

IN-HOME SUPPORTIVE SERVICES (IHSS) DESIGNATION OF AUTHORIZED REPRESENTATIVE

Dear IHSS Applicant/Recipient or Legal Representative,

This form allows you, as the IHSS applicant/recipient or their legal representative, to choose an Authorized Representative for the IHSS program. An Authorized Representative is responsible for acting on the behalf of the IHSS recipient for purposes of the IHSS program. This form is **only** for the IHSS program.

If you are going to choose an Authorized Representative, here is some important information about the rules of the IHSS program:

- If you are a legal representative for the applicant/recipient, you can serve as the Authorized Representative for the applicant/recipient without the need to complete this form. However, an SOC 839A must be submitted for a legal representative to authorize and sign Timesheets or other Provider-Related Documents (TPRD). A legal representative for the purposes of the IHSS program is a court-ordered conservator of an adult or a parent/guardian or legally-authorized decisionmaker of a minor.
- If your Authorized Representative will be responsible for signing TPRD, you or your legal representative must submit a SOC 839A – *Designation of Signatory for Timesheets and Other Provider-Related Documents* form to designate the Authorized Representative as the TPRD signatory. However, if your provider is your Authorized Representative, they cannot sign their own TPRD unless they are also your legal representative.
- You or your legal representative can choose a new or add an IHSS Authorized Representative **at any time** by completing a new SOC 839 and submitting it to the IHSS County Office.
- Your Authorized Representative must be 18 years or older.
- You cannot designate an individual, who is not a legal representative, as an Authorized Representative if they have been convicted of or incarcerated following a conviction for certain crimes within the past 10 years.

There are two categories of exclusionary crimes:

- **Tier 1 crimes, as set forth in Welfare and Institutions Code (WIC) section 12305.81, include the following:**
 1. Specified abuse of a child (Penal Code [PC] section 273a[a]);
 2. Abuse of an elder or dependent adult (PC section 368); and
 3. Fraud against a government health care or supportive services program.
- **Tier 2 crimes, as set forth in WIC section 12305.87, include the following:**
 1. A violent or serious felony, as specified in PC section 667.5(c) and PC section 1192.7(c);
 2. A felony offense for which a person is required to register as a sex offender pursuant to PC section 290(c); and
 3. A felony offense for fraud against a public social services program, as defined in WIC sections 10980(c)(2) and 10980(g)(2).

A complete listing of Tier 2 crimes is available upon request from the County IHSS Office or IHSS Public Authority.

This form does not designate an authorized representative for purposes of state administrative hearings. For more information on how to choose an authorized representative to represent you at a state administrative hearing, call the state hearings division at 800-952-5253.

- Your Authorized Representative may perform all tasks stated on this form. However, you are still responsible for providing all needed information to the county for program eligibility.
- Choosing an Authorized Representative does not exclude you from being actively involved in your own care. **County IHSS program staff will still need to meet with you, as the applicant/recipient, in person to ask questions related to your care and services although the Authorized Representative may also be present.**

Responsibilities of an Authorized Representative

By choosing an Authorized Representative, you or your legal representative agree your Authorized Representative can act on your behalf for the IHSS program. The Authorized Representative listed on this form must act in your best interest. Your Authorized Representative cannot act on your behalf other than for the purposes of the IHSS program and cannot substitute their decisions for yours. Choosing an Authorized Representative does not exclude you from being involved in the management of your own care.

By signing this form, both you or your legal representative and the Authorized Representative agree that the Authorized Representative will perform some or all of the following functions:

- Scheduling interviews and meetings with county IHSS program staff.
- Completing and submitting application forms for the IHSS program.
- Completing and submitting any additional forms and/or providing any needed records or information for IHSS program eligibility.
- Reporting within 10 days to the county IHSS program any changes regarding your eligibility, such as household composition, address, or phone number, or any time you will be away from the home.
- Getting information from the county IHSS program regarding the status of your application and/or continued eligibility, including authorized services and hours.
- Hiring and firing of IHSS provider(s) and reporting this information to the county IHSS office or Public Authority.
- Letting your provider(s) know how to provide services to you for the IHSS program.
- Reviewing your IHSS case file.

You and/or your legal representative will decide what the Authorized Representative will and will not do and are responsible for communicating those responsibilities to the Authorized Representative.

To designate an Authorized Representative, complete this form and submit it to the IHSS County Office. Both you and the Authorized Representative listed on this form must sign Part B. The form cannot be processed if there is missing information.

PART A. DESIGNATION OF AUTHORIZED REPRESENTATIVE

Applicant's/Recipient's Name	IHSS Case Number	Date
-------------------------------------	-------------------------	-------------

Who is completing this form:

- I am the above named IHSS Applicant/Recipient.
- I am the Legal Representative of the Applicant/Recipient. Please designate your relationship as one of the following:
- Conservator (of an adult)
- Parent/Guardian/Legally authorized decisionmaker (for a minor child)

As the applicant/recipient of IHSS services, or their legal representative, I give the person listed below consent to act as the Authorized Representative for the IHSS Program.

I understand that the below named individual cannot be an Authorized Representative for the IHSS program if they have been convicted of an exclusionary crime in the last 10 years.

Please provide the following information about the individual being designated as an Authorized Representative:

Authorized Representative's Name		
Street Address		
City	State	Zip Code
Email Address		Telephone Number
Spoken Language		

PART B. APPLICANT/RECIPIENT ACKNOWLEDGMENT

I understand and agree to follow all of the terms and conditions on this form. I further acknowledge that the information provided on this form is true and correct.

Signature of Applicant/Recipient or Legal Representative	Date
Printed Name of Applicant/Recipient or Legal Representative	
Signature of Designated Authorized Representative	Date

A witness or notary public's signature is needed if the applicant/recipient is not physically able to sign the form and places an identifying mark in the signature section. *The designated Authorized Representative cannot serve as the witness.*

Name of Witness/Notary Public	
Signature of Witness/Notary Public	Date