services Representative Designee

This form should be retained by the agency for agency records. This form does not need to be submitted to SDS.

Designee form for: Community First Choice Personal Care Services Personal Care Services

Who needs to fill out this form:

I am the recipient's representative (parent of a minor child, court appointed legal guardian, or other individual with legal authority to act on the recipient's behalf) and I need to appoint a designee because I am not present in the community and involved in the day-to-day care of the recipient, per 7 AAC 125.100(c) or 7 AAC 127.115(c). I need a designee to carry out the activities listed under 7 AAC 125.100(b) or 7 AAC 127.115(b).

I am the recipient's representative (parent of a minor child, court appointed legal guardian, or other individual with legal authority to act on the recipient's behalf) and I am a personal care assistant for the recipient. I need a designee to carry out the activities listed under 7 AAC 125.100(b) and 127.115(b).

Name of recipient: Phone:

Name of recipient representative: Phone:

Name of designee: Phone:

Designee street address:

Designee Statement:

I am at least 18 years of age.

I live in the recipient's community and am involved in day-to-day care of the recipient.

I am willing to manage and evaluate the recipient's personal care services as those services are provided in the recipient's home, to include verifying timesheets.

I am not a public home care provider or affiliated with a public home care provider as defined in AS 47.05.017(c).

Recipient Representative Statement:

I understand that this form designates another individual to carry out the activities under 7 AAC 125.100(b) or 7 AAC 127.115(b). This form does not designate my legal duties as the recipient's representative.

Recipient representative signature: Date:

Designee signature: Date:

Agency representative signature: Date:

Name of agency representative: