

Representative Choice Form



I may use this form to choose:

- A consumer employer representative and/or
- A client representative.

Client

Consumer employer representative

I understand that if I choose to receive in-home services provided by a homecare worker, I must be able to either:

- Manage the employer duties listed below or
- Choose someone to manage them for me.

Date comp.

Case number

Employer duties

The consumer employer's duties, or the consumer employer representative's duties, include:

- Locating, screening and hiring a qualified homecare worker
- Supervising and training the homecare worker
- Scheduling the homecare worker's work, leave and coverage
- Tracking the hours worked and verifying the authorized hours the homecare worker completes
- Recognizing, discussing and trying to correct any work problems with the homecare worker
- Terminating an unsatisfactory homecare worker and
- Following all employer responsibilities required by law to ensure the workplace is safe from harassment.

Prime number

Date of birth

SSN (*last 4*)

Branch code

Worker

I understand that:

No one paid to provide me services can be my consumer employer representative. If it is determined that my consumer employer representative cannot perform the duties, I must choose a new one. If I select a consumer employer representative, any decisions should still be made with me.

Worker phone

You can get this document in other languages, large print, braille or a format you prefer. Ask staff in the local office to help you. We accept all relay calls or you can dial 711.

Consumer employer representative information

Check one of these boxes:

I choose to manage my own employer duties.

Signature of consumer employer

Date

I choose to have a consumer employer representative.

Name: _____ (first, middle, last)

Date of birth: _____ Relationship to me: _____

Street address: _____

City, state, ZIP: _____

Phone number(s): _____ (specify type: cell, work, home)

By signing below, I accept responsibility, on behalf of the client, for the employer duties listed on page 1, under "Consumer employer representative." If I cannot or choose not to continue these duties, I will notify the person I have been helping and that person's case manager.

Signature of consumer employer representative, if any

Date

Client representative

I understand that I can appoint someone to help me make long-term care decisions. For example, a person I choose may help me decide where to live, who to use as my provider, and make decisions that will keep me safe. I would use this person if I want support or am no longer able to make decisions for myself.

I **do not** have to name anyone. If I do not choose someone and it is determined I can no longer make decisions for myself, APD will appoint a client representative for me. APD will use this priority order:

- Guardian or other legal representative
- Spouse
- Majority of adult children
- Parent
- Majority of adult siblings
- Any adult relative or friend
- Advocacy agency or individual

Unless I give other instructions, APD will use the person I choose only if a doctor or other health professional determines that I am no longer able to make decisions.

If I choose to name a client representative, I understand that no matter who I choose and how much I want them involved:

- If I disagree with my chosen decision-maker, APD will listen to me first.
- I have the right to contest decisions I disagree with that my client representative makes on my behalf.
- APD will encourage and support me to be included whenever my client representative makes decisions on my behalf. I understand APD wants me in the driver's seat when it comes to planning my services.

I may revoke or change my chosen client representative(s) at any time.

I understand:

I **do not** have to choose a client representative. If I do not choose a client representative and my health or safety is at risk, APD may appoint one for me.

The use of a client representative:

- **Does not** mean I am incompetent
- **Does not** take away my legal and civil rights.

Client representative information

Check one of these boxes and sign below.

- I do not want to choose a client representative.
- I do want a client representative, but cannot identify anyone at this time.
- For future decision-making, I choose the following persons to make long-term care decisions for me if I am unable:

My first choice is:

Name: _____ (first, middle, last)
Date of birth: _____ Relationship to me: _____
Street address: _____
City, state, ZIP: _____
Phone number(s): _____ (specify type: cell, work, home)

My second choice is:

Name: _____ (first, middle, last)
Date of birth: _____ Relationship to me: _____
Street address: _____
City, state, ZIP: _____
Phone number(s): _____ (specify type: cell, work, home)

My third choice is:

Name: _____ (first, middle, last)
Date of birth: _____ Relationship to me: _____
Street address: _____
City, state, ZIP: _____
Phone number(s): _____ (specify type: cell, work, home)

Signature of client

Date

For APD office use only

- No client representative identified. APD will appoint one if needed.